

# 2023

## Formulary

(List of Covered Drugs)

This formulary was updated on July 1, 2023. For more recent information or other questions, please contact ArchCare Advantage HMO Special Needs Plan Member Services at 1-888-816-7977 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit [www.ArchCareAdvantage.org](http://www.ArchCareAdvantage.org).

H1777\_2023 Formulary\_C



**archcare**  
Advantage

HMO Special Needs Plan

# ArchCare Advantage HMO Special Needs Plan 2023

## Formulary

### List of Covered Drugs

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

Formulary ID: 00023218, Version Number: 13

**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 ArchCare Advantage. When it refers to “plan” or “our plan,” it means ArchCare Advantage HMO Special Needs Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of July 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 ArchCare Advantage Formulary?

A formulary is a list of covered drugs selected by ArchCare Advantage 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. ArchCare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a ArchCare Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

#### Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to ArchCare Advantage’s 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 new generic drug to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 ArchCare Advantage’s 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 ArchCare Advantage please contact us. Our contact information appears on the front and back cover pages. Please visit our website at [www.ArchCareAdvantage.org](http://www.ArchCareAdvantage.org) or call Member Services at 1-888-816-7977, 24 hours a day, 7 days a week. TTY/TDD users should call 711. We will notify you by mail in the event of mid-year non-maintenance formulary changes.

## **How do I use the Formulary?**

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

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

## **Medical Condition**

The formulary begins on page 10. 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". If you know what your drug is used for, look for the category name in the list that begins on page 119. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 119. 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?**

ArchCare Advantage 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:** ArchCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from ArchCare Advantage before you fill your prescriptions. If you don't get approval, ArchCare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, ArchCare Advantage limits the amount of the drug that ArchCare Advantage will cover. For example, ArchCare Advantage provides 30 per prescription for Kerendia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, ArchCare Advantage 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, ArchCare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ArchCare Advantage 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 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that

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explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ArchCare Advantage 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 ArchCare Advantage’s formulary?” on page 5 for information about how to request an exception.

### **What if my drug is not on the Formulary?**

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

If you learn that ArchCare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ArchCare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by ArchCare Advantage.
- You can ask ArchCare Advantage 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 ArchCare Advantage’s Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, ArchCare Advantage 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, ArchCare Advantage 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, or utilization restriction exception. **When you request a formulary, 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.

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

### **For more information**

For more detailed information about your ArchCare Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about ArchCare Advantage, 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>.

### **ArchCare Advantage Formulary**

The formulary below provides coverage information about the drugs covered by ArchCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 119.

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

The information in the Requirements/Limits column tells you if ArchCare Advantage has any special requirements for coverage of your drug.

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## GUIDE TO ABBREVIATIONS

**PA** – Prior Authorization required. This means that you or your physician must get approval from us before you fill your prescriptions for certain drugs. If you do not get approval, we may not cover the drugs.

**QL** – Quantity limits apply. For certain drugs we limit the amount that the plan will cover.

**B/D** – The plan will determine whether this drug will be covered under Medicare Part B or Part D based on the reason this drug has been prescribed by your doctor.

**LA** – Limited access. The drug is only available at a limited number of specialty pharmacies.

**NM** – Not available at our mail-order pharmacies. Not all drugs are available at mail-order, please check with customer service if you have any questions.

**ST** – Step Therapy. This means that we may require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ArchCare Advantage HMO SNP is a Coordinated Care plan with a Medicare contract. Enrollment in ArchCare Advantage depends on contract renewal. This plan is available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care. You can ask for this information for free in other formats, such as Braille, large print, data CD, audio CD or qualified reader.

Puede solicitar esta información de forma gratuita en otros formatos, tales como Braille, letra grande, en CD, CD de audio o un lector cualificado. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Servicio al Miembro, al 1-888-816-7977 (teléfono de texto (TTY): 711), las 24 horas del día, los 7 días de la semana. ArchCare Advantage HMO SNP es un plan de Cuidado Coordinado con un contrato Medicare. La inscripción en ArchCare Advantage depende de la renovación del contrato. Este plan está disponible para cualquier persona con Medicare que se encuentra con el nivel de centro de enfermería especializada (SNF) de la atención. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Servicio al Miembro, al 1-888-816-7977 (teléfono de texto (TTY): 711), las 24 horas del día, los 7 días de la semana.

The Formulary may change at any time. You will receive notice when necessary.

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## Discrimination is Against the Law

ArchCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ArchCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### ArchCare

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

If you need these services, contact **Victor Fama at (917) 484-5055 (TTY 711)**

If you believe that ArchCare has failed to provide these services listed above or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Victor Fama, (917) 484-5055 (TTY 711)**, or email [compliancereport@archcare.org](mailto:compliancereport@archcare.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Victor Fama (917) 484-5055 (TTY 711)** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/cp/wizard\\_cp.jsf](https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf) or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available on-line at <http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-373-3177 (TTY: 711).

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**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-373-3177 (TTY: 711).

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-373-3177 (TTY: 711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-373-3177 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-373-3177 (청각 장애인용 서비스: 711)으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-373-3177 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-373-3177 (телетайп: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-373-3177 (رقم هاتف الصم والبكم: 711:YTT)

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-373-3177 (TTY: 711).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-373-3177 (ATS: 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-373-3177 (TTY: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-373-3177 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-373-3177 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-373-3177 (TTY: 711).

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。(1-800-373-3177 (TTY: 711)まで、お電話にてご連絡ください。

**توجه:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگنیرید تماس 1-800-373-3177 (TTY: 711) با. باشد می ف.

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

## ArchCare Advantage HMO Special Needs Plan

Effective Date: July 1, 2023

| Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|
| <b><u>ANALGESICS</u></b>   |           |                         |
| <b><u>GOUT</u></b>   |           |                         |
| <i>allopurinol</i> TABS 100mg, 300mg   | 1         |                         |
| <i>colchicine</i> TABS .6mg  | 1         | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i>                                 | 1         |                         |
| MITIGARE CAPS .6mg   | 1         | QL (60 caps / 30 days)  |
| <i>probenecid</i> TABS 500mg   | 1         |                         |
| <b><u>NSAIDS</u></b>   |           |                         |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg                                       | 1         | QL (60 caps / 30 days)  |
| <i>celecoxib</i> CAPS 400mg  | 1         | QL (30 caps / 30 days)  |
| <i>diclofenac potassium</i> TABS 50mg  | 1         | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                     | 1         |                         |
| <i>diflunisal</i> TABS 500mg   | 1         |                         |
| <i>ec-naproxen</i> TBEC 375mg  | 1         | QL (120 tabs / 30 days) |
| <i>ec-naproxen</i> TBEC 500mg  | 1         | QL (90 tabs / 30 days)  |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 1         |                         |
| <i>flurbiprofen</i> TABS 100mg   | 1         |                         |
| <i>ibu</i> TABS 400mg, 600mg, 800mg  | 1         |                         |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg                      | 1         |                         |
| <i>meloxicam</i> TABS 7.5mg, 15mg  | 1         |                         |
| <i>nabumetone</i> TABS 500mg, 750mg  | 1         |                         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                      | 1                |                               |
| <i>naproxen</i> TBEC 375mg  | 1                | QL (120 tabs / 30 days)       |
| <i>naproxen</i> TBEC 500mg  | 1                | QL (90 tabs / 30 days)        |
| <i>naproxen sodium</i> TABS 275mg, 550mg                                      | 1                |                               |
| <i>piroxicam</i> CAPS 10mg, 20mg  | 1                |                               |
| <i>sulindac</i> TABS 150mg, 200mg   | 1                |                               |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>   |                  |                               |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr        | 1                | QL (10 patches / 30 days), PA |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg | 1                | QL (30 tabs / 30 days), PA    |
| HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg                   | 1                | QL (30 tabs / 30 days), PA    |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml                                   | 1                | QL (450 mL / 30 days), PA     |
| <i>methadone hcl</i> TABS 5mg, 10mg   | 1                | QL (90 tabs / 30 days), PA    |
| <i>methadone hydrochloride i</i> CONC 10mg/ml                                 | 1                | QL (90 mL / 30 days), PA      |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg                   | 1                | QL (90 tabs / 30 days), PA    |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>  |                  |                               |
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml                            | 1                | QL (2700 mL / 30 days)        |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg                                 | 1                | QL (400 tabs / 30 days)       |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg                                 | 1                | QL (360 tabs / 30 days)       |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg                                 | 1                | QL (180 tabs / 30 days)       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml                               | 1                |                                 |
| <i>endocet tab 2.5-325mg</i>  | 1                | QL (360 tabs / 30 days)         |
| <i>endocet tab 5-325mg</i>  | 1                | QL (360 tabs / 30 days)         |
| <i>endocet tab 7.5-325mg</i>  | 1                | QL (240 tabs / 30 days)         |
| <i>endocet tab 10-325mg</i>   | 1                | QL (180 tabs / 30 days)         |
| <i>fentanyl citrate</i> LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg | 1                | QL (120 lozenges / 30 days), PA |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>                         | 1                | QL (2700 mL / 30 days)          |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                                 | 1                | QL (240 tabs / 30 days)         |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>                               | 1                | QL (180 tabs / 30 days)         |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                                | 1                | QL (180 tabs / 30 days)         |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>                                   | 1                | QL (150 tabs / 30 days)         |
| <i>hydromorphone hcl</i> LIQD 1mg/ml  | 1                | QL (600 mL / 30 days)           |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg                                   | 1                | QL (180 tabs / 30 days)         |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml                 | 1                | B/D                             |
| <i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml                          | 1                | B/D                             |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml                               | 1                | QL (900 mL / 30 days)           |
| <i>morphine sulfate</i> SOLN 20mg/ml  | 1                | QL (180 mL / 30 days)           |
| <i>morphine sulfate</i> TABS 15mg, 30mg                                       | 1                | QL (180 tabs / 30 days)         |
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml   | 1                | B/D                             |

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| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml           | 1                |                            |
| <i>oxycodone hcl</i> CAPS 5mg                         | 1                | QL (180 caps / 30 days)    |
| <i>oxycodone hcl</i> CONC 100mg/5ml                   | 1                | QL (180 mL / 30 days)      |
| <i>oxycodone hcl</i> SOLN 5mg/5ml                     | 1                | QL (900 mL / 30 days)      |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg | 1                | QL (180 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>      | 1                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>        | 1                | QL (360 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>      | 1                | QL (240 tabs / 30 days)    |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>       | 1                | QL (180 tabs / 30 days)    |
| <i>tramadol hcl</i> TABS 50mg                         | 1                | QL (240 tabs / 30 days)    |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>         | 1                | QL (240 tabs / 30 days)    |

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

|   |   |     |
|---|---|-----|
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2% | 1 | B/D |
|---|---|-----|

## **ANTI-INFECTIVES**

### **ANTI-INFECTIVES - MISCELLANEOUS**

|   |   |            |
|---|---|------------|
| <i>albendazole</i> TABS 200mg                   | 1 |            |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml | 1 |            |
| <i>atovaquone</i> SUSP 750mg/5ml                | 1 |            |
| <i>aztreonam</i> SOLR 1gm, 2gm                  | 1 |            |
| CAYSTON SOLR 75mg                               | 1 | NM, LA, PA |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg                                 | 1                |                            |
| <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml                       | 1                |                            |
| <i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml | 1                |                            |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>                        | 1                |                            |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>                        | 1                |                            |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>                        | 1                |                            |
| CLINDMYC/NAC INJ 300/50ML  | 1                |                            |
| CLINDMYC/NAC INJ 600/50ML  | 1                |                            |
| CLINDMYC/NAC INJ 900/50ML  | 1                |                            |
| <i>colistimethate sodium</i> SOLR 150mg  | 1                |                            |
| <i>dapsone</i> TABS 25mg, 100mg  | 1                |                            |
| DAPTOMYCIN SOLR 350mg  | 1                |                            |
| <i>daptomycin</i> SOLR 350mg, 500mg  | 1                |                            |
| EMVERM CHEW 100mg  | 1                | QL (12 tabs / year)        |
| <i>ertapenem sodium</i> SOLR 1gm   | 1                |                            |
| <i>gentamicin in saline inj 0.8 mg/ml</i>                                      | 1                |                            |
| <i>gentamicin in saline inj 1 mg/ml</i>  | 1                |                            |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                                      | 1                |                            |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                                      | 1                |                            |
| <i>gentamicin in saline inj 2 mg/ml</i>  | 1                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml               | 1                |                            |
| <i>imipenem-cilastatin intravenous for soln</i> 250 mg        | 1                |                            |
| <i>imipenem-cilastatin intravenous for soln</i> 500 mg        | 1                |                            |
| <i>ivermectin</i> TABS 3mg                                    | 1                | QL (12 tabs / 90 days), PA |
| <i>linezolid</i> SOLN 600mg/300ml                             | 1                |                            |
| <i>linezolid</i> SUSR 100mg/5ml                               | 1                | QL (1800 mL / 30 days)     |
| <i>linezolid</i> TABS 600mg                                   | 1                | QL (60 tabs / 30 days)     |
| <i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9% | 1                |                            |
| <i>meropenem</i> SOLR 1gm, 500mg                              | 1                |                            |
| <i>methenamine hippurate</i> TABS 1gm                         | 1                |                            |
| <i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg      | 1                |                            |
| <i>neomycin sulfate</i> TABS 500mg                            | 1                |                            |
| <i>nitazoxanide</i> TABS 500mg                                | 1                | QL (6 tabs / 30 days)      |
| <i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg           | 1                |                            |
| <i>nitrofurantoin monohyd macro</i> CAPS 100mg                | 1                |                            |
| <i>paromomycin sulfate</i> CAPS 250mg                         | 1                |                            |
| <i>pentamidine isethionate inh</i> SOLR 300mg                 | 1                | B/D                        |
| <i>pentamidine isethionate inj</i> SOLR 300mg                 | 1                |                            |
| <i>praziquantel</i> TABS 600mg                                | 1                |                            |
| SIVEXTRO SOLR 200mg; TABS 200mg                               | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>streptomycin sulfate</i> SOLR 1gm                                     | 1                |                             |
| <i>sulfadiazine</i> TABS 500mg   | 1                |                             |
| <i>sulfamethoxazole-trimethoprim iv soln</i><br>400-80 mg/5ml            | 1                |                             |
| <i>sulfamethoxazole-trimethoprim susp</i> 200-<br>40 mg/5ml              | 1                |                             |
| <i>sulfamethoxazole-trimethoprim tab</i> 400-80<br>mg                    | 1                |                             |
| <i>sulfamethoxazole-trimethoprim tab</i> 800-<br>160 mg                  | 1                |                             |
| SYNERCID INJ 500MG   | 1                |                             |
| <i>tobramycin</i> NEBU 300mg/5ml   | 1                | NM, PA                      |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml,<br>10mg/ml, 40mg/ml, 80mg/2ml | 1                |                             |
| <i>trimethoprim</i> TABS 100mg   | 1                |                             |
| TRIMETHOPRIM TABS 100mg  | 1                |                             |
| <i>vancomycin hcl</i> CAPS 125mg   | 1                | QL (80 caps / 180 days)     |
| <i>vancomycin hcl</i> CAPS 250mg   | 1                | QL (160 caps / 180<br>days) |
| <i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm,<br>500mg, 750mg               | 1                |                             |
| VANCOMYCIN INJ 1 GM  | 1                |                             |
| VANCOMYCIN INJ 500MG   | 1                |                             |
| VANCOMYCIN INJ 750MG   | 1                |                             |
| <b>ANTIFUNGALS</b>   |                  |                             |
| ABELCET SUSP 5mg/ml  | 1                | B/D                         |
| <i>amphotericin b</i> SOLR 50mg  | 1                | B/D                         |

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|---|------------------|--------------------------------|
| <i>amphotericin b liposome</i> SUSR 50mg                                    | 1                | B/D                            |
| <i>casprofungin acetate</i> SOLR 50mg, 70mg                                 | 1                |                                |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml;<br>TABS 50mg, 100mg, 150mg, 200mg | 1                |                                |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>                            | 1                |                                |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>                            | 1                |                                |
| <i>flucytosine</i> CAPS 250mg, 500mg  | 1                | PA                             |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml;<br>TABS 500mg                 | 1                |                                |
| <i>griseofulvin ultramicrosize</i> TABS 125mg,<br>250mg                     | 1                |                                |
| <i>itraconazole</i> CAPS 100mg  | 1                | PA                             |
| <i>ketoconazole</i> TABS 200mg  | 1                | PA                             |
| <i>miconazole sodium</i> SOLR 50mg, 100mg                                   | 1                |                                |
| NOXAFIL SUSP 40mg/ml  | 1                | QL (630 mL / 30 days),<br>PA   |
| <i>nystatin</i> TABS 500000unit   | 1                |                                |
| <i>posaconazole</i> SUSP 40mg/ml  | 1                | QL (630 mL / 30 days),<br>PA   |
| <i>posaconazole</i> TBEC 100mg  | 1                | QL (93 tabs / 30 days),<br>PA  |
| <i>terbinafine hcl</i> TABS 250mg   | 1                | QL (90 tabs / year)            |
| <i>voriconazole</i> SOLR 200mg; SUSR<br>40mg/ml                             | 1                | PA                             |
| <i>voriconazole</i> TABS 50mg   | 1                | QL (480 tabs / 30 days),<br>PA |
| <i>voriconazole</i> TABS 200mg  | 1                | QL (120 tabs / 30 days),<br>PA |

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|--|------------------|----------------------------|
| <b>ANTIMALARIALS</b>                               |                  |                            |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>     | 1                |                            |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i>     | 1                |                            |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg     | 1                |                            |
| COARTEM TAB 20-120MG                               | 1                |                            |
| <i>mefloquine hcl</i> TABS 250mg                   | 1                |                            |
| <i>primaquine phosphate</i> TABS 26.3mg            | 1                |                            |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                   | 1                |                            |
| <i>quinine sulfate</i> CAPS 324mg                  | 1                | PA                         |
| <b>ANTIRETROVIRAL AGENTS</b>                       |                  |                            |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg   | 1                | NM                         |
| APTIVUS CAPS 250mg                                 | 1                | NM                         |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | 1                | NM                         |
| EDURANT TABS 25mg                                  | 1                | NM                         |
| <i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg      | 1                | NM                         |
| <i>emtricitabine</i> CAPS 200mg                    | 1                | NM                         |
| EMTRIVA SOLN 10mg/ml                               | 1                | NM                         |
| <i>etravirine</i> TABS 100mg, 200mg                | 1                | NM                         |
| <i>fosamprenavir calcium</i> TABS 700mg            | 1                | NM                         |
| FUZEON SOLR 90mg                                   | 1                | NM                         |
| INTELENCE TABS 25mg                                | 1                | NM                         |
| ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg | 1                | NM                         |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| ISENTRESS HD TABS 600mg  | 1                | NM                             |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg              | 1                | NM                             |
| LEXIVA SUSP 50mg/ml  | 1                | NM                             |
| <i>maraviroc</i> TABS 150mg, 300mg                             | 1                | NM                             |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg | 1                | NM                             |
| NORVIR PACK 100mg  | 1                | NM                             |
| PIFELTRO TABS 100mg  | 1                | NM                             |
| PREZISTA SUSP 100mg/ml   | 1                | QL (400 mL / 30 days),<br>NM   |
| PREZISTA TABS 75mg   | 1                | QL (480 tabs / 30 days),<br>NM |
| PREZISTA TABS 150mg  | 1                | QL (240 tabs / 30 days),<br>NM |
| PREZISTA TABS 600mg  | 1                | QL (60 tabs / 30 days),<br>NM  |
| PREZISTA TABS 800mg  | 1                | QL (30 tabs / 30 days),<br>NM  |
| REYATAZ PACK 50mg  | 1                | NM                             |
| <i>ritonavir</i> TABS 100mg                                    | 1                | NM                             |
| RUKOBIA TB12 600mg   | 1                | NM                             |
| SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg                        | 1                | NM                             |
| <i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg                   | 1                | NM                             |
| SUNLENCA TBPK 300mg  | 1                | NM, LA                         |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg                | 1                | NM                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| TIVICAY TABS 10mg, 25mg, 50mg                                  | 1                | NM                         |
| TIVICAY PD TBSO 5mg  | 1                | NM                         |
| TROGARZO SOLN 200mg/1.33ml                                     | 1                | NM, LA                     |
| TYBOST TABS 150mg  | 1                | NM                         |
| VIRACEPT TABS 250mg, 625mg                                     | 1                | NM                         |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg                  | 1                | NM                         |
| <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg        | 1                | NM                         |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                       |                  |                            |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>              | 1                | NM                         |
| BIKTARVY TAB 30-120-15 MG                                      | 1                | NM                         |
| BIKTARVY TAB 50-200-25 MG                                      | 1                | NM                         |
| CIMDUO TAB 300-300   | 1                | NM                         |
| COMPLERA TAB   | 1                | NM                         |
| DELSTRIGO TAB  | 1                | NM                         |
| DESCOVY TAB 120-15MG   | 1                | QL (30 tabs / 30 days), NM |
| DESCOVY TAB 200/25MG   | 1                | QL (30 tabs / 30 days), NM |
| DOVATO TAB 50-300MG  | 1                | NM                         |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 1                | NM                         |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>    | 1                | NM                         |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>    | 1                | NM                         |

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|---|------------------|----------------------------|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 1                | QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 1                | QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 1                | QL (30 tabs / 30 days), NM |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 1                | QL (30 tabs / 30 days), NM |
| EVOTAZ TAB 300-150  | 1                | NM                         |
| GENVOYA TAB   | 1                | NM                         |
| JULUCA TAB 50-25MG  | 1                | NM                         |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | 1                | NM                         |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>      | 1                | NM                         |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                          | 1                | NM                         |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                          | 1                | NM                         |
| ODEFSEY TAB   | 1                | NM                         |
| PREZCOBIX TAB 800-150   | 1                | NM                         |
| STRIBILD TAB  | 1                | NM                         |
| SYMTUZA TAB   | 1                | NM                         |
| TRIUMEQ PD TAB  | 1                | NM                         |
| TRIUMEQ TAB   | 1                | NM                         |
| TRIZIVIR TAB  | 1                | NM                         |
| <b>ANTITUBERCULAR AGENTS</b>                                      |                  |                            |
| <i>cycloserine CAPS 250mg</i>                                     | 1                |                            |
| <i>ethambutol hcl TABS 100mg, 400mg</i>                           | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg              | 1                |                            |
| PRIFTIN TABS 150mg   | 1                |                            |
| <i>pyrazinamide</i> TABS 500mg                                 | 1                |                            |
| <i>rifabutin</i> CAPS 150mg                                    | 1                |                            |
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg                  | 1                |                            |
| SIRTURO TABS 20mg, 100mg                                       | 1                | NM, LA, PA                 |
| TRECTOR TABS 250mg   | 1                |                            |
| <b>ANTIVIRALS</b>  |                  |                            |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1                |                            |
| <i>acyclovir sodium</i> SOLN 50mg/ml                           | 1                | B/D                        |
| <i>adefovir dipivoxil</i> TABS 10mg                            | 1                | NM                         |
| BARACLUDE SOLN .05mg/ml  | 1                | NM                         |
| <i>entecavir</i> TABS .5mg, 1mg                                | 1                | NM                         |
| EPCLUSA PAK 150-37.5   | 1                | NM, PA                     |
| EPCLUSA PAK 200-50MG   | 1                | NM, PA                     |
| EPCLUSA TAB 200-50MG   | 1                | NM, PA                     |
| EPCLUSA TAB 400-100  | 1                | NM, PA                     |
| EPIVIR HBV SOLN 5mg/ml   | 1                | NM                         |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                    | 1                |                            |
| <i>ganciclovir sodium</i> SOLR 500mg                           | 1                | B/D                        |
| HARVONI PAK 33.75-150MG  | 1                | NM, PA                     |
| HARVONI PAK 45-200MG   | 1                | NM, PA                     |

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|---|------------------|----------------------------|
| HARVONI TAB 45-200MG  | 1                | NM, PA                     |
| HARVONI TAB 90-400MG  | 1                | NM, PA                     |
| <i>lamivudine (hbv)</i> TABS 100mg                                      | 1                | NM                         |
| MAVYRET PAK 50-20MG   | 1                | NM, PA                     |
| MAVYRET TAB 100-40MG  | 1                | NM, PA                     |
| <i>oseltamivir phosphate</i> CAPS 30mg                                  | 1                | QL (168 caps / year)       |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg                            | 1                | QL (84 caps / year)        |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml                                | 1                | QL (1080 mL / year)        |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml                               | 1                | NM, PA                     |
| PREVYMIS TABS 240mg, 480mg  | 1                | QL (28 tabs / 28 days), PA |
| RELENZA DISKHALER AEPB 5mg/blister                                      | 1                | QL (6 inhalers / year)     |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg                   | 1                | NM                         |
| <i>rimantadine hydrochloride</i> TABS 100mg                             | 1                |                            |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                                 | 1                |                            |
| <i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg                      | 1                |                            |
| VEMLIDY TABS 25mg   | 1                | NM                         |
| VOSEVI TAB  | 1                | NM, PA                     |
| XOFLUZA TBPK 40mg, 80mg   | 1                | QL (1 tab / 180 days)      |
| <b>CEPHALOSPORINS</b>   |                  |                            |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml | 1                |                            |
| CEFACLOR ER TB12 500mg  | 1                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml                 | 1                |                            |
| CEFAZOLIN SOLR 2gm, 3gm   | 1                |                            |
| CEFAZOLIN INJ 1GM/50ML  | 1                |                            |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg                      | 1                |                            |
| CEFAZOLIN SOLN 2GM/100ML-4%   | 1                |                            |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml                   | 1                |                            |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                                       | 1                |                            |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml                   | 1                |                            |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                             | 1                |                            |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1                |                            |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg           | 1                |                            |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                                   | 1                |                            |
| CEFTAZIDIME/ SOL D5W 1GM  | 1                |                            |
| CEFTAZIDIME/ SOL D5W 2GM  | 1                |                            |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg             | 1                |                            |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                              | 1                |                            |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                              | 1                |                            |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml          | 1                |                            |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                       | 1                |                            |
| TEFLARO SOLR 400mg, 600mg   | 1                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>ERYTHROMYCINS/MACROLIDES</b>   |                  |                            |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | 1                |                            |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg                | 1                |                            |
| DIFICID SUSR 40mg/ml; TABS 200mg  | 1                |                            |
| <i>e.e.s. 400</i> TABS 400mg  | 1                |                            |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg   | 1                |                            |
| ERYTHROCIN LACTOBIONATE SOLR 500mg  | 1                |                            |
| <i>erythrocin stearate</i> TABS 250mg   | 1                |                            |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg              | 1                |                            |
| <i>erythromycin ethylsuccinate</i> TABS 400mg   | 1                |                            |
| <i>erythromycin lactobionate</i> SOLR 500mg   | 1                |                            |
| <b>FLUOROQUINOLONES</b>   |                  |                            |
| CIPRO SUSR 500mg/5ml  | 1                |                            |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>  | 1                |                            |
| <i>ciprofloxacin 400 mg/200ml in d5w</i>  | 1                |                            |
| <i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg                                      | 1                |                            |
| <i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg                                    | 1                |                            |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i>  | 1                |                            |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i>   | 1                |                            |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i>   | 1                |                            |

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|---|------------------|----------------------------|
| <i>moxifloxacin hcl TABS 400mg</i>  | 1                |                            |
| <b>PENICILLINS</b>  |                  |                            |
| <i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i> | 1                |                            |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>   | 1                |                            |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>   | 1                |                            |
| <i>ampicillin CAPS 500mg</i>  | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>   | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>   | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>   | 1                |                            |

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|--|------------------|----------------------------|
| <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>            | 1                |                            |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>          | 1                |                            |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>          | 1                |                            |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml          | 1                |                            |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i>                              | 1                |                            |
| <i>nafcillin sodium SOLR 1gm, 2gm, 10gm</i>                                | 1                |                            |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>                                | 1                |                            |
| PEN GK/DEXTR INJ 40000/ML  | 1                |                            |
| PEN GK/DEXTR INJ 60000/ML  | 1                |                            |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>               | 1                |                            |
| PENICILLIN G PROCAINE SUSP 600000unit/ml                                   | 1                |                            |
| <i>penicillin g sodium SOLR 5000000unit</i>                                | 1                |                            |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i> | 1                |                            |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i>                            | 1                |                            |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>        | 1                |                            |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>         | 1                |                            |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>           | 1                |                            |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>         | 1                |                            |

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|--|------------------|----------------------------|
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 1                |                            |

### **TETRACYCLINES**

|   |   |        |
|---|---|--------|
| <i>doxy 100 SOLR 100mg</i>  | 1 |        |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg</i> | 1 |        |
| <i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i> | 1 |        |
| <i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>                             | 1 |        |
| NUZYRA SOLR 100mg; TABS 150mg   | 1 | NM, LA |
| <i>tetracycline hcl CAPS 250mg, 500mg</i>                                 | 1 | PA     |
| <i>tigecycline SOLR 50mg</i>  | 1 |        |
| TIGECYCLINE SOLR 50mg   | 1 |        |

### **ANTINEOPLASTIC AGENTS**

#### **ALKYLATING AGENTS**

|  |   |             |
|--|---|-------------|
| BENDEKA SOLN 100mg/4ml   | 1 | B/D, NM, LA |
| <i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i> | 1 | B/D         |
| <i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>            | 1 | B/D         |
| <i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg</i>        | 1 | B/D         |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml; TABS 25mg, 50mg          | 1 | B/D         |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml                              | 1 | B/D         |
| GLEOSTINE CAPS 10mg, 40mg, 100mg                                     | 1 | NM          |
| LEUKERAN TABS 2mg  | 1 |             |

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|--|------------------|----------------------------|
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg            | 1                | B/D                        |
| <i>paraplatin</i> SOLN 1000mg/100ml  | 1                | B/D                        |
| <b>ANTIBIOTICS</b>   |                  |                            |
| <i>doxorubicin hcl</i> SOLN 2mg/ml   | 1                | B/D                        |
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml  | 1                | B/D                        |
| ELLENCE SOLN 50mg/25ml, 200mg/100ml  | 1                | B/D                        |
| <b>ANTIMETABOLITES</b>   |                  |                            |
| <i>azacitidine</i> SUSR 100mg  | 1                | B/D, NM                    |
| <i>cytarabine</i> SOLN 20mg/ml   | 1                | B/D                        |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                   | 1                | B/D                        |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 1                | B/D                        |
| INQOVI TAB 35-100MG  | 1                | NM, LA, PA                 |
| LONSURF TAB 15-6.14  | 1                | NM, LA, PA                 |
| LONSURF TAB 20-8.19  | 1                | NM, LA, PA                 |
| <i>mercaptopurine</i> TABS 50mg  | 1                |                            |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm               | 1                | B/D                        |
| ONUREG TABS 200mg, 300mg   | 1                | NM, LA, PA                 |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg                            | 1                | B/D                        |
| PURIXAN SUSP 2000mg/100ml  | 1                | NM                         |
| TABLOID TABS 40mg  | 1                |                            |

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|--|------------------|----------------------------|
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>        |                  |                            |
| <i>abiraterone acetate</i> TABS 250mg, 500mg | 1                | NM, PA                     |
| <i>anastrozole</i> TABS 1mg                  | 1                |                            |
| <i>bicalutamide</i> TABS 50mg                | 1                |                            |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg        | 1                | NM, PA                     |
| EMCYT CAPS 140mg                             | 1                |                            |
| ERLEADA TABS 60mg, 240mg                     | 1                | NM, LA, PA                 |
| EULEXIN CAPS 125mg                           | 1                |                            |
| <i>exemestane</i> TABS 25mg                  | 1                |                            |
| <i>fulvestrant</i> SOSY 250mg/5ml            | 1                | B/D                        |
| <i>letrozole</i> TABS 2.5mg                  | 1                |                            |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml      | 1                | NM, PA                     |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg            | 1                | NM, PA                     |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg           | 1                | NM, PA                     |
| LYSODREN TABS 500mg                          | 1                | NM                         |
| <i>megestrol acetate</i> TABS 20mg, 40mg     | 1                |                            |
| <i>nilutamide</i> TABS 150mg                 | 1                |                            |
| NUBEQA TABS 300mg                            | 1                | NM, LA, PA                 |
| ORGOVYX TABS 120mg                           | 1                | NM, LA, PA                 |
| ORSERDU TABS 86mg, 345mg                     | 1                | NM, LA, PA                 |
| SOLTAMOX SOLN 10mg/5ml                       | 1                |                            |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg     | 1                |                            |
| <i>toremifene citrate</i> TABS 60mg          | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| XTANDI CAPS 40mg; TABS 40mg, 80mg                                      | 1                | NM, LA, PA                            |
| <b>IMMUNOMODULATORS</b>  |                  |                                       |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg                        | 1                | QL (28 caps / 28 days),<br>NM, LA, PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg                                    | 1                | QL (21 caps / 28 days),<br>NM, LA, PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                                       | 1                | QL (21 caps / 28 days),<br>NM, LA, PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg                                   | 1                | QL (28 caps / 28 days),<br>NM, LA, PA |
| REVLIMID CAPS 20mg, 25mg   | 1                | QL (21 caps / 28 days),<br>NM, LA, PA |
| THALOMID CAPS 50mg, 100mg  | 1                | QL (28 caps / 28 days),<br>NM, LA, PA |
| THALOMID CAPS 150mg, 200mg   | 1                | QL (56 caps / 28 days),<br>NM, LA, PA |
| <b>MISCELLANEOUS</b>   |                  |                                       |
| BESREMI SOSY 500mcg/ml   | 1                | NM, LA, PA                            |
| <i>bexarotene</i> CAPS 75mg  | 1                | NM, PA                                |
| <i>hydroxyurea</i> CAPS 500mg  | 1                |                                       |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | 1                | B/D                                   |
| KISQALI 200 PAK FEMARA   | 1                | QL (49 tabs / 28 days),<br>NM, PA     |
| KISQALI 400 PAK FEMARA   | 1                | QL (70 tabs / 28 days),<br>NM, PA     |
| KISQALI 600 PAK FEMARA   | 1                | QL (91 tabs / 28 days),<br>NM, PA     |
| MATULANE CAPS 50mg   | 1                | NM, LA                                |
| SYNRIBO SOLR 3.5mg   | 1                | NM, PA                                |

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|---|------------------|------------------------------------|
| <i>tretinoin (chemotherapy)</i> CAPS 10mg   | 1                |                                    |
| WELIREG TABS 40mg   | 1                | NM, LA, PA                         |
| <b>MITOTIC INHIBITORS</b>   |                  |                                    |
| <i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 1                | B/D                                |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                 | 1                | B/D                                |
| <i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml   | 1                | B/D                                |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml                         | 1                | B/D                                |
| <i>paclitaxel protein-bound particles for iv susp 100 mg</i>                            | 1                | B/D, NM                            |
| <i>toposar</i> SOLN 1gm/50ml, 100mg/5ml   | 1                | B/D                                |
| <i>vincristine sulfate</i> SOLN 1mg/ml  | 1                | B/D                                |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml                                      | 1                | B/D                                |
| <b>MOLECULAR TARGET AGENTS</b>  |                  |                                    |
| ALECENSA CAPS 150mg   | 1                | NM, LA, PA                         |
| ALUNBRIG TABS 30mg, 90mg, 180mg   | 1                | NM, LA, PA                         |
| ALUNBRIG PAK  | 1                | NM, LA, PA                         |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg  | 1                | QL (30 tabs / 30 days), NM, LA, PA |
| BALVERSA TABS 3mg, 4mg, 5mg   | 1                | NM, LA, PA                         |
| BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg   | 1                | NM, PA                             |
| <i>bortezomib</i> SOLR 3.5mg  | 1                | NM, PA                             |
| BOSULIF TABS 100mg, 400mg, 500mg  | 1                | NM, PA                             |

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|---|------------------|---------------------------------------|
| BRAFTOVI CAPS 75mg                                | 1                | NM, LA, PA                            |
| BRUKINSA CAPS 80mg                                | 1                | NM, LA, PA                            |
| CABOMETYX TABS 20mg, 40mg, 60mg                   | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA |
| CALQUENCE CAPS 100mg                              | 1                | QL (60 caps / 30 days),<br>NM, LA, PA |
| CALQUENCE TABS 100mg                              | 1                | QL (60 tabs / 30 days),<br>NM, LA, PA |
| CAPRELSA TABS 100mg, 300mg                        | 1                | NM, LA, PA                            |
| COMETRIQ (60MG DOSE) KIT 20mg                     | 1                | NM, LA, PA                            |
| COMETRIQ KIT 100MG                                | 1                | NM, LA, PA                            |
| COMETRIQ KIT 140MG                                | 1                | NM, LA, PA                            |
| COPIKTRA CAPS 15mg, 25mg                          | 1                | NM, LA, PA                            |
| COTELLIC TABS 20mg                                | 1                | NM, LA, PA                            |
| DAURISMO TABS 25mg, 100mg                         | 1                | NM, LA, PA                            |
| ERIVEDGE CAPS 150mg                               | 1                | NM, LA, PA                            |
| <i>erlotinib hcl</i> TABS 25mg                    | 1                | QL (90 tabs / 30 days),<br>NM, PA     |
| <i>erlotinib hcl</i> TABS 100mg, 150mg            | 1                | QL (30 tabs / 30 days),<br>NM, PA     |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg,<br>10mg | 1                | QL (30 tabs / 30 days),<br>NM, PA     |
| <i>everolimus</i> TBSO 2mg                        | 1                | QL (150 tabs / 30 days),<br>NM, PA    |
| <i>everolimus</i> TBSO 3mg                        | 1                | QL (90 tabs / 30 days),<br>NM, PA     |
| <i>everolimus</i> TBSO 5mg                        | 1                | QL (60 tabs / 30 days),<br>NM, PA     |

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|--|------------------|--|
| EXKIVITY CAPS 40mg                           | 1                | NM, LA, PA                             |
| FOTIVDA CAPS .89mg, 1.34mg                   | 1                | QL (21 caps / 28 days),<br>NM, LA, PA  |
| GAVRETO CAPS 100mg                           | 1                | NM, LA, PA                             |
| <i>gefitinib</i> TABS 250mg                  | 1                | NM, PA                                 |
| GILOTRIF TABS 20mg, 30mg, 40mg               | 1                | NM, LA, PA                             |
| HERCEP HYLEC SOL 60-10000                    | 1                | NM, LA, PA                             |
| HERCEPTIN SOLR 150mg                         | 1                | NM, LA, PA                             |
| HERZUMA SOLR 150mg, 420mg                    | 1                | NM, LA, PA                             |
| IBRANCE CAPS 75mg, 100mg, 125mg              | 1                | QL (21 caps / 28 days),<br>NM, LA, PA  |
| IBRANCE TABS 75mg, 100mg, 125mg              | 1                | QL (21 tabs / 28 days),<br>NM, LA, PA  |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg          | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA  |
| IDHIFA TABS 50mg, 100mg                      | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA  |
| <i>imatinib mesylate</i> TABS 100mg          | 1                | QL (90 tabs / 30 days),<br>NM, PA      |
| <i>imatinib mesylate</i> TABS 400mg          | 1                | QL (60 tabs / 30 days),<br>NM, PA      |
| IMBRUVICA CAPS 70mg                          | 1                | QL (30 caps / 30 days),<br>NM, LA, PA  |
| IMBRUVICA CAPS 140mg                         | 1                | QL (120 caps / 30<br>days), NM, LA, PA |
| IMBRUVICA SUSP 70mg/ml                       | 1                | QL (216 mL / 27 days),<br>NM, LA, PA   |
| IMBRUVICA TABS 140mg, 280mg, 420mg,<br>560mg | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA  |

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|--|------------------|--|
| INLYTA TABS 1mg                            | 1                | QL (180 tabs / 30 days),<br>NM, LA, PA |
| INLYTA TABS 5mg                            | 1                | QL (120 tabs / 30 days),<br>NM, LA, PA |
| INREBIC CAPS 100mg                         | 1                | NM, LA, PA                             |
| IRESSA TABS 250mg                          | 1                | NM, LA, PA                             |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg,<br>25mg | 1                | QL (60 tabs / 30 days),<br>NM, LA, PA  |
| JAYPIRCA TABS 50mg                         | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA  |
| JAYPIRCA TABS 100mg                        | 1                | QL (60 tabs / 30 days),<br>NM, LA, PA  |
| KADCYLA SOLR 100mg, 160mg                  | 1                | B/D, NM, LA                            |
| KANJINTI SOLR 150mg, 420mg                 | 1                | NM, LA, PA                             |
| KEYTRUDA SOLN 100mg/4ml                    | 1                | NM, LA, PA                             |
| KISQALI 200 DOSE TBPK 200mg                | 1                | QL (21 tabs / 28 days),<br>NM, PA      |
| KISQALI 400 DOSE TBPK 200mg                | 1                | QL (42 tabs / 28 days),<br>NM, PA      |
| KISQALI 600 DOSE TBPK 200mg                | 1                | QL (63 tabs / 28 days),<br>NM, PA      |
| KRAZATI TABS 200mg                         | 1                | NM, LA, PA                             |
| <i>lapatinib ditosylate</i> TABS 250mg     | 1                | NM, PA                                 |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg           | 1                | QL (30 caps / 30 days),<br>NM, LA, PA  |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg           | 1                | QL (60 caps / 30 days),<br>NM, LA, PA  |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg         | 1                | QL (30 caps / 30 days),<br>NM, LA, PA  |

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| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|------------------------------------|------------------|--|
| LENVIMA 12MG DAILY DOSE CPPK 4mg   | 1                | QL (90 caps / 30 days),<br>NM, LA, PA  |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 1                | QL (60 caps / 30 days),<br>NM, LA, PA  |
| LENVIMA CAP 14 MG                  | 1                | QL (60 caps / 30 days),<br>NM, LA, PA  |
| LENVIMA CAP 18 MG                  | 1                | QL (90 caps / 30 days),<br>NM, LA, PA  |
| LENVIMA CAP 24 MG                  | 1                | QL (90 caps / 30 days),<br>NM, LA, PA  |
| LORBRENA TABS 25mg, 100mg          | 1                | NM, LA, PA                             |
| LUMAKRAS TABS 120mg, 320mg         | 1                | NM, LA, PA                             |
| LYNPARZA TABS 100mg, 150mg         | 1                | QL (120 tabs / 30 days),<br>NM, LA, PA |
| LYTGOBI TBPK 4mg                   | 1                | NM, LA, PA                             |
| MEKINIST TABS .5mg, 2mg            | 1                | NM, LA, PA                             |
| MEKTOVI TABS 15mg                  | 1                | NM, LA, PA                             |
| MONJUVI SOLR 200mg                 | 1                | NM, LA, PA                             |
| MVASI SOLN 100mg/4ml, 400mg/16ml   | 1                | NM, LA, PA                             |
| NERLYNX TABS 40mg                  | 1                | NM, LA, PA                             |
| NEXAVAR TABS 200mg                 | 1                | QL (120 tabs / 30 days),<br>NM, LA, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg       | 1                | QL (3 caps / 28 days),<br>NM, PA       |
| ODOMZO CAPS 200mg                  | 1                | NM, LA, PA                             |
| OGIVRI SOLR 150mg                  | 1                | NM, LA, PA                             |
| OGIVRI INJ 420MG                   | 1                | NM, LA, PA                             |
| ONTRUZANT SOLR 150mg, 420mg        | 1                | NM, LA, PA                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg                           | 1                | NM, LA, PA                             |
| PHESGO SOL   | 1                | NM, LA, PA                             |
| PIQRAY 200MG DAILY DOSE TBPK 200mg                         | 1                | NM, PA                                 |
| PIQRAY 250MG TAB DOSE                                      | 1                | NM, PA                                 |
| PIQRAY 300MG DAILY DOSE TBPK 150mg                         | 1                | NM, PA                                 |
| QINLOCK TABS 50mg  | 1                | NM, LA, PA                             |
| RETEVMO CAPS 40mg, 80mg                                    | 1                | NM, LA, PA                             |
| REZLIDHIA CAPS 150mg                                       | 1                | NM, LA, PA                             |
| ROZLYTREK CAPS 100mg, 200mg                                | 1                | NM, LA, PA                             |
| RUBRACA TABS 200mg, 250mg, 300mg                           | 1                | QL (120 tabs / 30 days),<br>NM, LA, PA |
| RYDAPT CAPS 25mg   | 1                | NM, PA                                 |
| SCEMBLIX TABS 20mg   | 1                | QL (60 tabs / 30 days),<br>NM, PA      |
| SCEMBLIX TABS 40mg   | 1                | QL (300 tabs / 30 days),<br>NM, PA     |
| <i>sorafenib tosylate</i> TABS 200mg                       | 1                | QL (120 tabs / 30 days),<br>NM, PA     |
| SPRYCEL TABS 20mg, 50mg, 70mg,<br>80mg, 100mg, 140mg       | 1                | NM, PA                                 |
| STIVARGA TABS 40mg   | 1                | NM, LA, PA                             |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg,<br>37.5mg, 50mg | 1                | QL (30 caps / 30 days),<br>NM, PA      |
| TABRECTA TABS 150mg, 200mg                                 | 1                | NM, PA                                 |
| TAFINLAR CAPS 50mg, 75mg                                   | 1                | NM, LA, PA                             |
| TAGRISSE TABS 40mg, 80mg                                   | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA  |

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| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|---|------------------|--|
| TALZENNA CAPS .5mg, .75mg, 1mg            | 1                | QL (30 caps / 30 days),<br>NM, LA, PA  |
| TALZENNA CAPS .25mg                       | 1                | QL (90 caps / 30 days),<br>NM, LA, PA  |
| TASIGNA CAPS 50mg, 150mg, 200mg           | 1                | NM, PA                                 |
| TAZVERIK TABS 200mg                       | 1                | NM, LA, PA                             |
| TECENTRIQ SOLN 840mg/14ml,<br>1200mg/20ml | 1                | NM, LA, PA                             |
| TEPMETKO TABS 225mg                       | 1                | NM, LA, PA                             |
| TIBSOVO TABS 250mg                        | 1                | NM, LA, PA                             |
| TRAZIMERA SOLR 150mg, 420mg               | 1                | NM, PA                                 |
| TRUSELTIQ 50MG DAILY DOSE CPPK<br>25mg    | 1                | NM, LA, PA                             |
| TRUSELTIQ 75MG DAILY DOSE CPPK<br>25mg    | 1                | NM, LA, PA                             |
| TRUSELTIQ 100MG DAILY DOSE CPPK<br>100mg  | 1                | NM, LA, PA                             |
| TRUSELTIQ 125MG DAILY DOSE                | 1                | NM, LA, PA                             |
| TRUXIMA SOLN 100mg/10ml,<br>500mg/50ml    | 1                | NM, PA                                 |
| TUKYSA TABS 50mg, 150mg                   | 1                | NM, LA, PA                             |
| TURALIO CAPS 125mg, 200mg                 | 1                | NM, LA, PA                             |
| VENCLEXTA TABS 10mg, 50mg                 | 1                | QL (112 tabs / 28 days),<br>NM, LA, PA |
| VENCLEXTA TABS 100mg                      | 1                | QL (180 tabs / 30 days),<br>NM, LA, PA |
| VENCLEXTA TAB START PK                    | 1                | QL (42 tabs / 28 days),<br>NM, LA, PA  |

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| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|---|------------------|-------------------------------------|
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 1                | QL (56 tabs / 28 days), NM, LA, PA  |
| VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml | 1                | NM, LA, PA                          |
| VIZIMPRO TABS 15mg, 30mg, 45mg          | 1                | NM, LA, PA                          |
| VONJO CAPS 100mg                        | 1                | QL (120 caps / 30 days), NM, LA, PA |
| VOTRIENT TABS 200mg                     | 1                | NM, LA, PA                          |
| XALKORI CAPS 200mg, 250mg               | 1                | NM, LA, PA                          |
| XOSPATA TABS 40mg                       | 1                | NM, LA, PA                          |
| XPOVIO 40 MG ONCE WEEKLY TBPK 40mg      | 1                | QL (4 tabs / 28 days), NM, LA, PA   |
| XPOVIO 40 MG TWICE WEEKLY TBPK 40mg     | 1                | QL (8 tabs / 28 days), NM, LA, PA   |
| XPOVIO 60 MG ONCE WEEKLY TBPK 60mg      | 1                | QL (4 tabs / 28 days), NM, LA, PA   |
| XPOVIO 60 MG TWICE WEEKLY TBPK 20mg     | 1                | QL (24 tabs / 28 days), NM, LA, PA  |
| XPOVIO 80 MG ONCE WEEKLY TBPK 40mg      | 1                | QL (8 tabs / 28 days), NM, LA, PA   |
| XPOVIO 80 MG TWICE WEEKLY TBPK 20mg     | 1                | QL (32 tabs / 28 days), NM, LA, PA  |
| XPOVIO 100 MG ONCE WEEKLY TBPK 50mg     | 1                | QL (8 tabs / 28 days), NM, LA, PA   |
| ZEJULA CAPS 100mg                       | 1                | QL (90 caps / 30 days), NM, LA, PA  |
| ZELBORAF TABS 240mg                     | 1                | NM, LA, PA                          |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml      | 1                | NM, LA, PA                          |
| ZOLINZA CAPS 100mg                      | 1                | NM, PA                              |

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| <b>Drug Name</b>          | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------|------------------|----------------------------|
| ZYDELIG TABS 100mg, 150mg | 1                | NM, LA, PA                 |

|                    |   |            |
|--------------------|---|------------|
| ZYKADIA TABS 150mg | 1 | NM, LA, PA |
|--------------------|---|------------|

### ***PROTECTIVE AGENTS***

|  |   |     |
|--|---|-----|
| <i>leucovorin calcium</i> SOLN 500mg/50ml;<br>SOLR 50mg, 100mg, 200mg, 350mg,<br>500mg | 1 | B/D |
|--|---|-----|

|   |   |  |
|---|---|--|
| <i>leucovorin calcium</i> TABS 5mg, 10mg,<br>15mg, 25mg | 1 |  |
|---|---|--|

|                   |   |  |
|-------------------|---|--|
| MESNEX TABS 400mg | 1 |  |
|-------------------|---|--|

### **CARDIOVASCULAR**

#### ***ACE INHIBITOR COMBINATIONS***

|  |   |                        |
|--|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-<br/>10 mg</i> | 1 | QL (30 caps / 30 days) |
|--|---|------------------------|

|  |   |                        |
|--|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 5-<br/>10 mg</i> | 1 | QL (30 caps / 30 days) |
|--|---|------------------------|

|  |   |                        |
|--|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 5-<br/>20 mg</i> | 1 | QL (30 caps / 30 days) |
|--|---|------------------------|

|  |   |                        |
|--|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 5-<br/>40 mg</i> | 1 | QL (30 caps / 30 days) |
|--|---|------------------------|

|   |   |                        |
|---|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 10-<br/>20 mg</i> | 1 | QL (30 caps / 30 days) |
|---|---|------------------------|

|   |   |                        |
|---|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 10-<br/>40 mg</i> | 1 | QL (30 caps / 30 days) |
|---|---|------------------------|

|   |   |  |
|---|---|--|
| <i>benazepril &amp; hydrochlorothiazide tab 5-<br/>6.25mg</i> | 1 |  |
|---|---|--|

|   |   |  |
|---|---|--|
| <i>benazepril &amp; hydrochlorothiazide tab 10-<br/>12.5 mg</i> | 1 |  |
|---|---|--|

|   |   |  |
|---|---|--|
| <i>benazepril &amp; hydrochlorothiazide tab 20-<br/>12.5 mg</i> | 1 |  |
|---|---|--|

|  |   |  |
|--|---|--|
| <i>benazepril &amp; hydrochlorothiazide tab 20-25<br/>mg</i> | 1 |  |
|--|---|--|

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>           | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>           | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>           | 1                |                            |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>           | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>  | 1                |                            |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>   | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> | 1                |                            |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>        | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>        | 1                |                            |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>          | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>               | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>               | 1                |                            |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                 | 1                |                            |
| <b>ACE INHIBITORS</b>   |                  |                            |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                  | 1                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg             | 1                |                            |
| <i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg        | 1                |                            |
| <i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg              | 1                |                            |
| <i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg   | 1                |                            |
| <i>moexipril hcl</i> TABS 7.5mg, 15mg                       | 1                |                            |
| <i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg              | 1                |                            |
| <i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg             | 1                |                            |
| <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg               | 1                |                            |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg                      | 1                |                            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>                     |                  |                            |
| <i>eplerenone</i> TABS 25mg, 50mg                           | 1                |                            |
| KERENDIA TABS 10mg, 20mg                                    | 1                | QL (30 tabs / 30 days)     |
| <i>spironolactone</i> TABS 25mg, 50mg, 100mg                | 1                |                            |
| <b>ALPHA BLOCKERS</b>                                       |                  |                            |
| <i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg           | 1                |                            |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg                      | 1                |                            |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg               | 1                |                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>      |                  |                            |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg | 1                | QL (30 tabs / 30 days)     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>        | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>        | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>                   | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                   | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                  | 1                | QL (30 tabs / 30 days)     |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                  | 1                | QL (30 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>     | 1                | QL (60 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>     | 1                | QL (30 tabs / 30 days)     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>       | 1                | QL (30 tabs / 30 days)     |
| ENTRESTO TAB 24-26MG  | 1                |                            |
| ENTRESTO TAB 49-51MG  | 1                |                            |
| ENTRESTO TAB 97-103MG   | 1                |                            |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | 1                | QL (60 tabs / 30 days)     |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | 1                | QL (30 tabs / 30 days)     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | 1                |                            |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>     | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>     | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>       | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>  | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>  | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>    | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 1                | QL (30 tabs / 30 days)     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                          | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                         | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                          | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                         | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>              | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>              | 1                | QL (60 tabs / 30 days)     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>               | 1                | QL (30 tabs / 30 days)     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                       | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>                     | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                       | 1                | QL (30 tabs / 30 days)     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                               |                  |                            |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>                         | 1                | QL (60 tabs / 30 days)     |
| <i>candesartan cilexetil TABS 32mg</i>                                   | 1                | QL (30 tabs / 30 days)     |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i>                                | 1                | QL (30 tabs / 30 days)     |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i>                         | 1                |                            |
| <i>olmesartan medoxomil TABS 5mg</i>                                     | 1                | QL (60 tabs / 30 days)     |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i>                              | 1                | QL (30 tabs / 30 days)     |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i>                                 | 1                | QL (30 tabs / 30 days)     |
| <i>valsartan TABS 40mg, 80mg, 160mg</i>                                  | 1                | QL (60 tabs / 30 days)     |
| <i>valsartan TABS 320mg</i>  | 1                | QL (30 tabs / 30 days)     |
| <b>ANTIARRHYTHMICS</b>   |                  |                            |
| <i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i> | 1                |                            |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i>                          | 1                |                            |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>                            | 1                | NM                         |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i>                        | 1                |                            |
| MULTAQ TABS 400mg  | 1                |                            |
| NORPACE CR CP12 100mg, 150mg   | 1                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                  | 1                |                            |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1                |                            |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                | 1                |                            |
| <i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg                              | 1                |                            |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg                         | 1                |                            |
| <i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg                     | 1                |                            |
| <b>ANTILIPEMICS, FIBRATES</b>   |                  |                            |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg                          | 1                |                            |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg                     | 1                |                            |
| <i>gemfibrozil</i> TABS 600mg   | 1                |                            |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                         |                  |                            |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg                   | 1                | QL (30 tabs / 30 days)     |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg                                   | 1                | QL (60 tabs / 30 days)     |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg                     | 1                | QL (30 tabs / 30 days)     |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg                    | 1                | QL (30 tabs / 30 days)     |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg                       | 1                | QL (30 tabs / 30 days)     |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>  |                  |                            |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose                             | 1                |                            |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose                       | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg               | 1                |                            |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm           | 1                |                            |
| <i>ezetimibe</i> TABS 10mg                                   | 1                |                            |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                    | 1                | QL (30 tabs / 30 days)     |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 1                | QL (60 tabs / 30 days)     |
| PRALUENT SOAJ 75mg/ml, 150mg/ml                              | 1                | NM, PA                     |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                     | 1                |                            |
| VASCEPA CAPS .5gm, 1gm                                       | 1                |                            |
| <b><i>BETA-BLOCKER/DIURETIC COMBINATIONS</i></b>             |                  |                            |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>            | 1                |                            |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>           | 1                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>  | 1                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>    | 1                |                            |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>   | 1                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>     | 1                |                            |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>    | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>  | 1                |                            |
| <b>BETA-BLOCKERS</b>   |                  |                            |
| <i>acebutolol hcl CAPS 200mg, 400mg</i>  | 1                |                            |
| <i>atenolol TABS 25mg, 50mg, 100mg</i>   | 1                |                            |
| <i>betaxolol hcl TABS 10mg, 20mg</i>   | 1                |                            |
| <i>bisoprolol fumarate TABS 5mg, 10mg</i>  | 1                |                            |
| <i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>   | 1                |                            |
| <i>labetalol hcl TABS 100mg, 200mg, 300mg</i>  | 1                |                            |
| <i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>  | 1                |                            |
| <i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>  | 1                |                            |
| <i>nadolol TABS 20mg, 40mg, 80mg</i>   | 1                |                            |
| <i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>   | 1                | QL (30 tabs / 30 days)     |
| <i>nebivolol hcl TABS 20mg</i>   | 1                | QL (60 tabs / 30 days)     |
| <i>pindolol TABS 5mg, 10mg</i>   | 1                |                            |
| <i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i> | 1                |                            |
| <i>timolol maleate TABS 5mg, 10mg, 20mg</i>  | 1                |                            |
| <b>CALCIUM CHANNEL BLOCKERS</b>  |                  |                            |
| <i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>   | 1                |                            |
| <i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>   | 1                |                            |
| <i>dilt-xr CP24 120mg, 180mg, 240mg</i>  | 1                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg;<br>SOLN 25mg/5ml, 50mg/10ml,<br>125mg/25ml; TABS 30mg, 60mg, 90mg,<br>120mg                            | 1                |                            |
| <i>diltiazem hcl coated beads</i> CP24 120mg,<br>180mg, 240mg, 300mg, 360mg   | 1                |                            |
| <i>diltiazem hcl extended release beads</i> CP24<br>120mg, 180mg, 240mg, 300mg, 360mg,<br>420mg   | 1                |                            |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg   | 1                |                            |
| <i>isradipine</i> CAPS 2.5mg, 5mg   | 1                |                            |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg  | 1                |                            |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg   | 1                |                            |
| <i>nimodipine</i> CAPS 30mg   | 1                |                            |
| NYMALIZE SOLN 6mg/ml  | 1                |                            |
| <i>taztia xt</i> CP24 120mg, 180mg, 240mg,<br>300mg, 360mg  | 1                |                            |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg,<br>300mg, 360mg, 420mg  | 1                |                            |
| <i>verapamil hcl</i> CP24 100mg, 120mg,<br>180mg, 200mg, 240mg, 300mg, 360mg;<br>SOLN 2.5mg/ml; TABS 40mg, 80mg,<br>120mg; TBCR 120mg, 180mg, 240mg | 1                |                            |
| <b>DIURETICS</b>  |                  |                            |
| <i>acetazolamide</i> CP12 500mg; TABS<br>125mg, 250mg   | 1                |                            |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50<br/>mg</i>  | 1                |                            |
| <i>amiloride hcl</i> TABS 5mg   | 1                |                            |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg,<br>1mg, 2mg   | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>chlorthalidone</i> TABS 25mg, 50mg                              | 1                |                            |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml;<br>TABS 20mg, 40mg, 80mg | 1                |                            |
| <i>furosemide inj</i> SOLN 10mg/ml                                 | 1                |                            |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS<br>12.5mg, 25mg, 50mg | 1                |                            |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                               | 1                |                            |
| <i>methazolamide</i> TABS 25mg, 50mg                               | 1                |                            |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                            | 1                |                            |
| <i>spironolactone &amp; hydrochlorothiazide tab</i><br>25-25 mg    | 1                |                            |
| <i>toremide</i> TABS 5mg, 10mg, 20mg,<br>100mg                     | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide cap</i><br>37.5-25 mg     | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab</i><br>37.5-25 mg     | 1                |                            |
| <i>triamterene &amp; hydrochlorothiazide tab</i> 75-<br>50 mg      | 1                |                            |
| <b>MISCELLANEOUS</b>   |                  |                            |
| ADRENALIN SOLN 1mg/ml  | 1                |                            |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg                        | 1                |                            |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr,<br>.3mg/24hr           | 1                |                            |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                         | 1                |                            |
| CORLANOR SOLN 5mg/5ml; TABS 5mg,<br>7.5mg                          | 1                |                            |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml                             | 1                |                            |

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|--|------------------|---------------------------------------|
| <i>digoxin</i> TABS 125mcg, 250mcg   | 1                | QL (30 tabs / 30 days)                |
| <i>droxidopa</i> CAPS 100mg  | 1                | QL (90 caps / 30 days),<br>NM, PA     |
| <i>droxidopa</i> CAPS 200mg, 300mg   | 1                | QL (180 caps / 30<br>days), NM, PA    |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml   | 1                |                                       |
| <i>guanfacine hcl</i> TABS 1mg, 2mg  | 1                | PA; PA if 70 years and<br>older       |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS<br>10mg, 25mg, 50mg, 100mg                                       | 1                |                                       |
| <i>metyrosine</i> CAPS 250mg   | 1                | PA                                    |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg   | 1                |                                       |
| <i>minoxidil</i> TABS 2.5mg, 10mg  | 1                |                                       |
| <i>ranolazine</i> TB12 500mg, 1000mg   | 1                |                                       |
| VERQUVO TABS 2.5mg, 5mg, 10mg  | 1                |                                       |
| <b><i>NITRATES</i></b>   |                  |                                       |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg,<br>20mg, 30mg  | 1                |                                       |
| <i>isosorbide mononitrate</i> TABS 10mg,<br>20mg; TB24 30mg, 60mg, 120mg                                   | 1                |                                       |
| NITRO-BID OINT 2%  | 1                |                                       |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr,<br>.4mg/hr, .6mg/hr; SOLN .4mg/spray;<br>SUBL .3mg, .4mg, .6mg | 1                |                                       |
| <b><i>PULMONARY ARTERIAL HYPERTENSION</i></b>  |                  |                                       |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg,<br>2.5mg   | 1                | QL (90 tabs / 30 days),<br>NM, LA, PA |
| <i>ambrisentan</i> TABS 5mg, 10mg  | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| <i>bosentan</i> TABS 62.5mg, 125mg                                       | 1                | QL (60 tabs / 30 days),<br>NM, LA, PA |
| OPSUMIT TABS 10mg  | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA |
| <i>sildenafil citrate (pulmonary hypertension)</i><br>TABS 20mg          | 1                | QL (360 tabs / 30 days),<br>NM, PA    |
| <i>treprostinil</i> SOLN 20mg/20ml,<br>50mg/20ml, 100mg/20ml, 200mg/20ml | 1                | NM, LA, PA                            |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml   | 1                | NM, LA, PA                            |

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

|  |   |                         |
|--|---|-------------------------|
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg             | 1 | QL (150 tabs / 30 days) |
| <i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg,<br>15mg, 30mg | 1 |                         |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg,<br>100mg     | 1 |                         |
| <i>lorazepam</i> CONC 2mg/ml                             | 1 | QL (150 mL / 30 days)   |
| <i>lorazepam</i> SOLN 2mg/ml, 4mg/ml                     | 1 |                         |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg                     | 1 | QL (150 tabs / 30 days) |
| <i>lorazepam intensol</i> CONC 2mg/ml                    | 1 | QL (150 mL / 30 days)   |

### **ANTICONVULSANTS**

|  |   |                               |
|--|---|-------------------------------|
| APTIOM TABS 200mg, 400mg                       | 1 | QL (30 tabs / 30 days)        |
| APTIOM TABS 600mg, 800mg                       | 1 | QL (60 tabs / 30 days)        |
| BRIVIACT SOLN 10mg/ml                          | 1 | QL (600 mL / 30 days),<br>PA  |
| BRIVIACT SOLN 50mg/5ml                         | 1 | PA                            |
| BRIVIACT TABS 10mg, 25mg, 50mg,<br>75mg, 100mg | 1 | QL (60 tabs / 30 days),<br>PA |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|---|------------------|---|
| <i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 1                |   |
| CELONTIN CAPS 300mg   | 1                |   |
| <i>clobazam</i> SUSP 2.5mg/ml   | 1                | QL (480 mL / 30 days), PA                             |
| <i>clobazam</i> TABS 10mg, 20mg   | 1                | QL (60 tabs / 30 days), PA                            |
| <i>clonazepam</i> TABS 2mg; TBDP 2mg  | 1                | QL (300 tabs / 30 days)                               |
| <i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg   | 1                | QL (90 tabs / 30 days)                                |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg   | 1                | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| DIACOMIT CAPS 250mg   | 1                | QL (360 caps / 30 days), NM, LA, PA                   |
| DIACOMIT CAPS 500mg   | 1                | QL (180 caps / 30 days), NM, LA, PA                   |
| DIACOMIT PACK 250mg   | 1                | QL (360 packets / 30 days), NM, LA, PA                |
| DIACOMIT PACK 500mg   | 1                | QL (180 packets / 30 days), NM, LA, PA                |
| <i>diazepam</i> CONC 5mg/ml   | 1                | QL (240 mL / 30 days), PA; PA if 65 years and older   |
| <i>diazepam</i> SOLN 5mg/5ml  | 1                | QL (1200 mL / 30 days), PA; PA if 65 years and older  |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg   | 1                | QL (120 tabs / 30 days), PA; PA if 65 years and older |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                           | 1                |                                   |
| <i>diazepam inj</i> SOLN 5mg/ml  | 1                |                                   |
| DILANTIN CAPS 30mg, 100mg  | 1                |                                   |
| DILANTIN INFATABS CHEW 50mg  | 1                |                                   |
| DILANTIN-125 SUSP 125mg/5ml  | 1                |                                   |
| <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | 1                |                                   |
| EPIDIOLEX SOLN 100mg/ml  | 1                | QL (600 mL / 30 days), NM, LA, PA |
| <i>epitol</i> TABS 200mg   | 1                |                                   |
| EPRONTIA SOLN 25mg/ml  | 1                | QL (480 mL / 30 days), PA         |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml                                   | 1                |                                   |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg                               | 1                |                                   |
| FINTEPLA SOLN 2.2mg/ml   | 1                | QL (360 mL / 30 days), NM, LA, PA |
| FYCOMPA SUSP .5mg/ml   | 1                | QL (720 mL / 30 days), PA         |
| FYCOMPA TABS 2mg   | 1                | QL (60 tabs / 30 days), PA        |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg   | 1                | QL (30 tabs / 30 days), PA        |
| <i>gabapentin</i> CAPS 100mg, 300mg, 400mg                                       | 1                | QL (180 caps / 30 days)           |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml                                      | 1                | QL (2160 mL / 30 days)            |
| <i>gabapentin</i> TABS 600mg   | 1                | QL (180 tabs / 30 days)           |

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|--|------------------|------------------------------|
| <i>gabapentin</i> TABS 800mg   | 1                | QL (120 tabs / 30 days)      |
| <i>lacosamide</i> SOLN 200mg/20ml  | 1                |                              |
| <i>lacosamide</i> TABS 50mg  | 1                | QL (120 tabs / 30 days)      |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg   | 1                | QL (60 tabs / 30 days)       |
| <i>lacosamide oral</i> SOLN 10mg/ml  | 1                | QL (1200 mL / 30 days)       |
| <i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 1                |                              |
| <i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg             | 1                |                              |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml   | 1                |                              |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml  | 1                |                              |
| <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml  | 1                |                              |
| <i>methsuximide</i> CAPS 300mg   | 1                |                              |
| NAYZILAM SOLN 5mg/0.1ml  | 1                |                              |
| <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg  | 1                |                              |
| <i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg               | 1                | PA; PA if 70 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml   | 1                | PA; PA if 70 years and older |
| PHENYTEK CAPS 200mg, 300mg   | 1                |                              |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml   | 1                |                              |
| <i>phenytoin sodium</i> SOLN 50mg/ml   | 1                |                              |

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|--|------------------|-----------------------------|
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg        | 1                |                             |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg            | 1                | QL (120 caps / 30 days), PA |
| <i>pregabalin</i> CAPS 200mg                                     | 1                | QL (90 caps / 30 days), PA  |
| <i>pregabalin</i> CAPS 225mg, 300mg                              | 1                | QL (60 caps / 30 days), PA  |
| <i>pregabalin</i> SOLN 20mg/ml                                   | 1                | QL (900 mL / 30 days), PA   |
| <i>primidone</i> TABS 50mg, 125mg, 250mg                         | 1                |                             |
| <i>roweepra</i> TABS 500mg                                       | 1                |                             |
| <i>rufinamide</i> SUSP 40mg/ml                                   | 1                | QL (2400 mL / 30 days), PA  |
| <i>rufinamide</i> TABS 200mg                                     | 1                | QL (480 tabs / 30 days), PA |
| <i>rufinamide</i> TABS 400mg                                     | 1                | QL (240 tabs / 30 days), PA |
| SPRITAM TB3D 250mg   | 1                | QL (360 tabs / 30 days)     |
| SPRITAM TB3D 500mg   | 1                | QL (180 tabs / 30 days)     |
| SPRITAM TB3D 750mg   | 1                | QL (120 tabs / 30 days)     |
| SPRITAM TB3D 1000mg  | 1                | QL (90 tabs / 30 days)      |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg                  | 1                |                             |
| SYMPAZAN FILM 5mg, 10mg, 20mg                                    | 1                | QL (60 films / 30 days), PA |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg                   | 1                |                             |
| <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | 1                |                             |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml                 | 1                |  |
| <i>valproic acid</i> CAPS 250mg                                  | 1                |  |
| VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml | 1                |  |
| <i>vigabatrin</i> PACK 500mg                                     | 1                | QL (180 packets / 30 days), NM, LA, PA |
| <i>vigabatrin</i> TABS 500mg                                     | 1                | QL (180 tabs / 30 days), NM, LA, PA    |
| <i>vigadrone</i> PACK 500mg                                      | 1                | QL (180 packets / 30 days), NM, LA, PA |
| VIMPAT SOLN 10mg/ml  | 1                | QL (1200 mL / 30 days)                 |
| XCOPRI TABS 50mg, 100mg  | 1                | QL (30 tabs / 30 days)                 |
| XCOPRI TABS 150mg, 200mg   | 1                | QL (60 tabs / 30 days)                 |
| XCOPRI PAK 12.5-25   | 1                | QL (28 tabs / 28 days)                 |
| XCOPRI PAK 50-100MG  | 1                | QL (28 tabs / 28 days)                 |
| XCOPRI PAK 100-150   | 1                | QL (56 tabs / 28 days)                 |
| XCOPRI PAK 150-200MG (MAINTENANCE)                               | 1                | QL (56 tabs / 28 days)                 |
| XCOPRI PAK 150-200MG (TITRATION)                                 | 1                | QL (28 tabs / 28 days)                 |
| ZONISADE SUSP 100mg/5ml  | 1                | QL (900 mL / 30 days), PA              |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg                         | 1                |  |
| ZTALMY SUSP 50mg/ml  | 1                | QL (1100 mL / 30 days), NM, LA, PA     |
| <b>ANTIDEMENTIA</b>  |                  |  |
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg                | 1                | QL (30 tabs / 30 days)                 |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>donepezil hydrochloride</i> TABS 10mg;<br>TBDP 10mg                                   | 1                |                               |
| <i>galantamine hydrobromide</i> CP24 8mg,<br>16mg, 24mg                                  | 1                | QL (30 caps / 30 days)        |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml  | 1                |                               |
| <i>galantamine hydrobromide</i> TABS 4mg,<br>8mg, 12mg                                   | 1                | QL (60 tabs / 30 days)        |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg,<br>28mg; SOLN 2mg/ml; TABS 5mg, 10mg          | 1                | PA; PA if < 30 yrs            |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10<br/>mg titration pack</i>                   | 1                | PA; PA if < 30 yrs            |
| NAMZARIC CAP 7-10MG  | 1                |                               |
| NAMZARIC CAP 14-10MG   | 1                |                               |
| NAMZARIC CAP 21-10MG   | 1                |                               |
| NAMZARIC CAP 28-10MG   | 1                |                               |
| NAMZARIC CAP PACK  | 1                |                               |
| <i>rivastigmine</i> PT24 4.6mg/24hr,<br>9.5mg/24hr, 13.3mg/24hr                          | 1                | QL (30 patches / 30<br>days)  |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg,<br>4.5mg, 6mg                              | 1                | QL (60 caps / 30 days)        |
| <b>ANTIDEPRESSANTS</b>   |                  |                               |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg,<br>50mg, 75mg, 100mg, 150mg                    | 1                |                               |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg,<br>150mg  | 1                |                               |
| AUVELITY TAB 45-105MG  | 1                | QL (60 tabs / 30 days),<br>PA |
| <i>bupropion hcl</i> TABS 75mg, 100mg; TB12<br>100mg, 150mg, 200mg; TB24 150mg,<br>300mg | 1                |                               |

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|---|------------------|----------------------------------|
| <i>citalopram hydrobromide</i> SOLN<br>10mg/5ml; TABS 10mg, 20mg, 40mg        | 1                |                                  |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg,<br>75mg                              | 1                | PA                               |
| <i>desipramine hcl</i> TABS 10mg, 25mg,<br>50mg, 75mg, 100mg, 150mg           | 1                |                                  |
| <i>desvenlafaxine succinate</i> TB24 25mg,<br>50mg, 100mg                     | 1                | QL (30 tabs / 30 days),<br>PA    |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg,<br>75mg, 100mg, 150mg; CONC 10mg/ml | 1                |                                  |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg,<br>40mg, 60mg                              | 1                | QL (60 caps / 30 days),<br>PA    |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg                                   | 1                | QL (60 caps / 30 days)           |
| EMSAM PT24 6mg/24hr, 9mg/24hr,<br>12mg/24hr                                   | 1                | QL (30 patches / 30<br>days), PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml;<br>TABS 5mg, 10mg, 20mg             | 1                |                                  |
| FETZIMA CP24 20mg, 40mg   | 1                | QL (60 caps / 30 days),<br>PA    |
| FETZIMA CP24 80mg, 120mg  | 1                | QL (30 caps / 30 days),<br>PA    |
| FETZIMA CAP TITRATIO  | 1                | PA                               |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg;<br>SOLN 20mg/5ml                 | 1                |                                  |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                   | 1                |                                  |
| MARPLAN TABS 10mg   | 1                | QL (180 tabs / 30 days)          |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg,<br>45mg; TBDP 15mg, 30mg, 45mg     | 1                |                                  |
| <i>nefazodone hcl</i> TABS 50mg, 100mg,<br>150mg, 200mg, 250mg                | 1                |                                  |

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|---|------------------|------------------------------|
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml                   | 1                |                              |
| <i>paroxetine hcl</i> SUSP 10mg/5ml   | 1                | QL (900 mL / 30 days), PA    |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg                                     | 1                |                              |
| <i>phenelzine sulfate</i> TABS 15mg   | 1                |                              |
| <i>protriptyline hcl</i> TABS 5mg, 10mg   | 1                |                              |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg                            | 1                |                              |
| <i>tranylcypromine sulfate</i> TABS 10mg  | 1                |                              |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg  | 1                |                              |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg   | 1                | QL (120 caps / 30 days)      |
| <i>trimipramine maleate</i> CAPS 100mg  | 1                | QL (60 caps / 30 days)       |
| TRINTELLIX TABS 5mg, 10mg, 20mg   | 1                | QL (30 tabs / 30 days)       |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 1                |                              |
| VIIBRYD KIT STARTER   | 1                |                              |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg   | 1                | QL (30 tabs / 30 days)       |
| <b>ANTIPARKINSONIAN AGENTS</b>  |                  |                              |
| <i>amantadine hcl</i> CAPS 100mg  | 1                | QL (120 caps / 30 days)      |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg                                       | 1                |                              |
| <i>benztropine mesylate</i> SOLN 1mg/ml   | 1                |                              |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg                                       | 1                | PA; PA if 70 years and older |

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|--|------------------|----------------------------------|
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg         | 1                |                                  |
| <i>carb/levo orally disintegrating tab 10-100mg</i>        | 1                |                                  |
| <i>carb/levo orally disintegrating tab 25-100mg</i>        | 1                |                                  |
| <i>carb/levo orally disintegrating tab 25-250mg</i>        | 1                |                                  |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>              | 1                |                                  |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>              | 1                |                                  |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>              | 1                |                                  |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>           | 1                |                                  |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>           | 1                |                                  |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>   | 1                |                                  |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>  | 1                |                                  |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>    | 1                |                                  |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 1                |                                  |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>  | 1                |                                  |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>    | 1                |                                  |
| <i>entacapone</i> TABS 200mg                               | 1                |                                  |
| KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg                  | 1                | QL (150 films / 30 days), NM, PA |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr  | 1                |                              |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg                                | 1                |                              |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg   | 1                | QL (30 tabs / 30 days)       |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg                                     | 1                |                              |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg  | 1                |                              |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg  | 1                | PA; PA if 70 years and older |
| <b>ANTIPSYCHOTICS</b>   |                  |                              |
| ABILIFY MAINTENA PRSY 300mg, 400mg  | 1                | QL (1 syringe / 28 days)     |
| ABILIFY MAINTENA SRER 300mg, 400mg  | 1                | QL (1 injection / 28 days)   |
| <i>aripiprazole</i> SOLN 1mg/ml   | 1                | QL (900 mL / 30 days)        |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg   | 1                | QL (30 tabs / 30 days)       |
| <i>aripiprazole</i> TBDP 10mg, 15mg   | 1                | QL (60 tabs / 30 days)       |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml   | 1                | QL (1 syringe / 28 days)     |
| ARISTADA PRSY 1064mg/3.9ml  | 1                | QL (1 syringe / 56 days)     |
| ARISTADA INITIO PRSY 675mg/2.4ml  | 1                |                              |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg  | 1                | QL (60 tabs / 30 days)       |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg   | 1                | QL (30 caps / 30 days), PA   |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1                |                              |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| <i>clozapine</i> TABS 25mg, 50mg   | 1                |                                |
| <i>clozapine</i> TABS 100mg  | 1                | QL (270 tabs / 30 days)        |
| <i>clozapine</i> TABS 200mg  | 1                | QL (120 tabs / 30 days)        |
| <i>clozapine</i> TBDP 12.5mg, 25mg   | 1                | PA                             |
| <i>clozapine</i> TBDP 100mg  | 1                | QL (270 tabs / 30 days),<br>PA |
| <i>clozapine</i> TBDP 150mg  | 1                | QL (180 tabs / 30 days),<br>PA |
| <i>clozapine</i> TBDP 200mg  | 1                | QL (120 tabs / 30 days),<br>PA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg,<br>8mg, 10mg, 12mg   | 1                | QL (60 tabs / 30 days),<br>PA  |
| FANAPT PAK   | 1                | PA                             |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml   | 1                |                                |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX<br>2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg,<br>2.5mg, 5mg, 10mg | 1                |                                |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg,<br>10mg, 20mg   | 1                |                                |
| <i>haloperidol decanoate</i> SOLN 50mg/ml,<br>100mg/ml   | 1                |                                |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN<br>5mg/ml   | 1                |                                |
| INVEGA HAFYERA SUSY 1092mg/3.5ml,<br>1560mg/5ml  | 1                | QL (1 injection / 180<br>days) |
| INVEGA SUSTENNA SUSY 39mg/0.25ml,<br>78mg/0.5ml, 117mg/0.75ml, 156mg/ml,<br>234mg/1.5ml              | 1                | QL (1 syringe / 28 days)       |
| INVEGA TRINZA SUSY 273mg/0.88ml,<br>410mg/1.32ml, 546mg/1.75ml,<br>819mg/2.63ml                      | 1                | QL (1 syringe / 90 days)       |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| LATUDA TABS 20mg, 40mg, 60mg, 120mg   | 1                | QL (30 tabs / 30 days)                |
| LATUDA TABS 80mg  | 1                | QL (60 tabs / 30 days)                |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg                          | 1                |                                       |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg                            | 1                | QL (30 tabs / 30 days)                |
| <i>lurasidone hcl</i> TABS 80mg   | 1                | QL (60 tabs / 30 days)                |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg                                     | 1                |                                       |
| NUPLAZID CAPS 34mg  | 1                | QL (30 caps / 30 days),<br>NM, LA, PA |
| NUPLAZID TABS 10mg  | 1                | QL (30 tabs / 30 days),<br>NM, LA, PA |
| <i>olanzapine</i> SOLR 10mg   | 1                | QL (3 vials / 1 day)                  |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg;<br>TBDP 10mg                         | 1                | QL (60 tabs / 30 days)                |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg;<br>TBDP 5mg, 15mg, 20mg             | 1                | QL (30 tabs / 30 days)                |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg                                      | 1                | QL (30 tabs / 30 days)                |
| <i>paliperidone</i> TB24 6mg  | 1                | QL (60 tabs / 30 days)                |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg                                  | 1                |                                       |
| PERSERIS PRSY 90mg, 120mg   | 1                | QL (1 syringe / 30 days)              |
| <i>pimozide</i> TABS 1mg, 2mg   | 1                |                                       |
| <i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg | 1                |                                       |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg                            | 1                | QL (60 tabs / 30 days),<br>PA         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|-----------------------------|
| <i>quetiapine fumarate</i> TB24 150mg, 200mg            | 1                | QL (30 tabs / 30 days), PA  |
| REXULTI TABS 3mg, 4mg                                   | 1                | QL (30 tabs / 30 days)      |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg                      | 1                | QL (60 tabs / 30 days)      |
| RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg        | 1                | QL (2 injections / 28 days) |
| <i>risperidone</i> SOLN 1mg/ml                          | 1                | QL (240 mL / 30 days)       |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 1                |                             |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg                   | 1                | QL (60 tabs / 30 days)      |
| <i>risperidone</i> TBDP 4mg                             | 1                | QL (120 tabs / 30 days)     |
| <i>risperidone</i> TBDP .25mg, .5mg                     | 1                | QL (90 tabs / 30 days)      |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr         | 1                | QL (30 patches / 30 days)   |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg    | 1                |                             |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg             | 1                |                             |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg     | 1                |                             |
| VERSACLOZ SUSP 50mg/ml                                  | 1                | QL (600 mL / 30 days), PA   |
| VRAYLAR CAPS 1.5mg                                      | 1                | QL (60 caps / 30 days)      |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg                            | 1                | QL (30 caps / 30 days)      |
| VRAYLAR CAP 1.5-3MG                                     | 1                |                             |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg      | 1                | QL (60 caps / 30 days)      |
| <i>ziprasidone mesylate</i> SOLR 20mg                   | 1                | QL (6 injections / 3 days)  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| ZYPREXA RELPREVV SUSR 210mg, 300mg                         | 1                | QL (2 vials / 28 days),<br>NM, PA |
| ZYPREXA RELPREVV SUSR 405mg                                | 1                | QL (1 vial / 28 days),<br>NM, PA  |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>            |                  |                                   |
| <i>amphetamine-dextroamphetamine cap er<br/>24hr 5 mg</i>  | 1                | QL (30 caps / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine cap er<br/>24hr 10 mg</i> | 1                | QL (30 caps / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine cap er<br/>24hr 15 mg</i> | 1                | QL (30 caps / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine cap er<br/>24hr 20 mg</i> | 1                | QL (30 caps / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine cap er<br/>24hr 25 mg</i> | 1                | QL (30 caps / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine cap er<br/>24hr 30 mg</i> | 1                | QL (30 caps / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine tab 5<br/>mg</i>          | 1                | QL (60 tabs / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine tab 7.5<br/>mg</i>        | 1                | QL (60 tabs / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine tab 10<br/>mg</i>         | 1                | QL (60 tabs / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine tab<br/>12.5 mg</i>       | 1                | QL (60 tabs / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine tab 15<br/>mg</i>         | 1                | QL (60 tabs / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine tab 20<br/>mg</i>         | 1                | QL (90 tabs / 30 days),<br>PA     |
| <i>amphetamine-dextroamphetamine tab 30<br/>mg</i>         | 1                | QL (60 tabs / 30 days),<br>PA     |

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|---|------------------|--|
| <i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg          | 1                | QL (120 caps / 30 days)                              |
| <i>atomoxetine hcl</i> CAPS 40mg                      | 1                | QL (60 caps / 30 days)                               |
| <i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg         | 1                | QL (30 caps / 30 days)                               |
| <i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg         | 1                | QL (120 tabs / 30 days), PA                          |
| <i>dexmethylphenidate hcl</i> TABS 10mg               | 1                | QL (60 tabs / 30 days), PA                           |
| <i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg       | 1                | QL (30 tabs / 30 days), PA; PA if 70 years and older |
| <i>guanfacine hcl (adhd)</i> TB24 3mg                 | 1                | QL (60 tabs / 30 days), PA; PA if 70 years and older |
| <i>metadate er</i> TBCR 20mg                          | 1                | QL (90 tabs / 30 days), PA                           |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml               | 1                | QL (1800 mL / 30 days), PA                           |
| <i>methylphenidate hcl</i> SOLN 10mg/5ml              | 1                | QL (900 mL / 30 days), PA                            |
| <i>methylphenidate hcl</i> TABS 5mg, 10mg             | 1                | QL (180 tabs / 30 days), PA                          |
| <i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg | 1                | QL (90 tabs / 30 days), PA                           |
| <b>HYPNOTICS</b>                                      |                  |  |
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg                   | 1                | QL (30 tabs / 30 days)                               |
| DAYVIGO TABS 5mg, 10mg                                | 1                | QL (30 tabs / 30 days)                               |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg              | 1                | QL (30 tabs / 30 days)                               |

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| <b>Drug Name</b>                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|---|------------------|---|
| <i>eszopiclone</i> TABS 1mg, 2mg, 3mg         | 1                | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <i>tasimelteon</i> CAPS 20mg                  | 1                | QL (30 caps / 30 days), NM, PA  |
| <i>temazepam</i> CAPS 7.5mg, 30mg             | 1                | QL (30 caps / 30 days), PA; PA if 65 years and older  |
| <i>temazepam</i> CAPS 15mg                    | 1                | QL (60 caps / 30 days), PA; PA if 65 years and older  |
| <i>zaleplon</i> CAPS 5mg                      | 1                | QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <i>zaleplon</i> CAPS 10mg                     | 1                | QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg       | 1                | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |
| <b>MIGRAINE</b>                               |                  |   |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml                | 1                | QL (1 pen / 30 days), NM, PA  |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 1                |   |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml | 1                | QL (8 mL / 30 days), PA   |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                                       | 1                | QL (40 tabs / 28 days), PA          |
| <i>naratriptan hcl TABS 1mg, 2.5mg</i>   | 1                | QL (12 tabs / 30 days)              |
| NURTEC TBDP 75mg   | 1                | QL (16 tabs / 30 days), PA          |
| <i>rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg</i>                       | 1                | QL (18 tabs / 30 days)              |
| <i>sumatriptan SOLN 5mg/act</i>  | 1                | QL (24 units / 30 days)             |
| <i>sumatriptan SOLN 20mg/act</i>   | 1                | QL (12 units / 30 days)             |
| <i>sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml</i>                      | 1                | QL (18 injections / 30 days)        |
| <i>sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml</i>      | 1                | QL (12 injections / 30 days)        |
| <i>sumatriptan succinate TABS 25mg, 50mg, 100mg</i>                              | 1                | QL (12 tabs / 30 days)              |
| <i>zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg</i>                             | 1                | QL (12 tabs / 30 days)              |
| <b>MISCELLANEOUS</b>   |                  |                                     |
| AUSTEDO TABS 6mg   | 1                | QL (60 tabs / 30 days), NM, LA, PA  |
| AUSTEDO TABS 9mg, 12mg   | 1                | QL (120 tabs / 30 days), NM, LA, PA |
| INGREZZA CAPS 40mg, 60mg, 80mg   | 1                | QL (30 caps / 30 days), NM, LA, PA  |
| INGREZZA CAP 40-80MG   | 1                | QL (28 caps / 28 days), NM, LA, PA  |
| <i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg</i> | 1                |                                     |
| NUEDEXTA CAP 20-10MG   | 1                | QL (60 caps / 30 days), PA          |

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| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>                                  |
|---|------------------|---|
| <i>pyridostigmine bromide</i> TABS 60mg   | 1                |   |
| <i>riluzole</i> TABS 50mg                 | 1                |   |
| <i>tetrabenazine</i> TABS 12.5mg          | 1                | QL (90 tabs / 30 days),<br>NM, PA                           |
| <i>tetrabenazine</i> TABS 25mg            | 1                | QL (120 tabs / 30 days),<br>NM, PA                          |
| <b>MULTIPLE SCLEROSIS AGENTS</b>          |                  |   |
| BAFIERTAM CPDR 95mg                       | 1                | QL (120 caps / 30<br>days), NM, LA, PA                      |
| BETASERON KIT .3mg                        | 1                | QL (14 syringes / 28<br>days), NM, PA                       |
| <i>dalfampridine</i> TB12 10mg            | 1                | NM, PA  |
| <i>fingolimod hcl</i> CAPS .5mg           | 1                | QL (28 caps / 28 days),<br>NM, PA                           |
| <i>glatiramer acetate</i> SOSY 20mg/ml    | 1                | QL (30 syringes / 30<br>days), NM, PA                       |
| <i>glatiramer acetate</i> SOSY 40mg/ml    | 1                | QL (12 syringes / 28<br>days), NM, PA                       |
| <i>glatopa</i> SOSY 20mg/ml               | 1                | QL (30 syringes / 30<br>days), NM, PA                       |
| <i>glatopa</i> SOSY 40mg/ml               | 1                | QL (12 syringes / 28<br>days), NM, PA                       |
| KESIMPTA SOAJ 20mg/0.4ml                  | 1                | QL (16 pens / year),<br>NM, LA, PA                          |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>     |                  |   |
| <i>baclofen</i> TABS 10mg, 20mg           | 1                |   |
| <i>carisoprodol</i> TABS 350mg            | 1                | QL (120 tabs / 30 days),<br>PA; PA if 70 years and<br>older |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | 1                | PA; PA if 70 years and<br>older                             |

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|---|------------------|---|
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg                     | 1                |   |
| <i>methocarbamol</i> TABS 500mg, 750mg                              | 1                | PA; PA if 70 years and older                          |
| <i>tizanidine hcl</i> TABS 2mg, 4mg                                 | 1                |   |
| <i>vanadom</i> TABS 350mg   | 1                | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| <b>NARCOLEPSY/CATAPLEXY</b>   |                  |   |
| <i>armodafinil</i> TABS 50mg  | 1                | QL (60 tabs / 30 days), PA                            |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg                         | 1                | QL (30 tabs / 30 days), PA                            |
| SODIUM OXYBATE SOLN 500mg/ml  | 1                | QL (540 mL / 30 days), NM, LA, PA                     |
| XYREM SOLN 500mg/ml   | 1                | QL (540 mL / 30 days), NM, LA, PA                     |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                       |                  |   |
| <i>acamprosate calcium</i> TBEC 333mg                               | 1                |   |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg                              | 1                | QL (90 tabs / 30 days), PA                            |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 1                | QL (90 films / 30 days)                               |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>   | 1                | QL (90 films / 30 days)                               |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | 1                | QL (90 films / 30 days)                               |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>  | 1                | QL (60 films / 30 days)                               |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>  | 1                | QL (90 tabs / 30 days)                                |

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|--|------------------|----------------------------|
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>                       | 1                | QL (90 tabs / 30 days)     |
| <i>bupropion hcl (smoking deterrent) TB12 150mg</i>                                    | 1                |                            |
| <i>disulfiram TABS 250mg, 500mg</i>  | 1                |                            |
| <i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i> | 1                |                            |
| <i>naltrexone hcl TABS 50mg</i>  | 1                |                            |
| NICOTROL INHALER INHA 10mg   | 1                |                            |
| NICOTROL NS SOLN 10mg/ml   | 1                |                            |
| <i>varenicline tartrate TABS .5mg, 1mg</i>   | 1                | QL (56 tabs / 28 days), PA |
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>                 | 1                | PA                         |
| VIVITROL SUSR 380mg  | 1                | NM                         |

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

|   |   |                             |
|---|---|-----------------------------|
| <i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>      | 1 | PA                          |
| <i>oxandrolone TABS 2.5mg</i>                         | 1 | QL (120 tabs / 30 days), PA |
| <i>oxandrolone TABS 10mg</i>                          | 1 | QL (60 tabs / 30 days), PA  |
| <i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>      | 1 | QL (300 gm / 30 days), PA   |
| <i>testosterone GEL 1.62%</i>                         | 1 | QL (150 gm / 30 days), PA   |
| <i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i> | 1 | PA                          |

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|---|------------------|----------------------------|
| <i>testosterone enanthate</i> SOLN 200mg/ml   | 1                | PA                         |
| <b>ANTIDIABETICS</b>                          |                  |                            |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg        | 1                |                            |
| BYDUREON BCISE AUIJ 2mg/0.85ml                | 1                | QL (4 pens / 28 days)      |
| BYETTA SOPN 5mcg/0.02ml,<br>10mcg/0.04ml      | 1                | QL (1 pen / 30 days)       |
| FARXIGA TABS 5mg, 10mg                        | 1                | QL (30 tabs / 30 days)     |
| <i>glimepiride</i> TABS 1mg, 2mg              | 1                | QL (90 tabs / 30 days)     |
| <i>glimepiride</i> TABS 4mg                   | 1                | QL (60 tabs / 30 days)     |
| <i>glipizide</i> TABS 5mg                     | 1                | QL (240 tabs / 30 days)    |
| <i>glipizide</i> TABS 10mg                    | 1                | QL (120 tabs / 30 days)    |
| <i>glipizide</i> TB24 2.5mg, 5mg              | 1                | QL (90 tabs / 30 days)     |
| <i>glipizide</i> TB24 10mg                    | 1                | QL (60 tabs / 30 days)     |
| <i>glipizide xl</i> TB24 2.5mg, 5mg           | 1                | QL (90 tabs / 30 days)     |
| <i>glipizide xl</i> TB24 10mg                 | 1                | QL (60 tabs / 30 days)     |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 1                | QL (240 tabs / 30 days)    |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 1                | QL (120 tabs / 30 days)    |
| <i>glipizide-metformin hcl tab 5-500 mg</i>   | 1                | QL (120 tabs / 30 days)    |
| GLYXAMBI TAB 10-5 MG                          | 1                | QL (30 tabs / 30 days)     |
| GLYXAMBI TAB 25-5 MG                          | 1                | QL (30 tabs / 30 days)     |
| JANUMET TAB 50-500MG                          | 1                | QL (60 tabs / 30 days)     |
| JANUMET TAB 50-1000                           | 1                | QL (60 tabs / 30 days)     |
| JANUMET XR TAB 50-500MG                       | 1                | QL (60 tabs / 30 days)     |
| JANUMET XR TAB 50-1000                        | 1                | QL (60 tabs / 30 days)     |

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|---|------------------|---|
| JANUMET XR TAB 100-1000                                 | 1                | QL (30 tabs / 30 days)                                    |
| JANUVIA TABS 25mg, 50mg, 100mg                          | 1                | QL (30 tabs / 30 days)                                    |
| JARDIANCE TABS 10mg                                     | 1                | QL (60 tabs / 30 days)                                    |
| JARDIANCE TABS 25mg                                     | 1                | QL (30 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-500                                  | 1                | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-850                                  | 1                | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-1000                                 | 1                | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB XR 2.5-1000MG                            | 1                | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB XR 5-1000MG                              | 1                | QL (30 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 500mg                         | 1                | QL (150 tabs / 30 days)                                   |
| <i>metformin hcl</i> TABS 850mg                         | 1                | QL (90 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 1000mg                        | 1                | QL (75 tabs / 30 days)                                    |
| <i>metformin hcl</i> TB24 500mg                         | 1                | QL (120 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg                         | 1                | QL (60 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR)  |
| <i>nateglinide</i> TABS 60mg, 120mg                     | 1                | QL (90 tabs / 30 days)                                    |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN<br>2mg/1.5ml, 2mg/3ml | 1                | QL (1 pen / 28 days)                                      |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml                         | 1                | QL (1 pen / 28 days)                                      |
| OZEMPIC (2MG/DOSE) SOPN 8MG/3ML                         | 1                | QL (1 pen / 28 days)                                      |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg           | 1                | QL (30 tabs / 30 days)                                    |
| <i>repaglinide</i> TABS 2mg                             | 1                | QL (240 tabs / 30 days)                                   |
| <i>repaglinide</i> TABS .5mg, 1mg                       | 1                | QL (120 tabs / 30 days)                                   |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| RYBELSUS TABS 3mg, 7mg, 14mg                                    | 1                | QL (30 tabs / 30 days)     |
| SYNJARDY TAB 5-500MG  | 1                | QL (120 tabs / 30 days)    |
| SYNJARDY TAB 5-1000MG   | 1                | QL (60 tabs / 30 days)     |
| SYNJARDY TAB 12.5-500   | 1                | QL (60 tabs / 30 days)     |
| SYNJARDY TAB 12.5-1000MG  | 1                | QL (60 tabs / 30 days)     |
| SYNJARDY XR TAB 5-1000MG  | 1                | QL (60 tabs / 30 days)     |
| SYNJARDY XR TAB 10-1000   | 1                | QL (60 tabs / 30 days)     |
| SYNJARDY XR TAB 12.5-1000MG                                     | 1                | QL (60 tabs / 30 days)     |
| SYNJARDY XR TAB 25-1000   | 1                | QL (30 tabs / 30 days)     |
| TRADJENTA TABS 5mg  | 1                | QL (30 tabs / 30 days)     |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG                            | 1                | QL (60 tabs / 30 days)     |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG                             | 1                | QL (30 tabs / 30 days)     |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG                         | 1                | QL (60 tabs / 30 days)     |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG                             | 1                | QL (30 tabs / 30 days)     |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 1                | QL (4 pens / 28 days)      |
| VICTOZA SOPN 18mg/3ml   | 1                | QL (3 pens / 30 days)      |
| XIGDUO XR TAB 2.5-1000  | 1                | QL (60 tabs / 30 days)     |
| XIGDUO XR TAB 5-500MG   | 1                | QL (60 tabs / 30 days)     |
| XIGDUO XR TAB 5-1000MG  | 1                | QL (60 tabs / 30 days)     |
| XIGDUO XR TAB 10-500MG  | 1                | QL (30 tabs / 30 days)     |
| XIGDUO XR TAB 10-1000   | 1                | QL (30 tabs / 30 days)     |
| <b><i>ANTIDIABETICS, INSULINS</i></b>                           |                  |                            |
| BASAGLAR KWIKPEN SOPN 100unit/ml                                | 1                |                            |

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|--|------------------|----------------------------|
| BD ALCOHOL SWABS                           | 1                |                            |
| FIASP FLEX INJ TOUCH                       | 1                |                            |
| FIASP INJ 100/ML                           | 1                |                            |
| FIASP PENFIL INJ U-100                     | 1                |                            |
| GAUZE PADS 2" X 2"                         | 1                |                            |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml) | 1                | B/D                        |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml    | 1                |                            |
| INSULIN PEN NEEDLES: BD/NOVO               | 1                |                            |
| INSULIN SAFETY NEEDLES                     | 1                |                            |
| INSULIN SYRINGES: BD                       | 1                |                            |
| LANTUS SOLN 100unit/ml                     | 1                |                            |
| LANTUS SOLOSTAR SOPN 100unit/ml            | 1                |                            |
| LEVEMIR SOLN 100unit/ml                    | 1                |                            |
| LEVEMIR FLEXPEN SOPN 100unit/ml            | 1                |                            |
| LEVEMIR FLEXTOUCH SOPN 100unit/ml          | 1                |                            |
| NOVOLIN INJ 70/30                          | 1                | (brand RELION not covered) |
| NOVOLIN INJ 70/30 FP                       | 1                | (brand RELION not covered) |
| NOVOLIN N SUSP 100unit/ml                  | 1                | (brand RELION not covered) |
| NOVOLIN N FLEXPEN SUPN 100unit/ml          | 1                | (brand RELION not covered) |
| NOVOLIN R SOLN 100unit/ml                  | 1                | (brand RELION not covered) |

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|-----------------------------------|------------------|----------------------------|
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 1                | (brand RELION not covered) |
| NOVOLOG SOLN 100unit/ml           | 1                | (brand RELION not covered) |
| NOVOLOG FLEXPEN SOPN 100unit/ml   | 1                | (brand RELION not covered) |
| NOVOLOG MIX INJ 70/30             | 1                | (brand RELION not covered) |
| NOVOLOG MIX INJ FLEXPEN           | 1                | (brand RELION not covered) |
| NOVOLOG PENFILL SOCT 100unit/ml   | 1                | (brand RELION not covered) |
| OMNIPOD 5 G6 KIT INTRO            | 1                | QL (1 kit / year), PA      |
| OMNIPOD 5 G6 MIS PODS             | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD DASH KIT INTRO            | 1                | QL (1 kit / year), PA      |
| OMNIPOD DASH MIS PODS             | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 10UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 15UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 20UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 25UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 30UNT/DY           | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD GO KIT 35UNT/DY           | 1                | QL (15 pods / 30 days), PA |

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|---|------------------|----------------------------|
| OMNIPOD GO KIT 40UNT/DY   | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD MIS CLASSIC   | 1                | QL (15 pods / 30 days), PA |
| OMNIPOD PDM KIT CLASSIC   | 1                | QL (1 kit / year), PA      |
| SOLIQUA INJ 100/33  | 1                | QL (5 pens / 25 days)      |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml                             | 1                |                            |
| TOUJEO SOLOSTAR SOPN 300unit/ml                                 | 1                |                            |
| TRESIBA SOLN 100unit/ml   | 1                |                            |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml                   | 1                |                            |
| V-GO 20 KIT   | 1                | QL (1 kit / 30 days), PA   |
| V-GO 30 KIT   | 1                | QL (1 kit / 30 days), PA   |
| V-GO 40 KIT   | 1                | QL (1 kit / 30 days), PA   |
| XULTOPHY INJ 100/3.6  | 1                | QL (5 pens / 30 days)      |
| <b>CALCIUM REGULATORS</b>                                       |                  |                            |
| <i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg | 1                |                            |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act               | 1                | B/D                        |
| FORTEO SOPN 600mcg/2.4ml  | 1                | NM, PA                     |
| <i>ibandronate sodium</i> TABS 150mg                            | 1                | B/D                        |
| NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg                        | 1                | LA, PA                     |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                                | 1                | B/D                        |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml           | 1                | B/D                        |

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|--|------------------|-------------------------------|
| PROLIA SOSY 60mg/ml  | 1                | QL (1 syringe / 180 days), NM |
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg                     | 1                |                               |
| TERIPARATIDE SOPN 620mcg/2.48ml  | 1                | NM, PA                        |
| XGEVA SOLN 120mg/1.7ml   | 1                | NM, PA                        |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml                 | 1                | B/D, NM                       |
| <b>CHELATING AGENTS</b>  |                  |                               |
| CHEMET CAPS 100mg  | 1                |                               |
| <i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg            | 1                | NM, PA                        |
| LOKELMA PACK 5gm, 10gm   | 1                |                               |
| <i>penicillamine</i> TABS 250mg  | 1                | NM                            |
| <i>sodium polystyrene sulfonate powder</i>                                     | 1                |                               |
| <i>sps</i> SUSP 15gm/60ml  | 1                |                               |
| <i>trientine hcl</i> CAPS 250mg  | 1                | NM, PA                        |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm  | 1                |                               |
| <b>ENDOMETRIOSIS</b>   |                  |                               |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg   | 1                |                               |
| SYNAREL SOLN 2mg/ml  | 1                |                               |
| <b>ESTROGENS</b>   |                  |                               |
| <i>amabelz</i>   | 1                |                               |
| DELESTROGEN OIL 10mg/ml  | 1                |                               |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 1                |                               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | 1                |                            |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>   | 1                |                            |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>   | 1                |                            |
| <i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg   | 1                |                            |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml   | 1                |                            |
| <i>fyavolv tab 0.5mg-2.5mcg</i>   | 1                |                            |
| <i>fyavolv tab 1mg-5mcg</i>   | 1                |                            |
| <i>jinteli</i>  | 1                |                            |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr  | 1                |                            |
| <i>mimvey</i>   | 1                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>   | 1                |                            |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>   | 1                |                            |
| <i>yuvafem</i> TABS 10mcg   | 1                |                            |
| <b>GLUCOCORTICOIDS</b>  |                  |                            |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg  | 1                |                            |
| DEXAMETHASONE INTENSOL CONC 1mg/ml  | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>dexamethasone sodium phosphate</i> SOLN<br>4mg/ml, 10mg/ml, 20mg/5ml,<br>100mg/10ml, 120mg/30ml | 1                |                            |
| <i>fludrocortisone acetate</i> TABS .1mg   | 1                |                            |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg   | 1                |                            |
| <i>methylprednisolone</i> TABS 4mg, 8mg,<br>16mg, 32mg   | 1                | B/D                        |
| <i>methylprednisolone</i> TBPK 4mg   | 1                |                            |
| <i>methylprednisolone acetate</i> SUSP<br>40mg/ml, 80mg/ml   | 1                | B/D                        |
| <i>methylprednisolone sod succ</i> SOLR 40mg,<br>125mg, 1000mg                                     | 1                | B/D                        |
| <i>prednisolone</i> SOLN 15mg/5ml  | 1                | B/D                        |
| <i>prednisolone sodium phosphate</i> SOLN<br>5mg/5ml, 15mg/5ml, 25mg/5ml                           | 1                | B/D                        |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg,<br>2.5mg, 5mg, 10mg, 20mg, 50mg                          | 1                | B/D                        |
| <i>prednisone</i> TBPK 5mg, 10mg   | 1                |                            |
| PREDNISONE INTENSOL CONC 5mg/ml  | 1                | B/D                        |
| SOLU-CORTEF SOLR 100mg, 250mg,<br>500mg, 1000mg  | 1                |                            |
| <b>GLUCOSE ELEVATING AGENTS</b>  |                  |                            |
| <i>diazoxide</i> SUSP 50mg/ml  | 1                |                            |
| GVOKE HYOPEN 2-PACK SOAJ<br>.5mg/0.1ml, 1mg/0.2ml  | 1                |                            |
| GVOKE KIT SOLN 1mg/0.2ml   | 1                |                            |
| GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml   | 1                |                            |
| <b>MISCELLANEOUS</b>   |                  |                            |
| ALDURAZYME SOLN 2.9mg/5ml  | 1                | NM, LA, PA                 |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| <i>betaine powder for oral solution</i>  | 1                | NM, LA                           |
| <i>cabergoline</i> TABS .5mg   | 1                |                                  |
| <i>carglumic acid</i> TBSO 200mg   | 1                | NM, LA, PA                       |
| CERDELGA CAPS 84mg   | 1                | NM, LA, PA                       |
| CEREZYME SOLR 400unit  | 1                | NM, LA, PA                       |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg  | 1                | B/D, QL (60 tabs / 30 days), NM  |
| <i>cinacalcet hcl</i> TABS 90mg  | 1                | B/D, QL (120 tabs / 30 days), NM |
| CYSTAGON CAPS 50mg, 150mg  | 1                | NM, LA, PA                       |
| <i>desmopressin acetate</i> SOLN 4mcg/ml;<br>TABS .1mg, .2mg                                 | 1                |                                  |
| <i>desmopressin acetate spray</i> SOLN .01%  | 1                |                                  |
| <i>desmopressin acetate spray refrigerated</i><br>SOLN .01%                                  | 1                |                                  |
| FABRAZYME SOLR 5mg, 35mg   | 1                | NM, LA, PA                       |
| GENOTROPIN CART 5mg, 12mg  | 1                | NM, PA                           |
| GENOTROPIN MINIQUICK PRSY .2mg,<br>.4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg,<br>1.6mg, 1.8mg, 2mg | 1                | NM, PA                           |
| INCRELEX SOLN 40mg/4ml   | 1                | NM, LA, PA                       |
| <i>javygtor</i> PACK 100mg, 500mg; TABS<br>100mg   | 1                | NM, LA, PA                       |
| KORLYM TABS 300mg  | 1                | NM, LA, PA                       |
| <i>levocarnitine (metabolic modifiers)</i> SOLN<br>1gm/10ml; TABS 330mg                      | 1                | B/D                              |
| LUMIZYME SOLR 50mg   | 1                | NM, LA, PA                       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| LUPRON DEPOT-PED (1-MONTH KIT<br>7.5mg, 11.25mg, 15mg)   | 1                | NM, PA                            |
| LUPRON DEPOT-PED (3-MONTH KIT<br>11.25mg, 30mg)  | 1                | NM, PA                            |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg)  | 1                | NM, PA                            |
| <i>miglustat</i> CAPS 100mg  | 1                | QL (90 caps / 30 days),<br>NM, PA |
| NAGLAZYME SOLN 1mg/ml  | 1                | NM, LA, PA                        |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg  | 1                | NM, PA                            |
| <i>octreotide acetate</i> SOLN 50mcg/ml,<br>100mcg/ml, 200mcg/ml, 500mcg/ml,<br>1000mcg/ml; SOSY 50mcg/ml,<br>100mcg/ml, 500mcg/ml | 1                | NM, PA                            |
| <i>raloxifene hcl</i> TABS 60mg  | 1                |                                   |
| <i>sapropterin dihydrochloride</i> PACK 100mg,<br>500mg; TABS 100mg  | 1                | NM, PA                            |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml,<br>.9mg/ml   | 1                | NM, LA, PA                        |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp;<br>TABS 500mg   | 1                | NM, PA                            |
| SOMATULINE DEPOT SOLN 60mg/0.2ml,<br>90mg/0.3ml, 120mg/0.5ml   | 1                | NM, LA, PA                        |
| SOMAVERT SOLR 10mg, 15mg, 20mg,<br>25mg, 30mg  | 1                | NM, LA, PA                        |
| <b>PHOSPHATE BINDER AGENTS</b>   |                  |                                   |
| <i>calcium acetate (phosphate binder)</i> CAPS<br>667mg  | 1                | QL (360 caps / 30 days)           |
| <i>calcium acetate (phosphate binder)</i> TABS<br>667mg  | 1                | QL (360 tabs / 30 days)           |
| <i>sevelamer carbonate</i> PACK 2.4gm  | 1                | QL (180 packets / 30<br>days)     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>sevelamer carbonate</i> PACK .8gm   | 1                | QL (540 packets / 30 days) |
| <i>sevelamer carbonate</i> TABS 800mg  | 1                | QL (540 tabs / 30 days)    |
| VELPHORO CHEW 500mg  | 1                | QL (180 tabs / 30 days)    |
| <b>PROGESTINS</b>  |                  |                            |
| <i>medroxyprogesterone acetate</i> TABS<br>2.5mg, 5mg, 10mg  | 1                |                            |
| <i>megestrol acetate</i> SUSP 40mg/ml  | 1                |                            |
| <i>megestrol acetate (appetite)</i> SUSP<br>625mg/5ml  | 1                | PA                         |
| <i>norethindrone acetate</i> TABS 5mg  | 1                |                            |
| <b>THYROID AGENTS</b>  |                  |                            |
| <i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg                        | 1                |                            |
| <i>levo-t</i> TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg,<br>300mcg               | 1                |                            |
| <i>levothyroxine sodium</i> TABS 25mcg,<br>50mcg, 75mcg, 88mcg, 100mcg, 112mcg,<br>125mcg, 137mcg, 150mcg, 175mcg,<br>200mcg, 300mcg | 1                |                            |
| <i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg                         | 1                |                            |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg,<br>50mcg  | 1                |                            |
| <i>methimazole</i> TABS 5mg, 10mg  | 1                |                            |
| <i>propylthiouracil</i> TABS 50mg  | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg        | 1                |                             |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                |                             |
| <b><u>VITAMIN D ANALOGS</u></b>  |                  |                             |
| <i>calcitriol</i> CAPS .25mcg, .5mcg   | 1                | B/D                         |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml  | 1                | B/D                         |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg  | 1                | B/D                         |
| RAYALDEE CPR 30mcg   | 1                |                             |
| <b><u>GASTROINTESTINAL</u></b>   |                  |                             |
| <b><u>ANTIEMETICS</u></b>  |                  |                             |
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg   | 1                | B/D                         |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>   | 1                | B/D                         |
| <i>compro</i> SUPP 25mg  | 1                |                             |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg  | 1                | B/D, QL (60 caps / 30 days) |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml  | 1                |                             |
| <i>granisetron hcl</i> TABS 1mg  | 1                | B/D                         |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg   | 1                |                             |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg   | 1                |                             |
| <i>ondansetron</i> TBP 4mg, 8mg  | 1                | B/D                         |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml   | 1                |                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                              |
|---|------------------|---|
| <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg                                      | 1                | B/D   |
| <i>prochlorperazine</i> SUPP 25mg   | 1                |   |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml   | 1                |   |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg  | 1                |   |
| <i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg | 1                | PA; PA if 70 years and older                            |
| <i>scopolamine</i> PT72 1mg/3days   | 1                | QL (10 patches / 30 days), PA; PA if 70 years and older |
| <b>ANTISPASMODICS</b>   |                  |   |
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg                              | 1                |   |
| <i>glycopyrrolate</i> TABS 1mg, 2mg   | 1                |   |
| <b>H2-RECEPTOR ANTAGONISTS</b>  |                  |   |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml                                   | 1                |   |
| <i>famotidine</i> SUSR 40mg/5ml   | 1                | QL (300 mL / 30 days)                                   |
| <i>famotidine</i> TABS 20mg   | 1                | QL (120 tabs / 30 days)                                 |
| <i>famotidine</i> TABS 40mg   | 1                | QL (60 tabs / 30 days)                                  |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml                                       | 1                |   |
| <i>nizatidine</i> CAPS 150mg, 300mg   | 1                |   |
| <b>INFLAMMATORY BOWEL DISEASE</b>   |                  |   |
| <i>balsalazide disodium</i> CAPS 750mg  | 1                |   |
| <i>budesonide</i> CPEP 3mg  | 1                | QL (90 caps / 30 days), PA                              |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|--|------------------|-------------------------------|
| <i>budesonide</i> TB24 9mg   | 1                | QL (30 tabs / 30 days),<br>PA |
| <i>hydrocortisone (intrarectal)</i> ENEM<br>100mg/60ml                   | 1                |                               |
| <i>mesalamine</i> CP24 .375gm  | 1                | QL (120 caps / 30 days)       |
| <i>mesalamine</i> CPDR 400mg   | 1                | QL (180 caps / 30 days)       |
| <i>mesalamine</i> ENEM 4gm; SUPP 1000mg                                  | 1                |                               |
| <i>mesalamine</i> TBEC 1.2gm   | 1                | QL (120 tabs / 30 days)       |
| <i>mesalamine w/ cleanser</i> KIT 4gm                                    | 1                |                               |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg                              | 1                |                               |
| <b>LAXATIVES</b>   |                  |                               |
| <i>constulose</i> SOLN 10gm/15ml   | 1                |                               |
| <i>enulose</i> SOLN 10gm/15ml  | 1                |                               |
| <i>gavilyte-c</i>  | 1                |                               |
| <i>gavilyte-g</i>  | 1                |                               |
| <i>generlac</i> SOLN 10gm/15ml   | 1                |                               |
| GOLYTELY SOL   | 1                |                               |
| <i>lactulose</i> SOLN 10gm/15ml  | 1                |                               |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for<br/>soln 236 gm</i>        | 1                |                               |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420<br/>gm</i>                  | 1                |                               |
| PLENVU SOL   | 1                |                               |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-<br/>3.13-1.6 gm/177ml</i> | 1                |                               |
| SUPREP BOWEL SOL PREP KIT  | 1                |                               |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| <b>MISCELLANEOUS</b>                                     |                  |                                       |
| <i>alose tron hcl</i> TABS .5mg, 1mg                     | 1                | QL (60 tabs / 30 days),<br>PA         |
| <i>cromolyn sodium (mastocytosis)</i> CONC<br>100mg/5ml  | 1                |                                       |
| <i>diphenoxylate w/ atropine liq</i> 2.5-0.025<br>mg/5ml | 1                |                                       |
| <i>diphenoxylate w/ atropine tab</i> 2.5-0.025<br>mg     | 1                |                                       |
| GATTEX KIT 5mg   | 1                | NM, LA, PA                            |
| LINZESS CAPS 72mcg, 145mcg, 290mcg                       | 1                | QL (30 caps / 30 days)                |
| <i>loperamide hcl</i> CAPS 2mg                           | 1                |                                       |
| <i>misoprostol</i> TABS 100mcg, 200mcg                   | 1                |                                       |
| MOVANTIK TABS 12.5mg, 25mg                               | 1                | QL (30 tabs / 30 days)                |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml                      | 1                | PA                                    |
| <i>sucral fate</i> TABS 1gm                              | 1                |                                       |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg,<br>500mg         | 1                |                                       |
| XERMELO TABS 250mg                                       | 1                | QL (90 tabs / 30 days),<br>NM, LA, PA |
| XIFAXAN TABS 550mg                                       | 1                | PA                                    |
| <b>PANCREATIC ENZYMES</b>                                |                  |                                       |
| CREON CAP 3000UNIT                                       | 1                |                                       |
| CREON CAP 6000UNIT                                       | 1                |                                       |
| CREON CAP 12000UNT                                       | 1                |                                       |
| CREON CAP 24000UNT                                       | 1                |                                       |
| CREON CAP 36000UNT                                       | 1                |                                       |

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| <b>Drug Name</b>    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------|------------------|----------------------------|
| ZENPEP CAP 3000UNIT | 1                |                            |
| ZENPEP CAP 5000UNIT | 1                |                            |
| ZENPEP CAP 10000UNT | 1                |                            |
| ZENPEP CAP 15000UNT | 1                |                            |
| ZENPEP CAP 20000UNT | 1                |                            |
| ZENPEP CAP 25000UNT | 1                |                            |
| ZENPEP CAP 40000UNT | 1                |                            |

### ***PROTON PUMP INHIBITORS***

|   |   |                            |
|---|---|----------------------------|
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg         | 1 | QL (30 caps / 30 days), ST |
| <i>lansoprazole</i> CPDR 15mg, 30mg                   | 1 | QL (60 caps / 30 days)     |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg               | 1 |                            |
| <i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg | 1 |                            |
| <i>rabeprazole sodium</i> TBEC 20mg                   | 1 | QL (30 tabs / 30 days)     |

### **GENITOURINARY**

#### ***BENIGN PROSTATIC HYPERPLASIA***

|  |   |                        |
|--|---|------------------------|
| <i>alfuzosin hcl</i> TB24 10mg                   | 1 | QL (30 tabs / 30 days) |
| <i>dutasteride</i> CAPS .5mg                     | 1 | QL (30 caps / 30 days) |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | 1 | QL (30 caps / 30 days) |
| <i>finasteride</i> TABS 5mg                      | 1 |                        |
| <i>tamsulosin hcl</i> CAPS .4mg                  | 1 |                        |

#### ***MISCELLANEOUS***

|  |   |  |
|--|---|--|
| <i>acetic acid</i> SOLN .25%                           | 1 |  |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 1 |  |

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|---|------------------|----------------------------|
| <i>potassium citrate (alkalinizer)</i> TBCR<br>15meq, 540mg, 1080mg | 1                |                            |

### **URINARY ANTISPASMODICS**

|  |   |                               |
|--|---|-------------------------------|
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg           | 1 | QL (30 tabs / 30 days)        |
| GEMTESA TABS 75mg                                    | 1 | QL (30 tabs / 30 days)        |
| MYRBETRIQ SRER 8mg/ml                                | 1 | QL (300 mL / 28 days)         |
| MYRBETRIQ TB24 25mg, 50mg                            | 1 | QL (30 tabs / 30 days)        |
| <i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS<br>5mg | 1 |                               |
| <i>oxybutynin chloride</i> TB24 5mg                  | 1 | QL (30 tabs / 30 days)        |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg           | 1 | QL (60 tabs / 30 days)        |
| <i>solifenacin succinate</i> TABS 5mg, 10mg          | 1 | QL (30 tabs / 30 days)        |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg            | 1 | QL (30 caps / 30 days),<br>ST |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg            | 1 | QL (60 tabs / 30 days)        |
| <i>trospium chloride</i> TABS 20mg                   | 1 | QL (60 tabs / 30 days)        |

### **VAGINAL ANTI-INFECTIVES**

|  |   |  |
|--|---|--|
| <i>clindamycin phosphate vaginal</i> CREA 2%           | 1 |  |
| <i>metronidazole vaginal</i> GEL .75%                  | 1 |  |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP<br>80mg | 1 |  |

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

|  |   |                        |
|--|---|------------------------|
| <i>dabigatran etexilate mesylate</i> CAPS 75mg,<br>150mg | 1 | QL (60 caps / 30 days) |
| ELIQUIS TABS 2.5mg                                       | 1 | QL (60 tabs / 30 days) |
| ELIQUIS TABS 5mg   | 1 | QL (74 tabs / 30 days) |

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|--|------------------|----------------------------|
| ELIQUIS STARTER PACK TBPK 5mg  | 1                | QL (74 tabs / 30 days)     |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml;<br>SOSY 30mg/0.3ml, 40mg/0.4ml,<br>60mg/0.6ml, 80mg/0.8ml, 100mg/ml,<br>120mg/0.8ml, 150mg/ml | 1                |                            |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml,<br>5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml   | 1                |                            |
| HEP SOD/D5W INJ 20000UNT   | 1                |                            |
| HEP SOD/D5W INJ 25000UNT   | 1                |                            |
| HEP SOD/NACL INJ 12500UNT  | 1                |                            |
| HEP SOD/NACL INJ 25000UNT  | 1                |                            |
| <i>heparin sodium (porcine)</i> SOLN<br>1000unit/ml, 5000unit/ml, 10000unit/ml,<br>20000unit/ml  | 1                | B/D                        |
| HEPARIN/NACL INJ 25000UNT  | 1                |                            |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg,<br>4mg, 5mg, 6mg, 7.5mg, 10mg   | 1                |                            |
| PRADAXA CAPS 75mg, 150mg   | 1                | QL (60 caps / 30 days)     |
| PRADAXA CAPS 110mg   | 1                | QL (120 caps / 30 days)    |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg,<br>3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg  | 1                |                            |
| XARELTO SUSR 1mg/ml  | 1                | QL (620 mL / 30 days)      |
| XARELTO TABS 2.5mg   | 1                | QL (60 tabs / 30 days)     |
| XARELTO TABS 10mg, 15mg, 20mg  | 1                | QL (30 tabs / 30 days)     |
| XARELTO STAR TAB 15/20MG   | 1                | QL (51 tabs / 30 days)     |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>  |                  |                            |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml,<br>4000unit/ml, 10000unit/ml, 20000unit/ml,<br>40000unit/ml                                     | 1                | NM, PA                     |

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| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|---|------------------|--|
| ZARXIO SOSY 300mcg/0.5ml,<br>480mcg/0.8ml | 1                | NM, PA                                 |
| ZIEXTENZO SOSY 6mg/0.6ml                  | 1                | NM, PA                                 |
| <b>MISCELLANEOUS</b>                      |                  |  |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg      | 1                |  |
| BERINERT KIT 500unit                      | 1                | QL (24 boxes / 30 days), NM, LA, PA    |
| <i>cilostazol</i> TABS 50mg, 100mg        | 1                |  |
| DOPTELET TABS 20mg                        | 1                | NM, LA, PA                             |
| DROXIA CAPS 200mg, 300mg, 400mg           | 1                |  |
| ENDARI PACK 5gm                           | 1                | NM, LA, PA                             |
| HAEGARDA SOLR 2000unit                    | 1                | QL (30 vials / 30 days), NM, LA, PA    |
| HAEGARDA SOLR 3000unit                    | 1                | QL (20 vials / 30 days), NM, LA, PA    |
| <i>icatibant acetate</i> SOSY 30mg/3ml    | 1                | QL (9 syringes / 30 days), NM, PA      |
| <i>pentoxifylline</i> TBCR 400mg          | 1                |  |
| PROMACTA PACK 12.5mg                      | 1                | QL (360 packets / 30 days), NM, LA, PA |
| PROMACTA PACK 25mg                        | 1                | QL (180 packets / 30 days), NM, LA, PA |
| PROMACTA TABS 12.5mg, 25mg                | 1                | QL (30 tabs / 30 days), NM, LA, PA     |
| PROMACTA TABS 50mg, 75mg                  | 1                | QL (60 tabs / 30 days), NM, LA, PA     |
| <i>sajazir</i> SOSY 30mg/3ml              | 1                | QL (9 syringes / 30 days), NM, LA, PA  |

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|--|------------------|----------------------------|
| <i>tranexamic acid</i> SOLN 1000mg/10ml;<br>TABS 650mg | 1                |                            |

### ***PLATELET AGGREGATION INHIBITORS***

|   |   |                              |
|---|---|------------------------------|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 1 |                              |
| BRILINTA TABS 60mg, 90mg                          | 1 |                              |
| <i>clopidogrel bisulfate</i> TABS 75mg            | 1 |                              |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg         | 1 | PA; PA if 70 years and older |
| <i>prasugrel hcl</i> TABS 5mg, 10mg               | 1 |                              |

### **IMMUNOLOGIC AGENTS**

#### ***AUTOIMMUNE AGENTS***

|   |   |  |
|---|---|--|
| DUPIXENT SOPN 200mg/1.14ml,<br>300mg/2ml; SOSY 100mg/0.67ml,<br>200mg/1.14ml, 300mg/2ml | 1 | NM, PA                                 |
| ENBREL SOLN 25mg/0.5ml; SOLR 25mg   | 1 | QL (16 vials / 28 days),<br>NM, PA     |
| ENBREL SOSY 25mg/0.5ml  | 1 | QL (16 syringes / 28<br>days), NM, PA  |
| ENBREL SOSY 50mg/ml   | 1 | QL (8 syringes / 28<br>days), NM, PA   |
| ENBREL MINI SOCT 50mg/ml  | 1 | QL (8 cartridges / 28<br>days), NM, PA |
| ENBREL SURECLICK SOAJ 50mg/ml   | 1 | QL (8 pens / 28 days),<br>NM, PA       |
| HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml  | 1 | QL (2 syringes / 28<br>days), NM, PA   |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml  | 1 | QL (6 syringes / 28<br>days), NM, PA   |
| HUMIRA PEDIA INJ CROHNS   | 1 | NM, PA                                 |

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|--|------------------|---------------------------------------|
| HUMIRA PEDIATRIC CROHNS D PSKT<br>80mg/0.8ml             | 1                | NM, PA                                |
| HUMIRA PEN PNKT 40mg/0.4ml,<br>40mg/0.8ml                | 1                | QL (6 pens / 28 days),<br>NM, PA      |
| HUMIRA PEN PNKT 80mg/0.8ml                               | 1                | QL (4 pens / 28 days),<br>NM, PA      |
| HUMIRA PEN KIT PS/UV                                     | 1                | NM, PA                                |
| HUMIRA PEN-CD/UC/HS START PNKT<br>40mg/0.8ml, 80mg/0.8ml | 1                | NM, PA                                |
| HUMIRA PEN-PEDIATRIC UC S PNKT<br>80mg/0.8ml             | 1                | NM, PA                                |
| HUMIRA PEN-PS/UV STARTER PNKT<br>40mg/0.8ml              | 1                | NM, PA                                |
| INFLIXIMAB SOLR 100mg                                    | 1                | NM, LA, PA                            |
| KEVZARA SOAJ 150mg/1.14ml,<br>200mg/1.14ml               | 1                | QL (2 pens / 28 days),<br>NM, PA      |
| KEVZARA SOSY 150mg/1.14ml,<br>200mg/1.14ml               | 1                | QL (2 syringes / 28<br>days), NM, PA  |
| OTEZLA TABS 30mg   | 1                | QL (60 tabs / 30 days),<br>NM, PA     |
| OTEZLA TAB 10/20/30                                      | 1                | QL (110 tabs / year),<br>NM, PA       |
| REMICADE SOLR 100mg                                      | 1                | NM, LA, PA                            |
| RENFLEXIS SOLR 100mg                                     | 1                | NM, LA, PA                            |
| RINVOQ TB24 15mg, 30mg                                   | 1                | QL (30 tabs / 30 days),<br>NM, PA     |
| RINVOQ TB24 45mg   | 1                | QL (112 tabs / year),<br>NM, PA       |
| SKYRIZI SOCT 180mg/1.2ml,<br>360mg/2.4ml                 | 1                | QL (1 cartridge / 56<br>days), NM, PA |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|---|------------------|---------------------------------------|
| SKYRIZI SOLN 600mg/10ml   | 1                | QL (6 vials / year), NM, PA           |
| SKYRIZI SOSY 150mg/ml   | 1                | QL (6 syringes / 365 days), NM, PA    |
| SKYRIZI PEN SOAJ 150mg/ml   | 1                | QL (6 pens / 365 days), NM, PA        |
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml  | 1                | QL (3 syringes / 28 days), NM, LA, PA |
| XELJANZ SOLN 1mg/ml   | 1                | QL (480 mL / 24 days), NM, PA         |
| XELJANZ TABS 5mg, 10mg  | 1                | QL (60 tabs / 30 days), NM, PA        |
| XELJANZ XR TB24 11mg, 22mg  | 1                | QL (30 tabs / 30 days), NM, PA        |
| <b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>                                       |                  |                                       |
| <i>hydroxychloroquine sulfate</i> TABS 200mg  | 1                |                                       |
| <i>leflunomide</i> TABS 10mg, 20mg  | 1                | QL (30 tabs / 30 days)                |
| <i>methotrexate sodium</i> TABS 2.5mg   | 1                |                                       |
| XATMEP SOLN 2.5mg/ml  | 1                | B/D                                   |
| <b><i>IMMUNOGLOBULINS</i></b>   |                  |                                       |
| BIVIGAM SOLN 5gm/50ml, 10%  | 1                | NM, LA, PA                            |
| FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 1                | NM, PA                                |
| GAMASTAN INJ  | 1                | B/D, NM, LA                           |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml            | 1                | NM, PA                                |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm  | 1                | NM, PA                                |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml   | 1                | NM, PA                                |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml   | 1                | NM, LA, PA                            |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml  | 1                | NM, PA                                |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml | 1                | NM, PA                                |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml  | 1                | NM, PA                                |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml   | 1                | NM, PA                                |
| <b>IMMUNOMODULATORS</b>  |                  |                                       |
| ACTIMMUNE SOLN 2000000unit/0.5ml   | 1                | NM, LA, PA                            |
| ARCALYST SOLR 220mg  | 1                | NM, LA, PA                            |
| INTRON A SOLR 10000000unit, 18000000unit, 50000000unit   | 1                | B/D, NM, LA                           |
| <b>IMMUNOSUPPRESSANTS</b>  |                  |                                       |
| <i>azathioprine</i> TABS 50mg  | 1                | B/D                                   |
| BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml  | 1                | QL (8 syringes / 28 days), NM, LA, PA |
| BENLYSTA SOLR 120mg, 400mg   | 1                | NM, LA, PA                            |
| <i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml   | 1                | B/D, NM                               |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml                                       | 1                | B/D, NM                               |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>everolimus (immunosuppressant)</i> TABS<br>.25mg, .5mg, .75mg, 1mg | 1                | B/D, NM                    |
| <i>gengraf</i> CAPS 25mg, 100mg; SOLN<br>100mg/ml                     | 1                | B/D, NM                    |
| <i>mycophenolate mofetil</i> CAPS 250mg;<br>SUSR 200mg/ml; TABS 500mg | 1                | B/D, NM                    |
| <i>mycophenolate sodium</i> TBEC 180mg,<br>360mg                      | 1                | B/D, NM                    |
| NULOJIX SOLR 250mg  | 1                | B/D, NM                    |
| PROGRAF PACK .2mg, 1mg  | 1                | B/D, NM                    |
| REZUROCK TABS 200mg   | 1                | NM, LA, PA                 |
| SANDIMMUNE SOLN 100mg/ml  | 1                | B/D, NM                    |
| <i>sirolimus</i> SOLN 1mg/ml; TABS .5mg,<br>1mg, 2mg                  | 1                | B/D, NM                    |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg                                 | 1                | B/D, NM                    |
| <b>VACCINES</b>   |                  |                            |
| ACTHIB INJ  | 1                |                            |
| ADACEL INJ  | 1                |                            |
| BCG VACCINE SOLR 50mg   | 1                |                            |
| BEXSERO INJ   | 1                |                            |
| BOOSTRIX INJ  | 1                |                            |
| DAPTACEL INJ  | 1                |                            |
| DENGVAXIA SUS   | 1                |                            |
| DIP/TET PED INJ 25-5LFU   | 1                | B/D                        |
| ENGERIX-B SUSP 20mcg/ml; SUSY<br>10mcg/0.5ml, 20mcg/ml                | 1                | B/D                        |
| GARDASIL 9 INJ  | 1                |                            |

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| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml     | 1                |                            |
| HEPLISAV-B SOSY 20mcg/0.5ml              | 1                | B/D                        |
| HIBERIX SOLR 10mcg                       | 1                |                            |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1                | B/D                        |
| INFANRIX INJ                             | 1                |                            |
| IPOL INJ INACTIVE                        | 1                |                            |
| IXIARO INJ                               | 1                |                            |
| KINRIX INJ                               | 1                |                            |
| M-M-R II INJ                             | 1                |                            |
| MENACTRA INJ                             | 1                |                            |
| MENQUADFI INJ                            | 1                |                            |
| MENVEO INJ                               | 1                |                            |
| MENVEO SOL                               | 1                |                            |
| PEDIARIX INJ 0.5ML                       | 1                |                            |
| PEDVAX HIB SUSP 7.5mcg/0.5ml             | 1                |                            |
| PENTACEL INJ                             | 1                |                            |
| PREHEVBRIO SUSP 10mcg/ml                 | 1                | B/D                        |
| PRIORIX INJ                              | 1                |                            |
| PROQUAD INJ                              | 1                |                            |
| QUADRACEL INJ                            | 1                |                            |
| QUADRACEL INJ 0.5ML                      | 1                |                            |
| RABAVERT INJ                             | 1                | B/D                        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1                | B/D                        |
| ROTARIX SUS  | 1                |                            |
| ROTATEQ SOL  | 1                |                            |
| SHINGRIX SUSR 50mcg/0.5ml  | 1                | QL (2 vials per lifetime)  |
| TDVAX INJ 2-2 LF   | 1                | B/D                        |
| TENIVAC INJ 5-2LF  | 1                | B/D                        |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml                                     | 1                |                            |
| TRUMENBA INJ   | 1                |                            |
| TWINRIX INJ  | 1                |                            |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml                                 | 1                |                            |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml   | 1                |                            |
| VARIVAX INJ 1350pfu/0.5ml  | 1                |                            |
| YF-VAX INJ   | 1                |                            |

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES/MINERALS, INJECTABLE***

|   |   |  |
|---|---|--|
| D2.5W/NAACL INJ 0.45%                         | 1 |  |
| D5W/LYTES INJ #48                             | 1 |  |
| D10W/NAACL INJ 0.2%                           | 1 |  |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 1 |  |
| <i>dextrose 5% in lactated ringers</i>        | 1 |  |
| <i>dextrose 5% w/ sodium chloride 0.2%</i>    | 1 |  |
| <i>dextrose 5% w/ sodium chloride 0.3%</i>    | 1 |  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>dextrose 5% w/ sodium chloride 0.9%</i>                                    | 1                |                            |
| <i>dextrose 5% w/ sodium chloride 0.45%</i>                                   | 1                |                            |
| <i>dextrose 5% w/ sodium chloride 0.225%</i>                                  | 1                |                            |
| <i>dextrose 10% w/ sodium chloride 0.45%</i>                                  | 1                |                            |
| ISOLYTE-P INJ /D5W  | 1                |                            |
| ISOLYTE-S INJ   | 1                |                            |
| ISOLYTE-S INJ PH 7.4  | 1                |                            |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>              | 1                |                            |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>                | 1                |                            |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>                | 1                |                            |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>               | 1                |                            |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>                                  | 1                |                            |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>                                 | 1                |                            |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>              | 1                |                            |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>                | 1                |                            |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>                                   | 1                |                            |
| KCL/D5W/NACL INJ 0.3/0.9%   | 1                |                            |
| <i>lactated ringer's solution</i>   | 1                |                            |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 1                |                            |

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|---|------------------|----------------------------|
| <i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | 1                |                            |
| <i>magnesium sulfate in dextrose 5% iv soln</i> 1 gm/100ml                                | 1                |                            |
| MG SO4/D5W INJ 10MG/ML  | 1                |                            |
| PLASMA-LYTE INJ -148  | 1                |                            |
| PLASMA-LYTE INJ -A  | 1                |                            |
| POT CHL 20MEQ/L IN NAACL 0.9% INJ   | 1                |                            |
| POT CHL 20MEQ/L IN NAACL 0.45% INJ  | 1                |                            |
| POT CHL 40MEQ/L IN NAACL 0.9% INJ   | 1                |                            |
| <i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml             | 1                |                            |
| POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml  | 1                |                            |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>                             | 1                |                            |
| <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%                                  | 1                |                            |
| TPN ELECTROL INJ  | 1                | B/D                        |
| <b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>  |                  |                            |
| <i>klor-con</i> PACK 20meq  | 1                |                            |
| <i>klor-con 8</i> TBCR 8meq   | 1                |                            |
| <i>klor-con 10</i> TBCR 10meq   | 1                |                            |
| <i>klor-con m10</i> TBCR 10meq  | 1                |                            |
| <i>klor-con m15</i> TBCR 15meq  | 1                |                            |
| <i>klor-con m20</i> TBCR 20meq  | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| M-NATAL PLUS TAB   | 1                |                            |
| <i>potassium chloride</i> CPCR 8meq, 10meq;<br>PACK 20meq; SOLN 10%, 20%; TBCR<br>8meq, 10meq, 20meq | 1                |                            |
| <i>potassium chloride microencapsulated<br/>crystals er</i> TBCR 10meq, 15meq, 20meq                 | 1                |                            |
| PRENATAL TAB 27-1MG  | 1                |                            |
| PRENATAL TAB PLUS  | 1                |                            |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f)<br/>mg/ml soln</i>   | 1                |                            |
| TRICARE TAB PRENATAL   | 1                |                            |
| <b><i>IV NUTRITION</i></b>   |                  |                            |
| CLINIMIX INJ 4.25/D5W  | 1                | B/D                        |
| CLINIMIX INJ 4.25/D10  | 1                | B/D                        |
| CLINIMIX INJ 5%/D15W   | 1                | B/D                        |
| CLINIMIX INJ 5%/D20W   | 1                | B/D                        |
| CLINIMIX INJ 6/5   | 1                | B/D                        |
| CLINIMIX INJ 8/10  | 1                | B/D                        |
| CLINIMIX INJ 8/14  | 1                | B/D                        |
| <i>clinisol sf 15%</i>   | 1                | B/D                        |
| CLINOLIPID EMU 20%   | 1                | B/D                        |
| <i>dextrose</i> SOLN 5%, 10%   | 1                |                            |
| <i>dextrose</i> SOLN 50%, 70%  | 1                | B/D                        |
| FREAMINE III INJ 10%   | 1                | B/D                        |
| INTRALIPID EMUL 20gm/100ml,<br>30gm/100ml  | 1                | B/D                        |

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| <b>Drug Name</b>           | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------|------------------|----------------------------|
| NUTRILIPID EMUL 20gm/100ml | 1                | B/D                        |
| <i>plenamine</i>           | 1                | B/D                        |
| PREMASOL SOL 10%           | 1                | B/D                        |
| PROCALAMINE INJ 3%         | 1                | B/D                        |
| PROSOL INJ 20%             | 1                | B/D                        |
| TRAVASOL INJ 10%           | 1                | B/D                        |
| TROPHAMINE INJ 10%         | 1                | B/D                        |

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

|  |   |  |
|--|---|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>              | 1 |  |
| <i>neo-polycin hc ophth oint 1%</i>                                | 1 |  |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>            | 1 |  |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | 1 |  |
| <i>neomycin-polymyxin-hc ophth susp</i>                            | 1 |  |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 1 |  |
| TOBRADEX OIN 0.3-0.1%  | 1 |  |
| TOBRADEX ST SUS 0.3-0.05   | 1 |  |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                | 1 |  |
| ZYLET SUS 0.5-0.3%   | 1 |  |

### **ANTI-INFECTIVES**

|  |   |  |
|--|---|--|
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 1 |  |
| <i>bacitracin-polymyxin b ophth oint</i>       | 1 |  |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| BESIVANCE SUSP .6%  | 1                |                            |
| CILOXAN OINT .3%  | 1                |                            |
| <i>ciprofloxacin hcl (ophth)</i> SOLN .3%                           | 1                |                            |
| <i>erythromycin (ophth)</i> OINT 5mg/gm                             | 1                |                            |
| <i>gatifloxacin (ophth)</i> SOLN .5%                                | 1                |                            |
| <i>gentak</i> OINT .3%  | 1                |                            |
| <i>gentamicin sulfate (ophth)</i> SOLN .3%                          | 1                |                            |
| <i>moxifloxacin hcl (ophth)</i> SOLN .5%                            | 1                |                            |
| NATACYN SUSP 5%   | 1                |                            |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>                  | 1                |                            |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 1                |                            |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 1                |                            |
| <i>ofloxacin (ophth)</i> SOLN .3%                                   | 1                |                            |
| <i>polycin ophth oint</i>   | 1                |                            |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>       | 1                |                            |
| <i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%              | 1                |                            |
| <i>tobramycin (ophth)</i> SOLN .3%                                  | 1                |                            |
| <i>trifluridine</i> SOLN 1%   | 1                |                            |
| ZIRGAN GEL .15%   | 1                |                            |
| <b>ANTI-INFLAMMATORIES</b>  |                  |                            |
| ALREX SUSP .2%  | 1                |                            |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| BROMSITE SOLN .075%                                    | 1                |                            |
| <i>dexamethasone sodium phosphate (ophth)</i> SOLN .1% | 1                |                            |
| <i>diclofenac sodium (ophth)</i> SOLN .1%              | 1                |                            |
| <i>difluprednate</i> EMUL .05%                         | 1                |                            |
| EYSUVIS SUSP .25%                                      | 1                |                            |
| FLAREX SUSP .1%  | 1                |                            |
| <i>fluorometholone (ophth)</i> SUSP .1%                | 1                |                            |
| <i>flurbiprofen sodium</i> SOLN .03%                   | 1                |                            |
| ILEVRO SUSP .3%  | 1                |                            |
| <i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%    | 1                |                            |
| LOTEMAX OINT .5%                                       | 1                |                            |
| <i>prednisolone acetate (ophth)</i> SUSP 1%            | 1                |                            |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                      | 1                |                            |
| PROLENSA SOLN .07%                                     | 1                |                            |
| <b>ANTIALLERGICS</b>                                   |                  |                            |
| <i>azelastine hcl (ophth)</i> SOLN .05%                | 1                |                            |
| <i>cromolyn sodium (ophth)</i> SOLN 4%                 | 1                |                            |
| <i>olopatadine hcl</i> SOLN .1%                        | 1                |                            |
| ZERVIATE SOLN .24%                                     | 1                |                            |
| <b>ANTIGLAUCOMA</b>                                    |                  |                            |
| ALPHAGAN P SOLN .1%                                    | 1                |                            |
| <i>betaxolol hcl (ophth)</i> SOLN .5%                  | 1                |                            |
| BETOPTIC-S SUSP .25%                                   | 1                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>brimonidine tartrate</i> SOLN .15%, .2%                          | 1                |                            |
| <i>brinzolamide</i> SUSP 1%   | 1                |                            |
| <i>carteolol hcl (ophth)</i> SOLN 1%                                | 1                |                            |
| COMBIGAN SOL 0.2/0.5%   | 1                |                            |
| <i>dorzolamide hcl</i> SOLN 2%                                      | 1                |                            |
| <i>dorzolamide hcl-timolol maleate ophth soln</i><br>22.3-6.8 mg/ml | 1                |                            |
| <i>latanoprost</i> SOLN .005%                                       | 1                |                            |
| <i>levobunolol hcl</i> SOLN .5%                                     | 1                |                            |
| LUMIGAN SOLN .01%   | 1                |                            |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                              | 1                |                            |
| RHOPRESSA SOLN .02%   | 1                |                            |
| ROCKLATAN DRO   | 1                |                            |
| SIMBRINZA SUS 1-0.2%  | 1                |                            |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%;<br>SOLN .25%, .5%    | 1                |                            |
| VYZULTA SOLN .024%  | 1                |                            |
| <b>MISCELLANEOUS</b>  |                  |                            |
| ATROPINE SULFATE SOLN 1%  | 1                |                            |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%                        | 1                |                            |
| CYSTADROPS SOLN .37%  | 1                | NM, LA, PA                 |
| CYSTARAN SOLN .44%  | 1                | NM, LA, PA                 |
| ISOPTO ATROPINE SOLN 1%   | 1                |                            |
| <i>proparacaine hcl</i> SOLN .5%                                    | 1                |                            |
| RESTASIS EMUL .05%  | 1                |                            |

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|------------------------------|------------------|----------------------------|
| RESTASIS MULTIDOSE EMUL .05% | 1                |                            |
| TYRVAYA SOLN .03mg/act       | 1                |                            |
| XIIDRA SOLN 5%               | 1                |                            |

## **OTIC**

### **OTIC AGENTS**

|   |   |  |
|---|---|--|
| <i>acetic acid (otic)</i> SOLN 2%                                 | 1 |  |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>             | 1 |  |
| <i>flac</i> OIL .01%  | 1 |  |
| <i>fluocinolone acetonide (otic)</i> OIL .01%                     | 1 |  |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | 1 |  |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 1 |  |
| <i>ofloxacin (otic)</i> SOLN .3%                                  | 1 |  |

## **RESPIRATORY**

### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

|  |   |                            |
|--|---|----------------------------|
| ANORO ELLIPT AER 62.5-25                                 | 1 | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG                                     | 1 | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE                                  | 1 | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)             | 1 | QL (4 inhalers / 28 days)  |
| COMBIVENT AER 20-100                                     | 1 | QL (2 inhalers / 30 days)  |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 1 | B/D                        |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG                      | 1 | QL (60 blisters / 30 days) |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                            |
|--|------------------|---|
| TRELEGY AER ELLIPTA 200-62.5-25 MCG  | 1                | QL (60 blisters / 30 days)                            |
| <b>ANTICHOLINERGICS</b>  |                  |   |
| ATROVENT HFA AERS 17mcg/act  | 1                | QL (2 inhalers / 30 days)                             |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh   | 1                | QL (30 blisters / 30 days)                            |
| <i>ipratropium bromide</i> SOLN .02%   | 1                | B/D   |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06%                                 | 1                |   |
| <b>ANTI-HISTAMINES</b>   |                  |   |
| <i>azelastine hcl</i> SOLN .1%, .15%   | 1                |   |
| <i>cetirizine hcl</i> SOLN 1mg/ml  | 1                |   |
| <i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg                                   | 1                | PA; PA if 70 years and older                          |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml  | 1                |   |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg | 1                | PA; PA if 70 years and older                          |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg   | 1                | PA; PA if 70 years and older                          |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg                     | 1                |   |
| <b>BETA AGONISTS</b>   |                  |   |
| <i>albuterol sulfate</i> AERS 108mcg/act   | 1                | QL (2 inhalers / 30 days); (generic of Proair HFA)    |
| <i>albuterol sulfate</i> AERS 108mcg/act   | 1                | QL (2 inhalers / 30 days); (generic of Proventil HFA) |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                           |
|---|------------------|--|
| <i>albuterol sulfate</i> AERS 108mcg/act                                    | 1                | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml     | 1                | B/D  |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg                        | 1                |  |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 1                | B/D  |
| <i>levalbuterol tartrate</i> AERO 45mcg/act                                 | 1                | QL (2 inhalers / 30 days), ST                        |
| SEREVENT DISKUS AEPB 50mcg/dose   | 1                | QL (60 inhalations / 30 days)                        |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg                                  | 1                |  |
| VENTOLIN HFA AERS 108mcg/act  | 1                | QL (2 inhalers / 30 days)                            |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act                           | 1                | QL (6 inhalers / 30 days)                            |
| <b>LEUKOTRIENE MODULATORS</b>   |                  |  |
| <i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg                | 1                |  |
| <i>zafirlukast</i> TABS 10mg, 20mg  | 1                |  |
| <b>MISCELLANEOUS</b>  |                  |  |
| <i>acetylcysteine</i> SOLN 10%, 20%   | 1                | B/D  |
| ARALAST NP SOLR 500mg, 1000mg   | 1                | NM, LA, PA   |
| <i>cromolyn sodium</i> NEBU 20mg/2ml  | 1                | B/D  |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml               | 1                | (generic of EpiPen)                                  |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml              | 1                | (generic of Adrenaclick)                             |

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| <b>Drug Name</b>                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>             |
|--|------------------|--|
| FASENRA SOSY 30mg/ml                         | 1                | NM, LA, PA                             |
| FASENRA PEN SOAJ 30mg/ml                     | 1                | NM, LA, PA                             |
| KALYDECO PACK 25mg, 50mg, 75mg               | 1                | QL (56 packs / 28 days),<br>NM, LA, PA |
| KALYDECO TABS 150mg                          | 1                | QL (60 tabs / 30 days),<br>NM, LA, PA  |
| OFEV CAPS 100mg, 150mg                       | 1                | QL (60 caps / 30 days),<br>NM, LA, PA  |
| ORKAMBI GRA 75-94MG                          | 1                | QL (56 packs / 28 days),<br>NM, LA, PA |
| ORKAMBI GRA 100-125                          | 1                | QL (56 packs / 28 days),<br>NM, LA, PA |
| ORKAMBI GRA 150-188                          | 1                | QL (56 packs / 28 days),<br>NM, LA, PA |
| ORKAMBI TAB 100-125                          | 1                | QL (112 tabs / 28 days),<br>NM, LA, PA |
| ORKAMBI TAB 200-125                          | 1                | QL (112 tabs / 28 days),<br>NM, LA, PA |
| <i>pirfenidone</i> CAPS 267mg                | 1                | QL (270 caps / 30<br>days), NM, PA     |
| <i>pirfenidone</i> TABS 267mg                | 1                | QL (270 tabs / 30 days),<br>NM, PA     |
| <i>pirfenidone</i> TABS 534mg, 801mg         | 1                | QL (90 tabs / 30 days),<br>NM, PA      |
| PROLASTIN-C SOLN 1000mg/20ml; SOLR<br>1000mg | 1                | NM, LA, PA                             |
| PULMOZYME SOLN 2.5mg/2.5ml                   | 1                | NM, PA                                 |
| <i>roflumilast</i> TABS 250mcg, 500mcg       | 1                |  |
| SYMDEKO TAB 50-75MG                          | 1                | QL (56 tabs / 28 days),<br>NM, LA, PA  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>            |
|--|------------------|---------------------------------------|
| SYMDEKO TAB 100-150  | 1                | QL (56 tabs / 28 days),<br>NM, LA, PA |
| SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml   | 1                |                                       |
| THEO-24 CP24 100mg, 200mg, 300mg,<br>400mg   | 1                |                                       |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN<br>80mg/15ml; TB12 300mg, 450mg; TB24<br>400mg, 600mg | 1                |                                       |
| TRIKAFTA TAB 50-25-37.5MG & 75MG   | 1                | QL (84 tabs / 28 days),<br>NM, LA, PA |
| TRIKAFTA TAB 100-50-75MG & 150MG   | 1                | QL (84 tabs / 28 days),<br>NM, LA, PA |
| XOLAIR SOLR 150mg; SOSY 75mg/0.5ml,<br>150mg/ml  | 1                | NM, LA, PA                            |
| ZEMAIRA SOLR 1000mg  | 1                | NM, LA, PA                            |
| <b>NASAL STEROIDS</b>  |                  |                                       |
| <i>flunisolide (nasal)</i> SOLN .025%  | 1                | QL (3 bottles / 30 days)              |
| <i>fluticasone propionate (nasal)</i> SUSP<br>50mcg/act  | 1                | QL (1 bottle / 30 days)               |
| XHANCE EXHU 93mcg/act  | 1                | QL (32 mL / 30 days),<br>PA           |
| <b>STEROID INHALANTS</b>   |                  |                                       |
| ARNUITY ELLIPTA AEPB 50mcg/act,<br>100mcg/act, 200mcg/act                                      | 1                | QL (30 inhalations / 30<br>days)      |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml,<br>.5mg/2ml                                     | 1                | B/D                                   |
| FLOVENT DISKUS AEPB 50mcg/blist  | 1                | QL (180 inhalations / 30<br>days)     |
| FLOVENT DISKUS AEPB 100mcg/blist,<br>250mcg/blist  | 1                | QL (240 inhalations / 30<br>days)     |

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| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act | 1                | QL (2 inhalers / 30 days)  |
| PULMICORT FLEXHALER AEPB 90mcg/act                 | 1                | QL (3 inhalers / 30 days)  |
| PULMICORT FLEXHALER AEPB 180mcg/act                | 1                | QL (2 inhalers / 30 days)  |

### ***STEROID/BETA-AGONIST COMBINATIONS***

|                         |   |                               |
|-------------------------|---|-------------------------------|
| ADVAIR DISKU AER 100/50 | 1 | QL (60 inhalations / 30 days) |
| ADVAIR DISKU AER 250/50 | 1 | QL (60 inhalations / 30 days) |
| ADVAIR DISKU AER 500/50 | 1 | QL (60 inhalations / 30 days) |
| ADVAIR HFA AER 45/21    | 1 | QL (1 inhaler / 30 days)      |
| ADVAIR HFA AER 115/21   | 1 | QL (1 inhaler / 30 days)      |
| ADVAIR HFA AER 230/21   | 1 | QL (1 inhaler / 30 days)      |
| BREO ELLIPTA INH 100-25 | 1 | QL (60 blisters / 30 days)    |
| BREO ELLIPTA INH 200-25 | 1 | QL (60 blisters / 30 days)    |
| SYMBICORT AER 80-4.5    | 1 | QL (3 inhalers / 30 days)     |
| SYMBICORT AER 160-4.5   | 1 | QL (3 inhalers / 30 days)     |

### **TOPICAL**

#### ***DERMATOLOGY, ACNE***

|  |   |                          |
|--|---|--------------------------|
| <i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA                       |
| <i>amnestem</i> CAPS 10mg, 20mg, 40mg      | 1 | PA                       |
| <i>avita</i> CREA .025%                    | 1 | QL (45 gm / 30 days), PA |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>benzoyl peroxide-erythromycin gel 5-3%</i>           | 1                | QL (46.6 gm / 30 days)     |
| <i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>             | 1                | PA                         |
| <i>clindamycin phosphate (topical) GEL 1%</i>           | 1                | QL (75 gm / 30 days)       |
| <i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> | 1                | QL (60 mL / 30 days)       |
| <i>ery PADS 2%</i>                                      | 1                | QL (60 pledgets / 30 days) |
| <i>erythromycin (acne aid) SOLN 2%</i>                  | 1                | QL (60 mL / 30 days)       |
| <i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>         | 1                | PA                         |
| <i>sulfacetamide sodium (acne) LOTN 10%</i>             | 1                | QL (118 mL / 30 days)      |
| <i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i> | 1                | QL (45 gm / 30 days), PA   |
| <i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>             | 1                | PA                         |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                         |                  |                            |
| <i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>  | 1                | QL (30 gm / 30 days)       |
| <i>mupirocin OINT 2%</i>                                | 1                | QL (220 gm / 30 days)      |
| <i>silver sulfadiazine CREA 1%</i>                      | 1                |                            |
| <i>ssd CREA 1%</i>                                      | 1                |                            |
| <b>SULFAMYLON CREA 85mg/gm</b>                          | 1                | QL (453.6 gm / 30 days)    |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                         |                  |                            |
| <i>ciclopirox olamine CREA .77%</i>                     | 1                | QL (90 gm / 30 days)       |
| <i>ciclopirox olamine SUSP .77%</i>                     | 1                | QL (60 mL / 30 days)       |
| <i>clotrimazole (topical) CREA 1%</i>                   | 1                | QL (45 gm / 30 days)       |
| <i>clotrimazole (topical) SOLN 1%</i>                   | 1                | QL (30 mL / 30 days)       |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>               | 1                | QL (45 gm / 30 days)       |
| <i>ketoconazole (topical) CREA 2%</i>                            | 1                | QL (60 gm / 30 days)       |
| <i>nyamyc POWD 100000unit/gm</i>                                 | 1                | QL (60 gm / 30 days)       |
| <i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i> | 1                | QL (30 gm / 30 days)       |
| <i>nystatin (topical) POWD 100000unit/gm</i>                     | 1                | QL (60 gm / 30 days)       |
| <i>nystop POWD 100000unit/gm</i>                                 | 1                | QL (60 gm / 30 days)       |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                               |                  |                            |
| <i>acitretin CAPS 10mg, 17.5mg, 25mg</i>                         | 1                | PA                         |
| <i>calcipotriene OINT .005%</i>                                  | 1                | QL (120 gm / 30 days), PA  |
| <i>calcipotriene SOLN .005%</i>                                  | 1                | QL (120 mL / 30 days), PA  |
| <i>calcitrene OINT .005%</i>                                     | 1                | QL (120 gm / 30 days), PA  |
| <i>tazarotene CREA .1%</i>                                       | 1                | QL (60 gm / 30 days), PA   |
| TAZORAC CREA .05%  | 1                | QL (60 gm / 30 days), PA   |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                              |                  |                            |
| <i>ketoconazole (topical) SHAM 2%</i>                            | 1                | QL (120 mL / 30 days)      |
| <i>selenium sulfide LOTN 2.5%</i>                                | 1                |                            |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                              |                  |                            |
| <i>ala-cort CREA 1%, 2.5%</i>                                    | 1                |                            |
| <i>alclometasone dipropionate CREA .05%; OINT .05%</i>           | 1                | QL (60 gm / 30 days)       |
| <i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i> | 1                | QL (120 gm / 30 days)      |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>betamethasone dipropionate (topical)</i><br>LOTN .05%                      | 1                | QL (120 mL / 30 days)        |
| <i>betamethasone dipropionate augmented</i><br>CREA .05%; GEL .05%; OINT .05% | 1                | QL (120 gm / 30 days)        |
| <i>betamethasone dipropionate augmented</i><br>LOTN .05%                      | 1                | QL (120 mL / 30 days)        |
| <i>betamethasone valerate</i> CREA .1%; OINT .1%                              | 1                | QL (120 gm / 30 days)        |
| <i>betamethasone valerate</i> LOTN .1%  | 1                | QL (120 mL / 30 days)        |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%                   | 1                | QL (60 gm / 30 days)         |
| <i>clobetasol propionate</i> SOLN .05%  | 1                | QL (50 mL / 30 days)         |
| <i>clobetasol propionate e</i> CREA .05%                                      | 1                | QL (60 gm / 30 days)         |
| ENSTILAR AER  | 1                | QL (120 gm / 30 days),<br>PA |
| <i>fluocinolone acetonide</i> CREA .01%                                       | 1                | QL (60 gm / 30 days)         |
| <i>fluocinolone acetonide</i> CREA .025%; OINT .025%                          | 1                | QL (120 gm / 30 days)        |
| <i>fluocinolone acetonide</i> OIL .01%  | 1                | QL (118.28 mL / 30 days)     |
| <i>fluocinolone acetonide</i> SOLN .01%                                       | 1                | QL (90 mL / 30 days)         |
| <i>fluocinonide</i> CREA .05%   | 1                | QL (120 gm / 30 days)        |
| <i>fluocinonide</i> GEL .05%; OINT .05%                                       | 1                | QL (60 gm / 30 days)         |
| <i>fluocinonide</i> SOLN .05%   | 1                | QL (60 mL / 30 days)         |
| <i>fluocinonide emulsified base</i> CREA .05%                                 | 1                | QL (120 gm / 30 days)        |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                           | 1                |                              |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%                            | 1                | QL (50 gm / 30 days)         |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|---|------------------|---------------------------------|
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%;<br>LOTN 2.5%; OINT 2.5%                                | 1                |                                 |
| <i>mometasone furoate</i> CREA .1%; OINT<br>.1%; SOLN .1%   | 1                |                                 |
| <i>triamcinolone acetonide (topical)</i> CREA<br>.1%  | 1                | QL (454 gm / 30 days)           |
| <i>triamcinolone acetonide (topical)</i> CREA<br>.025%, .5%; LOTN .025%, .1%; OINT<br>.025%, .1%, .5% | 1                |                                 |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>   |                  |                                 |
| <i>glydo</i> PRSY 2%  | 1                | QL (60 mL / 30 days),<br>PA     |
| <i>lidocaine</i> OINT 5%  | 1                | QL (50 gm / 30 days),<br>PA     |
| <i>lidocaine</i> PTCH 5%  | 1                | QL (3 patches / 1 day),<br>PA   |
| <i>lidocaine hcl</i> SOLN 4%  | 1                | QL (50 mL / 30 days),<br>PA     |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>  | 1                | QL (30 gm / 30 days),<br>PA     |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>  |                  |                                 |
| <i>bexarotene (topical)</i> GEL 1%  | 1                | QL (60 gm / 30 days),<br>NM, PA |
| <i>diclofenac sodium (topical)</i> GEL 1%   | 1                | QL (1000 gm / 30 days)          |
| <i>fluorouracil (topical)</i> CREA 5%   | 1                | QL (40 gm / 30 days)            |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%   | 1                | QL (10 mL / 30 days)            |
| <i>hydrocortisone (rectal)</i> CREA 2.5%  | 1                |                                 |
| <i>imiquimod</i> CREA 5%  | 1                | QL (24 packets / 30<br>days)    |
| <i>lactic acid (ammonium lactate)</i> CREA<br>12%; LOTN 12%   | 1                |                                 |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%      | 1                | QL (45 gm / 30 days)             |
| <i>metronidazole (topical)</i> LOTN .75%                | 1                | QL (59 mL / 30 days)             |
| PANRETIN GEL .1%  | 1                | QL (60 gm / 30 days), PA         |
| <i>podofilox</i> SOLN .5%                               | 1                | QL (7 mL / 28 days)              |
| <i>procto-med hc</i> CREA 2.5%                          | 1                |                                  |
| <i>procto-pak</i> CREA 1%                               | 1                |                                  |
| <i>proctosol hc</i> CREA 2.5%                           | 1                |                                  |
| <i>proctozone-hc</i> CREA 2.5%                          | 1                |                                  |
| RECTIV OINT .4%   | 1                | QL (30 gm / 30 days)             |
| <i>tacrolimus (topical)</i> OINT .03%, .1%              | 1                | QL (100 gm / 30 days)            |
| VALCHLOR GEL .016%                                      | 1                | QL (60 gm / 30 days), NM, LA, PA |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>          |                  |                                  |
| <i>malathion</i> LOTN .5%                               | 1                | QL (59 mL / 30 days)             |
| <i>permethrin</i> CREA 5%                               | 1                | QL (60 gm / 30 days)             |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                   |                  |                                  |
| REGRANEX GEL .01%                                       | 1                | QL (30 gm / 30 days), PA         |
| SANTYL OINT 250unit/gm                                  | 1                | QL (180 gm / 30 days)            |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%           | 1                |                                  |
| <i>water for irrigation, sterile irrigation soln</i>    | 1                |                                  |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                       |                  |                                  |
| <i>cevimeline hcl</i> CAPS 30mg                         | 1                |                                  |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 1                |                                  |

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| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| <i>clotrimazole</i> TROC 10mg                        | 1                | QL (150 lozenges / 30 days) |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%          | 1                |                             |
| <i>nystatin (mouth-throat)</i> SUSP<br>100000unit/ml | 1                |                             |
| <i>periogard</i> SOLN .12%                           | 1                |                             |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg        | 1                |                             |
| <i>triamcinolone acetonide (mouth)</i> PSTE<br>.1%   | 1                |                             |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

## **Index**

| <b>A</b>   |          |
|--|----------|
| <i>abacavir sulfate</i> .....                                      | 18       |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....            | 20       |
| ABELCET .....  | 16       |
| ABILIFY MAINTENA.....  | 62       |
| <i>abiraterone acetate</i> .....                                   | 30       |
| <i>acamprosate calcium</i> .....                                   | 71       |
| <i>acarbose</i> .....  | 73       |
| <i>accutane</i> .....  | 112      |
| <i>acebutolol hcl</i> .....  | 48       |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....           | 11       |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> .....                | 11       |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> .....                | 11       |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> .....                | 11       |
| <i>acetazolamide</i> .....   | 49       |
| <i>acetic acid</i> .....   | 89       |
| <i>acetic acid (otic)</i> .....                                    | 107      |
| <i>acetylcysteine</i> .....  | 109      |
| <i>acitretin</i> .....   | 114      |
| ACTHIB INJ .....   | 97       |
| ACTIMMUNE .....  | 96       |
| <i>acyclovir</i> .....   | 22       |
| <i>acyclovir sodium</i> .....                                      | 22       |
| ADACEL INJ.....  | 97       |
| <i>adefovir dipivoxil</i> .....                                    | 22       |
| ADEMPAS .....  | 51       |
| ADRENALIN .....  | 50       |
| ADVAIR DISKU AER 100/50.....                                       | 112      |
| ADVAIR DISKU AER 250/50.....                                       | 112      |
| ADVAIR DISKU AER 500/50.....                                       | 112      |
| ADVAIR HFA AER 115/21 .....  | 112      |
| ADVAIR HFA AER 230/21 .....  | 112      |
| ADVAIR HFA AER 45/21 .....   | 112      |
| AIMOVIG.....   | 68       |
| <i>ala-cort</i> .....  | 114      |
| <i>albendazole</i> .....   | 13       |
| <i>albuterol sulfate</i> .....                                     | 108, 109 |
| <i>alclometasone dipropionate</i> .....                            | 114      |
| ALDURAZYME .....   | 81       |
| ALECENSA.....  | 32       |
| <i>alendronate sodium</i> .....                                    | 78       |
| <i>alfuzosin hcl</i> .....   | 89       |
| <i>aliskiren fumarate</i> .....                                    | 50       |
| <i>allopurinol</i> .....   | 10       |
| <i>alose tron hcl</i> .....  | 88       |
| ALPHAGAN P.....  | 105      |
| <i>alprazolam</i> .....  | 52       |
| ALREX .....  | 104      |
| ALUNBRIG.....  | 32       |
| ALUNBRIG PAK .....   | 32       |
| <i>amabelz</i> .....   | 79       |
| <i>amantadine hcl</i> .....  | 60       |
| <i>ambrisentan</i> .....   | 51       |
| <i>amikacin sulfate</i> .....                                      | 13       |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....       | 49       |
| <i>amiloride hcl</i> .....   | 49       |
| <i>amiodarone hcl</i> .....  | 45       |
| <i>amitriptyline hcl</i> .....                                     | 58       |
| <i>amlodipine besylate</i> .....                                   | 48       |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....       | 40       |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....       | 40       |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....      | 40       |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....        | 40       |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....        | 40       |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....        | 40       |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> ..... | 43       |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |     |   |     |
|---|-----|---|-----|
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....    | 43  | <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....              | 66  |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....     | 42  | <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....              | 66  |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....     | 42  | <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....               | 66  |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> .....              | 43  | <i>amphetamine-dextroamphetamine tab 10 mg</i> .....                      | 66  |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> .....              | 43  | <i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....                    | 66  |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> .....               | 43  | <i>amphetamine-dextroamphetamine tab 15 mg</i> .....                      | 66  |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> .....               | 43  | <i>amphetamine-dextroamphetamine tab 20 mg</i> .....                      | 66  |
| <i>amnesteam</i> .....  | 112 | <i>amphetamine-dextroamphetamine tab 30 mg</i> .....                      | 66  |
| <i>amoxapine</i> .....  | 58  | <i>amphetamine-dextroamphetamine tab 5 mg</i> .....                       | 66  |
| <i>amoxicillin</i> .....  | 26  | <i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....                     | 66  |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i> .....     | 26  | <i>amphotericin b</i> .....   | 16  |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> .....       | 26  | <i>amphotericin b liposome</i> .....                                      | 17  |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> ..... | 26  | <i>ampicillin</i> .....   | 26  |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> ..... | 26  | <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....     | 26  |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....   | 26  | <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....         | 26  |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> ..... | 26  | <i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> ..... | 26  |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....           | 26  | <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....   | 27  |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....           | 26  | <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....     | 27  |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....           | 26  | <i>ampicillin sodium</i> .....  | 27  |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> ..... | 26  | <i>anagrelide hcl</i> .....   | 92  |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....          | 66  | <i>anastrozole</i> .....  | 30  |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....          | 66  | <i>ANORO ELLIPT AER 62.5-25</i> .....                                     | 107 |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....          | 66  | <i>aprepitant</i> .....   | 85  |
|   |     | <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....              | 85  |
|   |     | <i>APTIOM</i> .....   | 52  |
|   |     | <i>APTIVUS</i> .....  | 18  |
|   |     | <i>ARALAST NP</i> .....   | 109 |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.



|   |     |  |          |
|---|-----|--|----------|
| ARCALYST .....                                    | 96  | BALVERSA .....                                     | 32       |
| <i>aripiprazole</i> .....                         | 62  | BARACLUDGE .....                                   | 22       |
| ARISTADA .....                                    | 62  | BASAGLAR KWIKPEN .....                             | 75       |
| ARISTADA INITIO.....                              | 62  | BCG VACCINE.....                                   | 97       |
| <i>armodafinil</i> .....                          | 71  | BD ALCOHOL SWABS.....                              | 76       |
| ARNUITY ELLIPTA.....                              | 111 | BELSOMRA .....                                     | 67       |
| <i>asenapine maleate</i> .....                    | 62  | <i>benazepril &amp; hydrochlorothiazide tab</i>    |          |
| <i>aspirin-dipyridamole cap er 12hr 25-</i>       |     | <i>10-12.5 mg</i> .....                            | 40       |
| <i>200 mg</i> .....                               | 93  | <i>benazepril &amp; hydrochlorothiazide tab</i>    |          |
| <i>atazanavir sulfate</i> .....                   | 18  | <i>20-12.5 mg</i> .....                            | 40       |
| <i>atenolol</i> .....                             | 48  | <i>benazepril &amp; hydrochlorothiazide tab</i>    |          |
| <i>atenolol &amp; chlorthalidone tab 100-25</i>   |     | <i>20-25 mg</i> .....                              | 40       |
| <i>mg</i> .....                                   | 47  | <i>benazepril &amp; hydrochlorothiazide tab 5-</i> |          |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> |     | <i>6.25mg</i> .....                                | 40       |
| .....   | 47  | <i>benazepril hcl</i> .....                        | 41       |
| <i>atomoxetine hcl</i> .....                      | 67  | BENDEKA .....                                      | 28       |
| <i>atorvastatin calcium</i> .....                 | 46  | BENLYSTA .....                                     | 96       |
| <i>atovaquone</i> .....                           | 13  | <i>benzoyl peroxide-erythromycin gel 5-</i>        |          |
| <i>atovaquone-proguanil hcl tab 250-100</i>       |     | <i>3%</i> .....                                    | 113      |
| <i>mg</i> .....                                   | 18  | <i>benztropine mesylate</i> .....                  | 60       |
| <i>atovaquone-proguanil hcl tab 62.5-25</i>       |     | BERINERT .....                                     | 92       |
| <i>mg</i> .....                                   | 18  | BESIVANCE .....                                    | 104      |
| ATROPINE SULFATE.....                             | 106 | BESREMI.....                                       | 31       |
| <i>atropine sulfate (ophthalmic)</i> .....        | 106 | <i>betaine powder for oral solution</i> .....      | 82       |
| ATROVENT HFA.....                                 | 108 | <i>betamethasone dipropionate (topical)</i>        |          |
| AUSTEDO .....                                     | 69  | .....  | 114, 115 |
| AUVELITY TAB 45-105MG.....                        | 58  | <i>betamethasone dipropionate</i>                  |          |
| <i>avita</i> .....                                | 112 | <i>augmented</i> .....                             | 115      |
| AYVAKIT .....                                     | 32  | <i>betamethasone valerate</i> .....                | 115      |
| <i>azacitidine</i> .....                          | 29  | BETASERON .....                                    | 70       |
| <i>azathioprine</i> .....                         | 96  | <i>betaxolol hcl</i> .....                         | 48       |
| <i>azelastine hcl</i> .....                       | 108 | <i>betaxolol hcl (ophth)</i> .....                 | 105      |
| <i>azelastine hcl (ophth)</i> .....               | 105 | <i>bethanechol chloride</i> .....                  | 89       |
| <i>azithromycin</i> .....                         | 25  | BETOPTIC-S .....                                   | 105      |
| <i>aztreonam</i> .....                            | 13  | BEVESPI AER 9-4.8MCG.....                          | 107      |
| <b>B</b>  |     | <i>bexarotene</i> .....                            | 31       |
| <i>bacitracin (ophthalmic)</i> .....              | 103 | <i>bexarotene (topical)</i> .....                  | 116      |
| <i>bacitracin-polymyxin b ophth oint</i> ...      | 103 | BEXSERO INJ.....                                   | 97       |
| <i>bacitracin-polymyxin-neomycin-hc</i>           |     | <i>bicalutamide</i> .....                          | 30       |
| <i>ophth oint 1%</i> .....                        | 103 | BICILLIN L-A .....                                 | 27       |
| <i>baclofen</i> .....                             | 70  | BIKTARVY TAB 30-120-15 MG.....                     | 20       |
| BAFIERTAM .....                                   | 70  | BIKTARVY TAB 50-200-25 MG.....                     | 20       |
| <i>balsalazide disodium</i> .....                 | 86  |  |          |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |        |   |     |
|---|--------|---|-----|
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....          | 47     | <i>bupropion hcl (smoking deterrent)</i> ....                         | 72  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....         | 47     | <i>buspirone hcl</i> .....  | 52  |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....           | 47     | <i>butorphanol tartrate</i> .....                                     | 12  |
| <i>bisoprolol fumarate</i> .....  | 48     | BYDUREON BCISE .....  | 73  |
| BIVIGAM .....   | 95     | BYETTA .....  | 73  |
| BOOSTRIX INJ .....  | 97     | <b>C</b>  |     |
| <i>bortezomib</i> .....   | 32     | <i>cabergoline</i> .....  | 82  |
| BOREZOMIB .....   | 32     | CABOMETYX .....   | 33  |
| <i>bosentan</i> .....   | 52     | <i>calcipotriene</i> .....  | 114 |
| BOSULIF .....   | 32     | <i>calcitonin (salmon) spray</i> .....                                | 78  |
| BRAFTOVI .....  | 33     | <i>calcitrene</i> .....   | 114 |
| BREO ELLIPTA INH 100-25 .....   | 112    | <i>calcitriol</i> .....   | 85  |
| BREO ELLIPTA INH 200-25 .....   | 112    | <i>calcitriol (oral)</i> .....  | 85  |
| BREZTRI AERO AER SPHERE .....   | 107    | <i>calcium acetate (phosphate binder)</i> ...                         | 83  |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....                        | 107    | CALQUENCE .....   | 33  |
| BRILINTA .....  | 93     | <i>candesartan cilexetil</i> .....                                    | 45  |
| <i>brimonidine tartrate</i> .....   | 106    | <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> ..... | 43  |
| <i>brinzolamide</i> .....   | 106    | <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> ..... | 43  |
| BRIVIACT .....  | 52     | <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> ..      | 43  |
| <i>bromocriptine mesylate</i> .....                                       | 61     | CAPLYTA .....   | 62  |
| BROMSITE .....  | 105    | CAPRELSA .....  | 33  |
| BRUKINSA .....  | 33     | <i>captopril</i> .....  | 42  |
| <i>budesonide</i> .....   | 86, 87 | <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i> .....         | 41  |
| <i>budesonide (inhalation)</i> .....                                      | 111    | <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> .....         | 41  |
| <i>bumetanide</i> .....   | 49     | <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> .....         | 41  |
| <i>buprenorphine hcl</i> .....  | 71     | <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> .....         | 41  |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....  | 71     | <i>carb/levo orally disintegrating tab 10-100mg</i> .....             | 61  |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> ..... | 71     | <i>carb/levo orally disintegrating tab 25-100mg</i> .....             | 61  |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....   | 71     | <i>carb/levo orally disintegrating tab 25-250mg</i> .....             | 61  |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....   | 71     | <i>carbamazepine</i> .....  | 53  |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....  | 71     | <i>carbidopa &amp; levodopa tab 10-100 mg</i>                         | 61  |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....    | 72     |   |     |
| <i>bupropion hcl</i> .....  | 58     |   |     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|  |     |   |     |
|--|-----|---|-----|
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>    | 61  | <i>cefuroxime axetil</i>                      | 24  |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>    | 61  | <i>cefuroxime sodium</i>                      | 24  |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i> | 61  | <i>celecoxib</i>                              | 10  |
| .....  | 61  | CELONTIN                                      | 53  |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i> | 61  | <i>cephalexin</i>                             | 24  |
| .....  | 61  | CERDELGA                                      | 82  |
| <i>carbidopa-levodopa-entacapone tabs</i>        |     | CEREZYME                                      | 82  |
| <i>12.5-50-200 mg</i>                            | 61  | <i>cetirizine hcl</i>                         | 108 |
| <i>carbidopa-levodopa-entacapone tabs</i>        |     | <i>cevimeline hcl</i>                         | 117 |
| <i>18.75-75-200 mg</i>                           | 61  | CHEMET  | 79  |
| <i>carbidopa-levodopa-entacapone tabs</i>        |     | <i>chlorhexidine gluconate (mouth-throat)</i> | 117 |
| <i>25-100-200 mg</i>                             | 61  | .....   | 117 |
| <i>carbidopa-levodopa-entacapone tabs</i>        |     | <i>chloroquine phosphate</i>                  | 18  |
| <i>31.25-125-200 mg</i>                          | 61  | <i>chlorpromazine hcl</i>                     | 62  |
| <i>carbidopa-levodopa-entacapone tabs</i>        |     | <i>chlorthalidone</i>                         | 50  |
| <i>37.5-150-200 mg</i>                           | 61  | <i>cholestyramine</i>                         | 46  |
| <i>carbidopa-levodopa-entacapone tabs</i>        |     | <i>cholestyramine light</i>                   | 46  |
| <i>50-200-200 mg</i>                             | 61  | <i>ciclopirox olamine</i>                     | 113 |
| <i>carboplatin</i>                               | 28  | <i>cilostazol</i>                             | 92  |
| <i>carglumic acid</i>                            | 82  | CILOXAN                                       | 104 |
| <i>carisoprodol</i>                              | 70  | CIMDUO TAB 300-300                            | 20  |
| <i>carteolol hcl (ophth)</i>                     | 106 | <i>cinacalcet hcl</i>                         | 82  |
| <i>cartia xt</i>                                 | 48  | CIPRO   | 25  |
| <i>carvedilol</i>                                | 48  | <i>ciprofloxacin 200 mg/100ml in d5w</i>      | 25  |
| <i>casprofungin acetate</i>                      | 17  | <i>ciprofloxacin 400 mg/200ml in d5w</i>      | 25  |
| CAYSTON  | 13  | <i>ciprofloxacin hcl</i>                      | 25  |
| <i>cefaclor</i>                                  | 23  | <i>ciprofloxacin hcl (ophth)</i>              | 104 |
| CEFACTOR ER                                      | 23  | <i>ciprofloxacin-dexamethasone otic susp</i>  |     |
| <i>cefadroxil</i>                                | 24  | <i>0.3-0.1%</i>                               | 107 |
| CEFAZOLIN  | 24  | <i>cisplatin</i>                              | 28  |
| CEFAZOLIN INJ 1GM/50ML                           | 24  | <i>citalopram hydrobromide</i>                | 59  |
| <i>cefazolin sodium</i>                          | 24  | <i>claravis</i>                               | 113 |
| CEFAZOLIN SOLN 2GM/100ML-4%                      | 24  | <i>clarithromycin</i>                         | 25  |
| <i>cefdinir</i>                                  | 24  | <i>clindamycin hcl</i>                        | 14  |
| <i>cefepime hcl</i>                              | 24  | <i>clindamycin palmitate hydrochloride</i>    | 14  |
| <i>cefixime</i>                                  | 24  | <i>clindamycin phosphate</i>                  | 14  |
| <i>cefoxitin sodium</i>                          | 24  | <i>clindamycin phosphate (topical)</i>        | 113 |
| <i>cefepodoxime proxetil</i>                     | 24  | <i>clindamycin phosphate in d5w iv soln</i>   |     |
| <i>cefprozil</i>                                 | 24  | <i>300 mg/50ml</i>                            | 14  |
| <i>ceftazidime</i>                               | 24  | <i>clindamycin phosphate in d5w iv soln</i>   |     |
| CEFTAZIDIME/ SOL D5W 1GM                         | 24  | <i>600 mg/50ml</i>                            | 14  |
| CEFTAZIDIME/ SOL D5W 2GM                         | 24  | <i>clindamycin phosphate in d5w iv soln</i>   |     |
| <i>ceftriaxone sodium</i>                        | 24  | <i>900 mg/50ml</i>                            | 14  |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |     |   |     |
|---|-----|---|-----|
| <i>clindamycin phosphate vaginal</i> .....  | 90  | CORLANOR.....                               | 50  |
| CLINDMYC/NAC INJ 300/50ML .....             | 14  | COTELLIC.....                               | 33  |
| CLINDMYC/NAC INJ 600/50ML .....             | 14  | CREON CAP 12000UNT.....                     | 88  |
| CLINDMYC/NAC INJ 900/50ML .....             | 14  | CREON CAP 24000UNT.....                     | 88  |
| CLINIMIX INJ 4.25/D10 .....                 | 102 | CREON CAP 3000UNIT .....                    | 88  |
| CLINIMIX INJ 4.25/D5W .....                 | 102 | CREON CAP 36000UNT.....                     | 88  |
| CLINIMIX INJ 5%/D15W .....                  | 102 | CREON CAP 6000UNIT .....                    | 88  |
| CLINIMIX INJ 5%/D20W .....                  | 102 | <i>cromolyn sodium</i> .....                | 109 |
| CLINIMIX INJ 6/5 .....                      | 102 | <i>cromolyn sodium (mastocytosis)</i> ..... | 88  |
| CLINIMIX INJ 8/10 .....                     | 102 | <i>cromolyn sodium (ophth)</i> .....        | 105 |
| CLINIMIX INJ 8/14 .....                     | 102 | <i>cyclobenzaprine hcl</i> .....            | 70  |
| <i>clinisol sf 15%</i> .....                | 102 | <i>cyclophosphamide</i> .....               | 28  |
| CLINOLIPID EMU 20% .....                    | 102 | CYCLOPHOSPHAMIDE .....                      | 28  |
| <i>clobazam</i> .....                       | 53  | CYCLOPHOSPHAMIDE MONOHYDR.....              | 28  |
| <i>clobetasol propionate</i> .....          | 115 | <i>cycloserine</i> .....                    | 21  |
| <i>clobetasol propionate e</i> .....        | 115 | <i>cyclosporine</i> .....                   | 96  |
| <i>clomipramine hcl</i> .....               | 59  | <i>cyclosporine modified (for</i>           |     |
| <i>clonazepam</i> .....                     | 53  | <i>microemulsion)</i> .....                 | 96  |
| <i>clonidine</i> .....                      | 50  | <i>cyproheptadine hcl</i> .....             | 108 |
| <i>clonidine hcl</i> .....                  | 50  | CYSTADROPS.....                             | 106 |
| <i>clopidogrel bisulfate</i> .....          | 93  | CYSTAGON .....                              | 82  |
| <i>clorazepate dipotassium</i> .....        | 53  | CYSTARAN .....                              | 106 |
| <i>clotrimazole</i> .....                   | 118 | <i>cytarabine</i> .....                     | 29  |
| <i>clotrimazole (topical)</i> .....         | 113 | <b>D</b>                                    |     |
| <i>clotrimazole w/ betamethasone cream</i>  |     | D10W/NAACL INJ 0.2% .....                   | 99  |
| <i>1-0.05%</i> .....                        | 114 | D2.5W/NAACL INJ 0.45%.....                  | 99  |
| <i>clozapine</i> .....                      | 63  | D5W/LYTES INJ #48.....                      | 99  |
| COARTEM TAB 20-120MG.....                   | 18  | <i>dabigatran etexilate mesylate</i> .....  | 90  |
| <i>colchicine</i> .....                     | 10  | <i>dalfampridine</i> .....                  | 70  |
| <i>colchicine w/ probenecid tab 0.5-500</i> |     | <i>danazol</i> .....                        | 79  |
| <i>mg</i> .....                             | 10  | <i>dantrolene sodium</i> .....              | 71  |
| <i>colesevelam hcl</i> .....                | 47  | <i>dapsone</i> .....                        | 14  |
| <i>colestipol hcl</i> .....                 | 47  | DAPTACEL INJ .....                          | 97  |
| <i>colistimethate sodium</i> .....          | 14  | <i>daptomycin</i> .....                     | 14  |
| COMBIGAN SOL 0.2/0.5% .....                 | 106 | DAPTOMYCIN.....                             | 14  |
| COMBIVENT AER 20-100 .....                  | 107 | DAURISMO .....                              | 33  |
| COMETRIQ (60MG DOSE) .....                  | 33  | DAYVIGO .....                               | 67  |
| COMETRIQ KIT 100MG .....                    | 33  | <i>deferasirox</i> .....                    | 79  |
| COMETRIQ KIT 140MG .....                    | 33  | DELESTROGEN.....                            | 79  |
| COMPLERA TAB.....                           | 20  | DELSTRIGO TAB.....                          | 20  |
| <i>compro</i> .....                         | 85  | DENGVAXIA SUS.....                          | 97  |
| <i>constulose</i> .....                     | 87  | <i>depo-testosterone</i> .....              | 72  |
| COPIKTRA .....                              | 33  | DESCOVY TAB 120-15MG .....                  | 20  |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |     |  |        |
|---|-----|--|--------|
| DESCOVY TAB 200/25MG .....                                      | 20  | <i>digoxin</i> .....   | 50, 51 |
| <i>desipramine hcl</i> .....                                    | 59  | <i>dihydroergotamine mesylate</i> .....  | 68     |
| <i>desmopressin acetate</i> .....                               | 82  | DILANTIN.....  | 54     |
| <i>desmopressin acetate spray</i> .....                         | 82  | DILANTIN INFATABS.....   | 54     |
| <i>desmopressin acetate spray refrigerated</i><br>.....         | 82  | DILANTIN-125 .....   | 54     |
| <i>desvenlafaxine succinate</i> .....                           | 59  | <i>diltiazem hcl</i> .....   | 49     |
| <i>dexamethasone</i> .....                                      | 80  | <i>diltiazem hcl coated beads</i> .....  | 49     |
| DEXAMETHASONE INTENSOL.....                                     | 80  | <i>diltiazem hcl extended release beads</i> .....                                | 49     |
| <i>dexamethasone sodium phosphate</i> ....                      | 81  | <i>dilt-xr</i> .....   | 48     |
| <i>dexamethasone sodium phosphate</i><br>( <i>ophth</i> ) ..... | 105 | DIP/TET PED INJ 25-5LFU .....  | 97     |
| <i>dexmethylphenidate hcl</i> .....                             | 67  | <i>diphenhydramine hcl</i> .....   | 108    |
| <i>dextrose</i> .....   | 102 | <i>diphenoxylate w/ atropine liq 2.5-0.025</i><br><i>mg/5ml</i> .....            | 88     |
| <i>dextrose 10% w/ sodium chloride</i><br><i>0.45%</i> .....    | 100 | <i>diphenoxylate w/ atropine tab 2.5-</i><br><i>0.025 mg</i> .....               | 88     |
| <i>dextrose 2.5% w/ sodium chloride</i><br><i>0.45%</i> .....   | 99  | <i>dipyridamole</i> .....  | 93     |
| <i>dextrose 5% in lactated ringers</i> .....                    | 99  | <i>disopyramide phosphate</i> .....  | 45     |
| <i>dextrose 5% w/ sodium chloride 0.2%</i><br>.....             | 99  | <i>disulfiram</i> .....  | 72     |
| <i>dextrose 5% w/ sodium chloride</i><br><i>0.225%</i> .....    | 100 | <i>divalproex sodium</i> .....   | 54     |
| <i>dextrose 5% w/ sodium chloride 0.3%</i><br>.....             | 99  | <i>docetaxel</i> .....   | 32     |
| <i>dextrose 5% w/ sodium chloride 0.45%</i><br>.....            | 100 | DOCETAXEL.....   | 32     |
| <i>dextrose 5% w/ sodium chloride 0.9%</i><br>.....             | 100 | <i>dofetilide</i> .....  | 45     |
| DIACOMIT .....  | 53  | <i>donepezil hydrochloride</i> .....   | 57, 58 |
| <i>diazepam</i> .....   | 53  | DOPTELET .....   | 92     |
| <i>diazepam (anticonvulsant)</i> .....                          | 54  | <i>dorzolamide hcl</i> .....   | 106    |
| <i>diazepam inj</i> .....                                       | 54  | <i>dorzolamide hcl-timolol maleate ophth</i><br><i>soln 22.3-6.8 mg/ml</i> ..... | 106    |
| <i>diazoxide</i> .....  | 81  | <i>dotti</i> .....   | 79     |
| <i>diclofenac potassium</i> .....                               | 10  | DOVATO TAB 50-300MG .....  | 20     |
| <i>diclofenac sodium</i> .....                                  | 10  | <i>doxazosin mesylate</i> .....  | 42     |
| <i>diclofenac sodium (ophth)</i> .....                          | 105 | <i>doxepin hcl</i> .....   | 59     |
| <i>diclofenac sodium (topical)</i> .....                        | 116 | <i>doxepin hcl (sleep)</i> .....   | 67     |
| <i>dicloxacillin sodium</i> .....                               | 27  | <i>doxorubicin hcl</i> .....   | 29     |
| <i>dicyclomine hcl</i> .....                                    | 86  | <i>doxorubicin hcl liposomal</i> .....   | 29     |
| DIFICID .....   | 25  | <i>doxy 100</i> .....  | 28     |
| <i>diflunisal</i> .....   | 10  | <i>doxycycline (monohydrate)</i> .....   | 28     |
| <i>difluprednate</i> .....                                      | 105 | <i>doxycycline hyclate</i> .....   | 28     |
|   |     | DRIZALMA SPRINKLE.....   | 59     |
|   |     | <i>dronabinol</i> .....  | 85     |
|   |     | DROXIA .....   | 92     |
|   |     | <i>droxidopa</i> .....   | 51     |
|   |     | <i>duloxetine hcl</i> .....  | 59     |
|   |     | DUPIXENT .....   | 93     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |    |   |         |
|---|----|---|---------|
| <i>dutasteride</i> .....  | 89 | <i>endocet tab 7.5-325mg</i> .....                                | 12      |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....                  | 89 | ENGERIX-B.....  | 97      |
| <b>E</b>  |    | <i>enoxaparin sodium</i> .....                                    | 91      |
| <i>e.e.s. 400</i> .....   | 25 | ENSTILAR AER .....  | 115     |
| <i>ec-naproxen</i> .....  | 10 | <i>entacapone</i> .....   | 61      |
| EDURANT .....   | 18 | <i>entecavir</i> .....  | 22      |
| <i>efavirenz</i> .....  | 18 | ENTRESTO TAB 24-26MG .....  | 43      |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....    | 20 | ENTRESTO TAB 49-51MG .....  | 43      |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....       | 20 | ENTRESTO TAB 97-103MG .....                                       | 43      |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....       | 20 | <i>enulose</i> .....  | 87      |
| ELIGARD .....   | 30 | EPCLUSA PAK 150-37.5 .....  | 22      |
| ELIQUIS.....  | 90 | EPCLUSA PAK 200-50MG .....  | 22      |
| ELIQUIS STARTER PACK.....   | 91 | EPCLUSA TAB 200-50MG.....   | 22      |
| ELLECE .....  | 29 | EPCLUSA TAB 400-100 .....   | 22      |
| EMCYT .....   | 30 | EPIDIOLEX .....   | 54      |
| EMSAM .....   | 59 | <i>epinephrine (anaphylaxis)</i> .....                            | 51, 109 |
| <i>emtricitabine</i> .....  | 18 | <i>epitol</i> .....   | 54      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> ..... | 21 | EPIVIR HBV .....  | 22      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> ..... | 21 | <i>eplerenone</i> .....   | 42      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> ..... | 21 | EPRONTIA .....  | 54      |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> ..... | 21 | <i>ergotamine w/ caffeine tab 1-100 mg</i> .....                  | 69      |
| EMTRIVA.....  | 18 | ERIVEDGE .....  | 33      |
| EMVERM .....  | 14 | ERLEADA.....  | 30      |
| <i>enalapril maleate</i> .....  | 42 | <i>erlotinib hcl</i> .....  | 33      |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....   | 41 | <i>ertapenem sodium</i> .....                                     | 14      |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....  | 41 | <i>ery</i> .....  | 113     |
| ENBREL.....   | 93 | <i>ery-tab</i> .....  | 25      |
| ENBREL MINI.....  | 93 | ERYTHROCIN LACTOBIONATE .....                                     | 25      |
| ENBREL SURECLICK .....  | 93 | <i>erythrocine stearate</i> .....                                 | 25      |
| ENDARI.....   | 92 | <i>erythromycin (acne aid)</i> .....                              | 113     |
| <i>endocet tab 10-325mg</i> .....                                       | 12 | <i>erythromycin (ophth)</i> .....                                 | 104     |
| <i>endocet tab 2.5-325mg</i> .....                                      | 12 | <i>erythromycin base</i> .....                                    | 25      |
| <i>endocet tab 5-325mg</i> .....  | 12 | <i>erythromycin ethylsuccinate</i> .....                          | 25      |
|   |    | <i>erythromycin lactobionate</i> .....                            | 25      |
|   |    | <i>escitalopram oxalate</i> .....                                 | 59      |
|   |    | <i>esomeprazole magnesium</i> .....                               | 89      |
|   |    | <i>estradiol</i> .....  | 80      |
|   |    | <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> ..... | 80      |
|   |    | <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....   | 80      |
|   |    | <i>estradiol vaginal</i> .....                                    | 80      |
|   |    | <i>estradiol valerate</i> .....                                   | 80      |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |     |   |     |
|---|-----|---|-----|
| <i>eszopiclone</i> .....  | 68  | <i> fingolimod hcl</i> .....  | 70  |
| <i>ethambutol hcl</i> .....                                       | 21  | FINTEPLA .....  | 54  |
| <i>ethosuximide</i> .....   | 54  | <i>flac</i> .....   | 107 |
| <i>etodolac</i> .....   | 10  | FLAREX .....  | 105 |
| <i>etoposide</i> .....  | 32  | FLEBOGAMMA DIF .....  | 95  |
| <i>etravirine</i> .....   | 18  | <i>flecainide acetate</i> .....   | 45  |
| EULEXIN .....   | 30  | FLOVENT DISKUS.....   | 111 |
| <i>euthyrox</i> .....   | 84  | FLOVENT HFA .....   | 112 |
| <i>everolimus</i> .....   | 33  | <i>fluconazole</i> .....  | 17  |
| <i>everolimus (immunosuppressant)</i> .....                       | 97  | <i>fluconazole in nacl 0.9% inj 200</i><br><i>mg/100ml</i> .....                  | 17  |
| EVOTAZ TAB 300-150.....   | 21  | <i>fluconazole in nacl 0.9% inj 400</i><br><i>mg/200ml</i> .....                  | 17  |
| <i>exemestane</i> .....   | 30  | <i>flucytosine</i> .....  | 17  |
| EXKIVITY .....  | 34  | <i>fludrocortisone acetate</i> .....  | 81  |
| EYSUVIS .....   | 105 | <i>flunisolide (nasal)</i> .....  | 111 |
| <i>ezetimibe</i> .....  | 47  | <i>fluocinolone acetonide</i> .....   | 115 |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> ..                      | 47  | <i>fluocinolone acetonide (otic)</i> .....  | 107 |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> ..                      | 47  | <i>fluocinonide</i> .....   | 115 |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> ..                      | 47  | <i>fluocinonide emulsified base</i> .....   | 115 |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> ..                      | 47  | <i>fluorometholone (ophth)</i> .....  | 105 |
| <b>F</b>  |     | <i>fluorouracil</i> .....   | 29  |
| FABRAZYME.....  | 82  | <i>fluorouracil (topical)</i> .....   | 116 |
| <i>famciclovir</i> .....  | 22  | <i>fluoxetine hcl</i> .....   | 59  |
| <i>famotidine</i> .....   | 86  | <i>fluphenazine decanoate</i> .....   | 63  |
| <i>famotidine in nacl 0.9% iv soln 20</i><br><i>mg/50ml</i> ..... | 86  | <i>fluphenazine hcl</i> .....   | 63  |
| FANAPT.....   | 63  | <i>flurbiprofen</i> .....   | 10  |
| FANAPT PAK .....  | 63  | <i>flurbiprofen sodium</i> .....  | 105 |
| FARXIGA .....   | 73  | <i>fluticasone propionate</i> .....   | 115 |
| FASENRA .....   | 110 | <i>fluticasone propionate (nasal)</i> .....                                       | 111 |
| FASENRA PEN .....   | 110 | <i>fluvoxamine maleate</i> .....  | 52  |
| <i>felbamate</i> .....  | 54  | <i>fondaparinux sodium</i> .....  | 91  |
| <i>felodipine</i> .....   | 49  | FORTEO .....  | 78  |
| <i>fenofibrate</i> .....  | 46  | <i>fosamprenavir calcium</i> .....  | 18  |
| <i>fenofibrate micronized</i> .....                               | 46  | <i>fosinopril sodium</i> .....  | 42  |
| <i>fentanyl</i> .....   | 11  | <i>fosinopril sodium &amp; hydrochlorothiazide</i><br><i>tab 10-12.5 mg</i> ..... | 41  |
| <i>fentanyl citrate</i> .....                                     | 12  | <i>fosinopril sodium &amp; hydrochlorothiazide</i><br><i>tab 20-12.5 mg</i> ..... | 41  |
| <i>fesoterodine fumarate</i> .....                                | 90  | FOTIVDA.....  | 34  |
| FETZIMA .....   | 59  | FREAMINE III INJ 10%.....   | 102 |
| FETZIMA CAP TITRATIO .....  | 59  | <i>fulvestrant</i> .....  | 30  |
| FIASP FLEX INJ TOUCH .....  | 76  | <i>furosemide</i> .....   | 50  |
| FIASP INJ 100/ML .....  | 76  |   |     |
| FIASP PENFIL INJ U-100 .....                                      | 76  |   |     |
| <i>finasteride</i> .....  | 89  |   |     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |        |  |     |
|---|--------|--|-----|
| <i>furosemide inj</i> .....                     | 50     | GLEOSTINE .....  | 28  |
| FUZEON .....                                    | 18     | <i>glimepiride</i> .....                               | 73  |
| <i>fyavolv tab 0.5mg-2.5mcg</i> .....           | 80     | <i>glipizide</i> .....                                 | 73  |
| <i>fyavolv tab 1mg-5mcg</i> .....               | 80     | <i>glipizide xl</i> .....                              | 73  |
| FYCOMPA .....                                   | 54     | <i>glipizide-metformin hcl tab 2.5-250 mg</i><br>..... | 73  |
| <b>G</b>  |        | <i>glipizide-metformin hcl tab 2.5-500 mg</i><br>..... | 73  |
| <i>gabapentin</i> .....                         | 54, 55 | <i>glipizide-metformin hcl tab 5-500 mg</i> 73         |     |
| <i>galantamine hydrobromide</i> .....           | 58     | <i>glycopyrrolate</i> .....                            | 86  |
| GAMASTAN INJ .....                              | 95     | <i>glydo</i> .....                                     | 116 |
| GAMMAGARD LIQUID.....                           | 95     | GLYXAMBI TAB 10-5 MG .....                             | 73  |
| GAMMAGARD S/D IGA LESS TH .....                 | 95     | GLYXAMBI TAB 25-5 MG .....                             | 73  |
| GAMMAKED .....                                  | 96     | GOLYTELY SOL.....                                      | 87  |
| GAMMAPLEX .....                                 | 96     | <i>granisetron hcl</i> .....                           | 85  |
| GAMUNEX-C .....                                 | 96     | <i>griseofulvin microsize</i> .....                    | 17  |
| <i>ganciclovir sodium</i> .....                 | 22     | <i>griseofulvin ultramicrosize</i> .....               | 17  |
| GARDASIL 9 INJ.....                             | 97     | <i>guanfacine hcl</i> .....                            | 51  |
| <i>gatifloxacin (ophth)</i> .....               | 104    | <i>guanfacine hcl (adhd)</i> .....                     | 67  |
| GATTEX .....                                    | 88     | GVOKE HYOPEN 2-PACK .....                              | 81  |
| GAUZE PADS 2 .....                              | 76     | GVOKE KIT.....   | 81  |
| <i>gavilyte-c</i> .....                         | 87     | GVOKE PFS .....  | 81  |
| <i>gavilyte-g</i> .....                         | 87     | <b>H</b>   |     |
| GAVRETO .....                                   | 34     | HAEGARDA.....  | 92  |
| <i>gefitinib</i> .....                          | 34     | <i>halobetasol propionate</i> .....                    | 115 |
| <i>gemcitabine hcl</i> .....                    | 29     | <i>haloperidol</i> .....                               | 63  |
| <i>gemfibrozil</i> .....                        | 46     | <i>haloperidol decanoate</i> .....                     | 63  |
| GEMTESA .....                                   | 90     | <i>haloperidol lactate</i> .....                       | 63  |
| <i>generlac</i> .....                           | 87     | HARVONI PAK 33.75-150MG.....                           | 22  |
| <i>gengraf</i> .....                            | 97     | HARVONI PAK 45-200MG .....                             | 22  |
| GENOTROPIN.....                                 | 82     | HARVONI TAB 45-200MG .....                             | 23  |
| GENOTROPIN MINIQUICK.....                       | 82     | HARVONI TAB 90-400MG .....                             | 23  |
| <i>gentak</i> .....                             | 104    | HAVRIX.....  | 98  |
| <i>gentamicin in saline inj 0.8 mg/ml</i> ..... | 14     | HEP SOD/D5W INJ 20000UNT .....                         | 91  |
| <i>gentamicin in saline inj 1 mg/ml</i> .....   | 14     | HEP SOD/D5W INJ 25000UNT.....                          | 91  |
| <i>gentamicin in saline inj 1.2 mg/ml</i> ..... | 14     | HEP SOD/NAACL INJ 12500UNT .....                       | 91  |
| <i>gentamicin in saline inj 1.6 mg/ml</i> ..... | 14     | HEP SOD/NAACL INJ 25000UNT .....                       | 91  |
| <i>gentamicin in saline inj 2 mg/ml</i> .....   | 14     | <i>heparin sodium (porcine)</i> .....                  | 91  |
| <i>gentamicin sulfate</i> .....                 | 15     | HEPARIN/NAACL INJ 25000UNT .....                       | 91  |
| <i>gentamicin sulfate (ophth)</i> .....         | 104    | HEPLISAV-B .....                                       | 98  |
| <i>gentamicin sulfate (topical)</i> .....       | 113    | HERCEP HYLEC SOL 60-10000 .....                        | 34  |
| GENVOYA TAB .....                               | 21     | HERCEPTIN .....  | 34  |
| GILOTRIF .....                                  | 34     | HERZUMA.....   | 34  |
| <i>glatiramer acetate</i> .....                 | 70     |  |     |
| <i>glatopa</i> .....                            | 70     |  |     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.



|   |     |   |     |
|---|-----|---|-----|
| HIBERIX.....                                | 98  | <i>imatinib mesylate</i> .....                  | 34  |
| HUMIRA .....                                | 93  | IMBRUVICA .....                                 | 34  |
| HUMIRA PEDIA INJ CROHNS.....                | 93  | <i>imipenem-cilastatin intravenous for soln</i> |     |
| HUMIRA PEDIATRIC CROHNS D .....             | 94  | 250 mg .....                                    | 15  |
| HUMIRA PEN.....                             | 94  | <i>imipenem-cilastatin intravenous for soln</i> |     |
| HUMIRA PEN KIT PS/UV .....                  | 94  | 500 mg .....                                    | 15  |
| HUMIRA PEN-CD/UC/HS START.....              | 94  | <i>imipramine hcl</i> .....                     | 59  |
| HUMIRA PEN-PEDIATRIC UC S .....             | 94  | <i>imiquimod</i> .....                          | 116 |
| HUMIRA PEN-PS/UV STARTER.....               | 94  | IMOVAX RABIES (H.D.C.V.) .....                  | 98  |
| HUMULIN R U-500 (CONCENTR.....              | 76  | INCRELEX .....                                  | 82  |
| HUMULIN R U-500 KWIKPEN .....               | 76  | INCRUSE ELLIPTA .....                           | 108 |
| <i>hydralazine hcl</i> .....                | 51  | <i>indapamide</i> .....                         | 50  |
| <i>hydrochlorothiazide</i> .....            | 50  | INFANRIX INJ .....                              | 98  |
| <i>hydrocodone bitartrate</i> .....         | 11  | INFLIXIMAB.....                                 | 94  |
| <i>hydrocodone-acetaminophen soln 7.5-</i>  |     | INGREZZA.....                                   | 69  |
| 325 mg/15ml.....                            | 12  | INGREZZA CAP 40-80MG .....                      | 69  |
| <i>hydrocodone-acetaminophen tab 10-</i>    |     | INLYTA .....                                    | 35  |
| 325 mg .....                                | 12  | INQOVI TAB 35-100MG.....                        | 29  |
| <i>hydrocodone-acetaminophen tab 5-325</i>  |     | INREBIC.....                                    | 35  |
| mg .....                                    | 12  | INSULIN PEN NEEDLES: BD/NOVO ....               | 76  |
| <i>hydrocodone-acetaminophen tab 7.5-</i>   |     | INSULIN SAFETY NEEDLES .....                    | 76  |
| 325 mg .....                                | 12  | INSULIN SYRINGES: BD.....                       | 76  |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> |     | INTELENCE.....                                  | 18  |
| .....                                       | 12  | INTRALIPID .....                                | 102 |
| <i>hydrocortisone</i> .....                 | 81  | INTRON A .....                                  | 96  |
| <i>hydrocortisone (intrarectal)</i> .....   | 87  | INVEGA HAFYERA.....                             | 63  |
| <i>hydrocortisone (rectal)</i> .....        | 116 | INVEGA SUSTENNA .....                           | 63  |
| <i>hydrocortisone (topical)</i> .....       | 116 | INVEGA TRINZA.....                              | 63  |
| <i>hydromorphone hcl</i> .....              | 12  | IPOL INJ INACTIVE.....                          | 98  |
| <i>hydroxychloroquine sulfate</i> .....     | 95  | <i>ipratropium bromide</i> .....                | 108 |
| <i>hydroxyurea</i> .....                    | 31  | <i>ipratropium bromide (nasal)</i> .....        | 108 |
| <i>hydroxyzine hcl</i> .....                | 108 | <i>ipratropium-albuterol nebu soln 0.5-</i>     |     |
| <i>hydroxyzine pamoate</i> .....            | 108 | 2.5(3) mg/3ml .....                             | 107 |
| HYSINGLA ER .....                           | 11  | <i>irbesartan</i> .....                         | 45  |
| <b>I</b>                                    |     | <i>irbesartan-hydrochlorothiazide tab 150-</i>  |     |
| <i>ibandronate sodium</i> .....             | 78  | 12.5 mg .....                                   | 43  |
| IBRANCE.....                                | 34  | <i>irbesartan-hydrochlorothiazide tab 300-</i>  |     |
| <i>ibu</i> .....                            | 10  | 12.5 mg .....                                   | 43  |
| <i>ibuprofen</i> .....                      | 10  | IRESSA .....                                    | 35  |
| <i>icatibant acetate</i> .....              | 92  | <i>irinotecan hcl</i> .....                     | 31  |
| ICLUSIG.....                                | 34  | ISENTRESS .....                                 | 18  |
| IDHIFA .....                                | 34  | ISENTRESS HD .....                              | 19  |
| ILEVRO .....                                | 105 | ISOLYTE-P INJ /D5W .....                        | 100 |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|  |     |   |     |
|--|-----|---|-----|
| ISOLYTE-S INJ .....                              | 100 | <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>   | 100 |
| ISOLYTE-S INJ PH 7.4.....                        | 100 | .....   | 100 |
| <i>isoniazid</i> .....                           | 22  | <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>    | 100 |
| ISOPTO ATROPINE .....                            | 106 | .....   | 100 |
| <i>isosorbide dinitrate</i> .....                | 51  | <i>kcl 30 meq/l (0.224%) in dextrose 5%</i>     | 100 |
| <i>isosorbide mononitrate</i> .....              | 51  | <i>&amp; nacl 0.45% inj</i> .....               | 100 |
| <i>isotretinoin</i> .....                        | 113 | <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp;</i> | 100 |
| <i>isradipine</i> .....                          | 49  | <i>nacl 0.45% inj</i> .....                     | 100 |
| <i>itraconazole</i> .....                        | 17  | <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>     | 100 |
| <i>ivermectin</i> .....                          | 15  | .....   | 100 |
| IXIARO INJ .....                                 | 98  | KCL/D5W/NACL INJ 0.3/0.9%.....                  | 100 |
| <b>J</b>   |     | KERENDIA .....                                  | 42  |
| JAKAFI.....                                      | 35  | KESIMPTA .....                                  | 70  |
| <i>jantoven</i> .....                            | 91  | <i>ketoconazole</i> .....                       | 17  |
| JANUMET TAB 50-1000 .....                        | 73  | <i>ketoconazole (topical)</i> .....             | 114 |
| JANUMET TAB 50-500MG .....                       | 73  | <i>ketorolac tromethamine (ophth)</i> ....      | 105 |
| JANUMET XR TAB 100-1000.....                     | 74  | KEVZARA .....                                   | 94  |
| JANUMET XR TAB 50-1000 .....                     | 73  | KEYTRUDA .....                                  | 35  |
| JANUMET XR TAB 50-500MG.....                     | 73  | KINRIX INJ.....                                 | 98  |
| JANUVIA .....                                    | 74  | KISQALI 200 DOSE .....                          | 35  |
| JARDIANCE .....                                  | 74  | KISQALI 200 PAK FEMARA.....                     | 31  |
| <i>javygtor</i> .....                            | 82  | KISQALI 400 DOSE .....                          | 35  |
| JAYPIRCA .....                                   | 35  | KISQALI 400 PAK FEMARA.....                     | 31  |
| JENTADUETO TAB 2.5-1000.....                     | 74  | KISQALI 600 DOSE .....                          | 35  |
| JENTADUETO TAB 2.5-500 .....                     | 74  | KISQALI 600 PAK FEMARA.....                     | 31  |
| JENTADUETO TAB 2.5-850 .....                     | 74  | <i>klor-con</i> .....                           | 101 |
| JENTADUETO TAB XR 2.5-1000MG ...                 | 74  | <i>klor-con 10</i> .....                        | 101 |
| JENTADUETO TAB XR 5-1000MG .....                 | 74  | <i>klor-con 8</i> .....                         | 101 |
| <i>jinteli</i> .....                             | 80  | <i>klor-con m10</i> .....                       | 101 |
| JULUCA TAB 50-25MG.....                          | 21  | <i>klor-con m15</i> .....                       | 101 |
| <b>K</b>   |     | <i>klor-con m20</i> .....                       | 101 |
| KADCYLA .....                                    | 35  | KORLYM.....                                     | 82  |
| KALYDECO .....                                   | 110 | KRAZATI .....                                   | 35  |
| KANJINTI .....                                   | 35  | KYNMOBI .....                                   | 61  |
| <i>kcl 10 meq/l (0.075%) in dextrose 5%</i>      |     | <b>L</b>  |     |
| <i>&amp; nacl 0.45% inj</i> .....                | 100 | <i>labetalol hcl</i> .....                      | 48  |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> |     | <i>lacosamide</i> .....                         | 55  |
| <i>nacl 0.2% inj</i> .....                       | 100 | <i>lacosamide oral</i> .....                    | 55  |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> |     | <i>lactated ringer's solution</i> .....         | 100 |
| <i>nacl 0.45% inj</i> .....                      | 100 | <i>lactic acid (ammonium lactate)</i> .....     | 116 |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> |     | <i>lactulose</i> .....                          | 87  |
| <i>nacl 0.9% inj</i> .....                       | 100 | <i>lamivudine</i> .....                         | 19  |
|  |     | <i>lamivudine (hbv)</i> .....                   | 23  |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |     |   |     |
|---|-----|---|-----|
| <i>lamivudine-zidovudine tab 150-300 mg</i>     |     | <i>levofloxacin in d5w iv soln 750</i>              |     |
| .....   | 21  | <i>mg/150ml</i>                                     | 25  |
| <i>lamotrigine</i>                              | 55  | <i>levo-t</i>                                       | 84  |
| <i>lansoprazole</i>                             | 89  | <i>levothyroxine sodium</i>                         | 84  |
| LANTUS  | 76  | <i>levoxyl</i>                                      | 84  |
| LANTUS SOLOSTAR                                 | 76  | LEXIVA  | 19  |
| <i>lapatinib ditosylate</i>                     | 35  | <i>lidocaine</i>                                    | 116 |
| <i>latanoprost</i>                              | 106 | <i>lidocaine hcl</i>                                | 116 |
| LATUDA  | 64  | <i>lidocaine hcl (local anesth.)</i>                | 13  |
| <i>leflunomide</i>                              | 95  | <i>lidocaine hcl (mouth-throat)</i>                 | 118 |
| <i>lenalidomide</i>                             | 31  | <i>lidocaine-prilocaine cream 2.5-2.5%</i>          | 116 |
| LENVIMA 10 MG DAILY DOSE                        | 35  | <i>linezolid</i>                                    | 15  |
| LENVIMA 12MG DAILY DOSE                         | 36  | <i>linezolid in sodium chloride iv soln 600</i>     |     |
| LENVIMA 20 MG DAILY DOSE                        | 36  | <i>mg/300ml-0.9%</i>                                | 15  |
| LENVIMA 4 MG DAILY DOSE                         | 35  | LINZESS   | 88  |
| LENVIMA 8 MG DAILY DOSE                         | 35  | <i>liothyronine sodium</i>                          | 84  |
| LENVIMA CAP 14 MG                               | 36  | <i>lisinopril</i>                                   | 42  |
| LENVIMA CAP 18 MG                               | 36  | <i>lisinopril &amp; hydrochlorothiazide tab 10-</i> |     |
| LENVIMA CAP 24 MG                               | 36  | <i>12.5 mg</i>                                      | 41  |
| <i>letrozole</i>                                | 30  | <i>lisinopril &amp; hydrochlorothiazide tab 20-</i> |     |
| <i>leucovorin calcium</i>                       | 40  | <i>12.5 mg</i>                                      | 41  |
| LEUKERAN  | 28  | <i>lisinopril &amp; hydrochlorothiazide tab 20-</i> |     |
| <i>leuprolide acetate</i>                       | 30  | <i>25 mg</i>  | 41  |
| <i>levalbuterol hcl</i>                         | 109 | <i>lithium carbonate</i>                            | 69  |
| <i>levalbuterol tartrate</i>                    | 109 | LOKELMA   | 79  |
| LEVEMIR   | 76  | LONSURF TAB 15-6.14                                 | 29  |
| LEVEMIR FLEXPEN                                 | 76  | LONSURF TAB 20-8.19                                 | 29  |
| LEVEMIR FLEXTOUCH                               | 76  | <i>loperamide hcl</i>                               | 88  |
| <i>levetiracetam</i>                            | 55  | <i>lopinavir-ritonavir soln 400-100 mg/5ml</i>      |     |
| <i>levetiracetam in sodium chloride iv soln</i> |     | <i>(80-20 mg/ml)</i>                                | 21  |
| <i>1000 mg/100ml</i>                            | 55  | <i>lopinavir-ritonavir tab 100-25 mg</i>            | 21  |
| <i>levetiracetam in sodium chloride iv soln</i> |     | <i>lopinavir-ritonavir tab 200-50 mg</i>            | 21  |
| <i>1500 mg/100ml</i>                            | 55  | <i>lorazepam</i>                                    | 52  |
| <i>levetiracetam in sodium chloride iv soln</i> |     | <i>lorazepam intensol</i>                           | 52  |
| <i>500 mg/100ml</i>                             | 55  | LORBRENA  | 36  |
| <i>levobunolol hcl</i>                          | 106 | <i>losartan potassium</i>                           | 45  |
| <i>levocarnitine (metabolic modifiers)</i>      | 82  | <i>losartan potassium &amp;</i>                     |     |
| <i>levocetirizine dihydrochloride</i>           | 108 | <i>hydrochlorothiazide tab 100-12.5 mg</i>          |     |
| <i>levofloxacin</i>                             | 25  | .....   | 43  |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i>  |     | <i>losartan potassium &amp;</i>                     |     |
| .....   | 25  | <i>hydrochlorothiazide tab 100-25 mg</i>            | 43  |
| <i>levofloxacin in d5w iv soln 500</i>          |     |   |     |
| <i>mg/100ml</i>                                 | 25  |   |     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|  |        |   |        |
|--|--------|---|--------|
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> | 43     | MENVEO INJ  | 98     |
| LOTEMAX  | 105    | MENVEO SOL  | 98     |
| <i>lovastatin</i>  | 46     | <i>mercaptopurine</i>                                     | 29     |
| <i>loxapine succinate</i>  | 64     | <i>meropenem</i>  | 15     |
| LUMAKRAS   | 36     | <i>mesalamine</i>   | 87     |
| LUMIGAN  | 106    | <i>mesalamine w/ cleanser</i>                             | 87     |
| LUMIZYME   | 82     | MESNEX  | 40     |
| LUPRON DEPOT (1-MONTH)   | 30     | <i>metadate er</i>  | 67     |
| LUPRON DEPOT (3-MONTH)   | 30     | <i>metformin hcl</i>                                      | 74     |
| LUPRON DEPOT-PED (1-MONTH)   | 83     | <i>methadone hcl</i>                                      | 11     |
| LUPRON DEPOT-PED (3-MONTH)   | 83     | <i>methadone hydrochloride i</i>                          | 11     |
| LUPRON DEPOT-PED (6-MONTH)   | 83     | <i>methazolamide</i>                                      | 50     |
| <i>lurasidone hcl</i>  | 64     | <i>methenamine hippurate</i>                              | 15     |
| <i>lyllana</i>   | 80     | <i>methimazole</i>  | 84     |
| LYNPARZA   | 36     | <i>methocarbamol</i>                                      | 71     |
| LYSODREN   | 30     | <i>methotrexate sodium</i>                                | 29, 95 |
| LYTGOBI  | 36     | <i>methsuximide</i>                                       | 55     |
| <b>M</b>   |        | <i>methylphenidate hcl</i>                                | 67     |
| <i>magnesium sulfate</i>   | 101    | <i>methylprednisolone</i>                                 | 81     |
| MAGNESIUM SULFATE  | 100    | <i>methylprednisolone acetate</i>                         | 81     |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>         | 101    | <i>methylprednisolone sod succ</i>                        | 81     |
| <i>malathion</i>   | 117    | <i>metoclopramide hcl</i>                                 | 85     |
| <i>maraviroc</i>   | 19     | <i>metolazone</i>   | 50     |
| MARPLAN  | 59     | <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> | 47     |
| MATULANE   | 31     | <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> | 48     |
| MAVYRET PAK 50-20MG  | 23     | <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>  | 47     |
| MAVYRET TAB 100-40MG   | 23     | <i>metoprolol succinate</i>                               | 48     |
| <i>meclizine hcl</i>   | 85     | <i>metoprolol tartrate</i>                                | 48     |
| <i>medroxyprogesterone acetate</i>                                 | 84     | <i>metronidazole</i>                                      | 15     |
| <i>mefloquine hcl</i>  | 18     | <i>metronidazole (topical)</i>                            | 117    |
| <i>megestrol acetate</i>   | 30, 84 | <i>metronidazole vaginal</i>                              | 90     |
| <i>megestrol acetate (appetite)</i>                                | 84     | <i>metyrosine</i>   | 51     |
| MEKINIST   | 36     | MG SO4/D5W INJ 10MG/ML                                    | 101    |
| MEKTOVI  | 36     | <i>micafungin sodium</i>                                  | 17     |
| <i>meloxicam</i>   | 10     | <i>midodrine hcl</i>                                      | 51     |
| <i>memantine hcl</i>   | 58     | <i>miglustat</i>  | 83     |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> | 58     | <i>mimvey</i>   | 80     |
| MENACTRA INJ   | 98     | <i>minocycline hcl</i>                                    | 28     |
| MENQUADFI INJ  | 98     | <i>minoxidil</i>  | 51     |
|  |        | <i>mirtazapine</i>  | 59     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|                                       |        |  |     |
|---------------------------------------|--------|--|-----|
| <i>misoprostol</i> .....              | 88     | <i>neomycin sulfate</i> .....                  | 15  |
| MITIGARE .....                        | 10     | <i>neomycin-bacitrac zn-polymyx</i>            |     |
| M-M-R II INJ.....                     | 98     | 5(3.5)mg-400unt-10000unt op oin                |     |
| M-NATAL PLUS TAB .....                | 102    | .....  | 104 |
| <i>moexipril hcl</i> .....            | 42     | <i>neomycin-polymy-gramicid op sol</i> 1.75-   |     |
| <i>molindone hcl</i> .....            | 64     | 10000-0.025mg-unt-mg/ml .....                  | 104 |
| <i>mometasone furoate</i> .....       | 116    | <i>neomycin-polymyxin-dexamethasone</i>        |     |
| MONJUVI.....                          | 36     | <i>ophth oint 0.1%</i> .....                   | 103 |
| <i>montelukast sodium</i> .....       | 109    | <i>neomycin-polymyxin-dexamethasone</i>        |     |
| <i>morphine sulfate</i> .....         | 11, 12 | <i>ophth susp 0.1%</i> .....                   | 103 |
| MORPHINE SULFATE.....                 | 12     | <i>neomycin-polymyxin-hc ophth susp</i> .....  | 103 |
| MORPHINE SULFATE/SODIUM C .....       | 12     | <i>neomycin-polymyxin-hc otic soln 1%</i>      |     |
| MOVANTIK .....                        | 88     | .....  | 107 |
| <i>moxifloxacin hcl</i> .....         | 26     | <i>neomycin-polymyxin-hc otic susp 3.5</i>     |     |
| <i>moxifloxacin hcl (ophth)</i> ..... | 104    | mg/ml-10000 unit/ml-1% .....                   | 107 |
| MULTAQ.....                           | 45     | <i>neo-polycin 5(3.5)mg-400unt-10000unt</i>    |     |
| <i>mupirocin</i> .....                | 113    | op oin .....                                   | 104 |
| MVASI .....                           | 36     | <i>neo-polycin hc ophth oint 1%</i> .....      | 103 |
| <i>mycophenolate mofetil</i> .....    | 97     | NERLYNX.....                                   | 36  |
| <i>mycophenolate sodium</i> .....     | 97     | NEUPRO .....                                   | 62  |
| MYRBETRIQ.....                        | 90     | <i>nevirapine</i> .....                        | 19  |
| <b>N</b>                              |        | NEXAVAR .....                                  | 36  |
| <i>nabumetone</i> .....               | 10     | <i>niacin (antihyperlipidemic)</i> .....       | 47  |
| <i>nadolol</i> .....                  | 48     | <i>nicardipine hcl</i> .....                   | 49  |
| <i>nafcillin sodium</i> .....         | 27     | NICOTROL INHALER .....                         | 72  |
| NAGLAZYME .....                       | 83     | NICOTROL NS.....                               | 72  |
| <i>nalbuphine hcl</i> .....           | 13     | <i>nifedipine</i> .....                        | 49  |
| <i>naloxone hcl</i> .....             | 72     | <i>nilutamide</i> .....                        | 30  |
| <i>naltrexone hcl</i> .....           | 72     | <i>nimodipine</i> .....                        | 49  |
| NAMZARIC CAP 14-10MG .....            | 58     | NINLARO.....                                   | 36  |
| NAMZARIC CAP 21-10MG .....            | 58     | <i>nitazoxanide</i> .....                      | 15  |
| NAMZARIC CAP 28-10MG .....            | 58     | <i>nitisinone</i> .....                        | 83  |
| NAMZARIC CAP 7-10MG.....              | 58     | NITRO-BID .....                                | 51  |
| NAMZARIC CAP PACK .....               | 58     | <i>nitrofurantoin macrocrystal</i> .....       | 15  |
| <i>naproxen</i> .....                 | 11     | <i>nitrofurantoin monohyd macro</i> .....      | 15  |
| <i>naproxen sodium</i> .....          | 11     | <i>nitroglycerin</i> .....                     | 51  |
| <i>naratriptan hcl</i> .....          | 69     | <i>nizatidine</i> .....                        | 86  |
| NATACYN .....                         | 104    | <i>norethindrone acetate</i> .....             | 84  |
| <i>nateglinide</i> .....              | 74     | <i>norethindrone acetate-ethinyl estradiol</i> |     |
| NATPARA .....                         | 78     | tab 0.5 mg-2.5 mcg.....                        | 80  |
| NAYZILAM .....                        | 55     | <i>norethindrone acetate-ethinyl estradiol</i> |     |
| <i>nebivolol hcl</i> .....            | 48     | tab 1 mg-5 mcg .....                           | 80  |
| <i>nefazodone hcl</i> .....           | 59     | NORPACE CR .....                               | 45  |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |     |   |        |
|---|-----|---|--------|
| <i>nortriptyline hcl</i> .....            | 60  | <i>olmesartan medoxomil-</i>                |        |
| NORVIR .....                              | 19  | <i>hydrochlorothiazide tab 40-12.5 mg</i>   |        |
| NOVOLIN INJ 70/30.....                    | 76  | .....                                       | 44     |
| NOVOLIN INJ 70/30 FP .....                | 76  | <i>olmesartan medoxomil-</i>                |        |
| NOVOLIN N .....                           | 76  | <i>hydrochlorothiazide tab 40-25 mg</i> ..  | 44     |
| NOVOLIN N FLEXPEN .....                   | 76  | <i>olmesartan-amlodipine-</i>               |        |
| NOVOLIN R .....                           | 76  | <i>hydrochlorothiazide tab 20-5-12.5 mg</i> |        |
| NOVOLIN R FLEXPEN .....                   | 77  | .....                                       | 44     |
| NOVOLOG .....                             | 77  | <i>olmesartan-amlodipine-</i>               |        |
| NOVOLOG FLEXPEN .....                     | 77  | <i>hydrochlorothiazide tab 40-10-12.5</i>   |        |
| NOVOLOG MIX INJ 70/30 .....               | 77  | <i>mg</i> .....                             | 44     |
| NOVOLOG MIX INJ FLEXPEN .....             | 77  | <i>olmesartan-amlodipine-</i>               |        |
| NOVOLOG PENFILL.....                      | 77  | <i>hydrochlorothiazide tab 40-10-25 mg</i>  |        |
| NOXAFIL .....                             | 17  | .....                                       | 44     |
| NUBEQA.....                               | 30  | <i>olmesartan-amlodipine-</i>               |        |
| NUDEXTA CAP 20-10MG .....                 | 69  | <i>hydrochlorothiazide tab 40-5-12.5 mg</i> |        |
| NULOJIX .....                             | 97  | .....                                       | 44     |
| NUPLAZID .....                            | 64  | <i>olmesartan-amlodipine-</i>               |        |
| NURTEC .....                              | 69  | <i>hydrochlorothiazide tab 40-5-25 mg</i>   |        |
| NUTRILIPID .....                          | 103 | .....                                       | 44     |
| NUZYRA .....                              | 28  | <i>olopatadine hcl</i> .....                | 105    |
| <i>nyamyc</i> .....                       | 114 | <i>omeprazole</i> .....                     | 89     |
| NYMALIZE .....                            | 49  | OMNIPOD 5 G6 KIT INTRO .....                | 77     |
| <i>nystatin</i> .....                     | 17  | OMNIPOD 5 G6 MIS PODS.....                  | 77     |
| <i>nystatin (mouth-throat)</i> .....      | 118 | OMNIPOD DASH KIT INTRO .....                | 77     |
| <i>nystatin (topical)</i> .....           | 114 | OMNIPOD DASH MIS PODS .....                 | 77     |
| <i>nystop</i> .....                       | 114 | OMNIPOD GO KIT 10UNT/DY .....               | 77     |
| <b>O</b>                                  |     | OMNIPOD GO KIT 15UNT/DY .....               | 77     |
| OCTAGAM .....                             | 96  | OMNIPOD GO KIT 20UNT/DY .....               | 77     |
| <i>octreotide acetate</i> .....           | 83  | OMNIPOD GO KIT 25UNT/DY .....               | 77     |
| ODEFSEY TAB .....                         | 21  | OMNIPOD GO KIT 30UNT/DY .....               | 77     |
| ODOMZO.....                               | 36  | OMNIPOD GO KIT 35UNT/DY .....               | 77     |
| OFEV .....                                | 110 | OMNIPOD GO KIT 40UNT/DY .....               | 78     |
| <i>ofloxacin (ophth)</i> .....            | 104 | OMNIPOD MIS CLASSIC .....                   | 78     |
| <i>ofloxacin (otic)</i> .....             | 107 | OMNIPOD PDM KIT CLASSIC.....                | 78     |
| OGIVRI .....                              | 36  | <i>ondansetron</i> .....                    | 85     |
| OGIVRI INJ 420MG.....                     | 36  | <i>ondansetron hcl</i> .....                | 85, 86 |
| <i>olanzapine</i> .....                   | 64  | ONTRUZANT .....                             | 36     |
| <i>olmesartan medoxomil</i> .....         | 45  | ONUREG .....                                | 29     |
| <i>olmesartan medoxomil-</i>              |     | OPSUMIT .....                               | 52     |
| <i>hydrochlorothiazide tab 20-12.5 mg</i> |     | ORGOVYX.....                                | 30     |
| .....                                     | 44  | ORKAMBI GRA 100-125 .....                   | 110    |
|   |     | ORKAMBI GRA 150-188 .....                   | 110    |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|  |     |  |     |
|--|-----|--|-----|
| ORKAMBI GRA 75-94MG .....                        | 110 | <i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>  |     |
| ORKAMBI TAB 100-125.....                         | 110 | <i>for soln 236 gm.....</i>                    | 87  |
| ORKAMBI TAB 200-125.....                         | 110 | <i>peg 3350-kcl-sod bicarb-nacl for soln</i>   |     |
| ORSERDU.....                                     | 30  | <i>420 gm .....</i>                            | 87  |
| <i>oseltamivir phosphate</i> .....               | 23  | PEGASYS.....                                   | 23  |
| OTEZLA.....                                      | 94  | PEMAZYRE.....                                  | 37  |
| OTEZLA TAB 10/20/30 .....                        | 94  | <i>pemetrexed disodium .....</i>               | 29  |
| <i>oxacillin sodium .....</i>                    | 27  | PEN GK/DEXTR INJ 40000/ML.....                 | 27  |
| <i>oxaliplatin .....</i>                         | 29  | PEN GK/DEXTR INJ 60000/ML.....                 | 27  |
| <i>oxandrolone .....</i>                         | 72  | <i>penicillamine .....</i>                     | 79  |
| <i>oxcarbazepine .....</i>                       | 55  | <i>penicillin g potassium .....</i>            | 27  |
| <i>oxybutynin chloride .....</i>                 | 90  | PENICILLIN G PROCAINE.....                     | 27  |
| <i>oxycodone hcl.....</i>                        | 13  | <i>penicillin g sodium.....</i>                | 27  |
| <i>oxycodone w/ acetaminophen tab 10-</i>        |     | <i>penicillin v potassium .....</i>            | 27  |
| <i>325 mg .....</i>                              | 13  | PENTACEL INJ.....                              | 98  |
| <i>oxycodone w/ acetaminophen tab 2.5-</i>       |     | <i>pentamidine isethionate inh.....</i>        | 15  |
| <i>325 mg .....</i>                              | 13  | <i>pentamidine isethionate inj .....</i>       | 15  |
| <i>oxycodone w/ acetaminophen tab 5-325</i>      |     | <i>pentoxifylline .....</i>                    | 92  |
| <i>mg .....</i>                                  | 13  | <i>perindopril erbumine .....</i>              | 42  |
| <i>oxycodone w/ acetaminophen tab 7.5-</i>       |     | <i>periogard .....</i>                         | 118 |
| <i>325 mg .....</i>                              | 13  | <i>permethrin .....</i>                        | 117 |
| OZEMPIC (0.25 OR 0.5MG/DOSE) .....               | 74  | <i>perphenazine.....</i>                       | 64  |
| OZEMPIC (1MG/DOSE).....                          | 74  | PERSERIS .....                                 | 64  |
| OZEMPIC (2MG/DOSE) SOPN 8MG/3ML                  |     | <i>pfizerpen.....</i>                          | 27  |
| .....  | 74  | <i>phenelzine sulfate .....</i>                | 60  |
| <b>P</b>   |     | <i>phenobarbital .....</i>                     | 55  |
| <i>pacerone.....</i>                             | 46  | <i>phenobarbital sodium .....</i>              | 55  |
| <i>paclitaxel .....</i>                          | 32  | PHENYTEK.....                                  | 55  |
| <i>paclitaxel protein-bound particles for iv</i> |     | <i>phenytoin.....</i>                          | 55  |
| <i>susp 100 mg.....</i>                          | 32  | <i>phenytoin sodium.....</i>                   | 55  |
| <i>paliperidone .....</i>                        | 64  | <i>phenytoin sodium extended.....</i>          | 56  |
| <i>pamidronate disodium .....</i>                | 78  | PHESGO SOL .....                               | 37  |
| PAMIDRONATE DISODIUM.....                        | 78  | PIFELTRO .....                                 | 19  |
| PANRETIN .....                                   | 117 | <i>pilocarpine hcl .....</i>                   | 106 |
| <i>pantoprazole sodium .....</i>                 | 89  | <i>pilocarpine hcl (oral).....</i>             | 118 |
| PANZYGA .....                                    | 96  | <i>pimozide .....</i>                          | 64  |
| <i>paraplatin .....</i>                          | 29  | <i>pindolol.....</i>                           | 48  |
| <i>paricalcitol.....</i>                         | 85  | <i>pioglitazone hcl.....</i>                   | 74  |
| <i>paromomycin sulfate .....</i>                 | 15  | <i>piperacillin sod-tazobactam na for inj</i>  |     |
| <i>paroxetine hcl.....</i>                       | 60  | <i>3.375 gm (3-0.375 gm) .....</i>             | 27  |
| PEDIARIX INJ 0.5ML.....                          | 98  | <i>piperacillin sod-tazobactam sod for inj</i> |     |
| PEDVAX HIB .....                                 | 98  | <i>13.5 gm (12-1.5 gm).....</i>                | 27  |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |          |  |     |
|---|----------|--|-----|
| <i>piperacillin sod-tazobactam sod for inj</i><br>2.25 gm (2-0.25 gm).....    | 27       | PREDNISOLONE SODIUM PHOSP.....             | 105 |
| <i>piperacillin sod-tazobactam sod for inj</i><br>4.5 gm (4-0.5 gm).....      | 27       | <i>prednisolone sodium phosphate</i> ..... | 81  |
| <i>piperacillin sod-tazobactam sod for inj</i><br>40.5 gm (36-4.5 gm).....    | 28       | <i>prednisone</i> .....                    | 81  |
| PIQRAY 200MG DAILY DOSE.....  | 37       | PREDNISONE INTENSOL.....                   | 81  |
| PIQRAY 250MG TAB DOSE.....  | 37       | <i>pregabalin</i> .....                    | 56  |
| PIQRAY 300MG DAILY DOSE.....  | 37       | PREHEVBRIO.....                            | 98  |
| <i>pirfenidone</i> .....  | 110      | PREMASOL SOL 10%.....                      | 103 |
| <i>piroxicam</i> .....  | 11       | PRENATAL TAB 27-1MG.....                   | 102 |
| PLASMA-LYTE INJ -148.....   | 101      | PRENATAL TAB PLUS.....                     | 102 |
| PLASMA-LYTE INJ -A.....   | 101      | <i>prevalite</i> .....                     | 47  |
| <i>plenamine</i> .....  | 103      | PREVYMIS.....                              | 23  |
| PLENVU SOL.....   | 87       | PREZCOBIX TAB 800-150.....                 | 21  |
| <i>podofilox</i> .....  | 117      | PREZISTA.....                              | 19  |
| <i>polycin ophth oint</i> .....   | 104      | PRIFTIN.....                               | 22  |
| <i>polymyxin b-trimethoprim ophth soln</i><br>10000 unit/ml-0.1%.....         | 104      | <i>primaquine phosphate</i> .....          | 18  |
| POMALYST.....   | 31       | PRIMAQUINE PHOSPHATE.....                  | 18  |
| <i>posaconazole</i> .....   | 17       | <i>primidone</i> .....                     | 56  |
| POT CHL 20MEQ/L IN NAACL 0.45% INJ<br>.....                                   | 101      | PRIORIX INJ.....                           | 98  |
| POT CHL 20MEQ/L IN NAACL 0.9% INJ<br>.....                                    | 101      | PRIVIGEN.....                              | 96  |
| POT CHL 40MEQ/L IN NAACL 0.9% INJ<br>.....                                    | 101      | <i>probenecid</i> .....                    | 10  |
| <i>potassium chloride</i> .....   | 101, 102 | PROCALAMINE INJ 3%.....                    | 103 |
| POTASSIUM CHLORIDE.....   | 101      | <i>prochlorperazine</i> .....              | 86  |
| <i>potassium chloride 20 meq/l (0.15%) in</i><br><i>dextrose 5% inj</i> ..... | 101      | <i>prochlorperazine edisylate</i> .....    | 86  |
| <i>potassium chloride microencapsulated</i><br><i>crystals er</i> .....       | 102      | <i>prochlorperazine maleate</i> .....      | 86  |
| <i>potassium citrate (alkalinizer)</i> .....                                  | 90       | PROCRIT.....                               | 91  |
| PRADAXA.....  | 91       | <i>procto-med hc</i> .....                 | 117 |
| PRALUENT.....   | 47       | <i>procto-pak</i> .....                    | 117 |
| <i>pramipexole dihydrochloride</i> .....                                      | 62       | <i>proctosol hc</i> .....                  | 117 |
| <i>prasugrel hcl</i> .....  | 93       | <i>proctozone-hc</i> .....                 | 117 |
| <i>pravastatin sodium</i> .....   | 46       | PROGRAF.....                               | 97  |
| <i>praziquantel</i> .....   | 15       | PROLASTIN-C.....                           | 110 |
| <i>prazosin hcl</i> .....   | 42       | PROLENSA.....                              | 105 |
| <i>prednisolone</i> .....   | 81       | PROLIA.....                                | 79  |
| <i>prednisolone acetate (ophth)</i> .....                                     | 105      | PROMACTA.....                              | 92  |
|   |          | <i>promethazine hcl</i> .....              | 86  |
|   |          | <i>propafenone hcl</i> .....               | 46  |
|   |          | <i>proparacaine hcl</i> .....              | 106 |
|   |          | <i>propranolol hcl</i> .....               | 48  |
|   |          | <i>propylthiouracil</i> .....              | 84  |
|   |          | PROQUAD INJ.....                           | 98  |
|   |          | PROSOL INJ 20%.....                        | 103 |
|   |          | <i>protriptyline hcl</i> .....             | 60  |
|   |          | PULMICORT FLEXHALER.....                   | 112 |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.



|  |        |  |        |
|--|--------|--|--------|
| PULMOZYME .....  | 110    | <i>ribavirin (hepatitis c)</i> .....     | 23     |
| PURIXAN .....  | 29     | <i>rifabutin</i> .....                   | 22     |
| <i>pyrazinamide</i> .....  | 22     | <i>rifampin</i> .....                    | 22     |
| <i>pyridostigmine bromide</i> .....                                  | 70     | <i>riluzole</i> .....                    | 70     |
| <b>Q</b>   |        | <i>rimantadine hydrochloride</i> .....   | 23     |
| QINLOCK .....  | 37     | RINVOQ .....                             | 94     |
| QUADRACEL INJ.....   | 98     | <i>risedronate sodium</i> .....          | 79     |
| QUADRACEL INJ 0.5ML .....  | 98     | RISPERDAL CONSTA.....                    | 65     |
| <i>quetiapine fumarate</i> .....                                     | 64, 65 | <i>risperidone</i> .....                 | 65     |
| <i>quinapril hcl</i> .....   | 42     | <i>ritonavir</i> .....                   | 19     |
| <i>quinapril-hydrochlorothiazide tab 10-</i><br><i>12.5 mg</i> ..... | 41     | <i>rivastigmine</i> .....                | 58     |
| <i>quinapril-hydrochlorothiazide tab 20-</i><br><i>12.5 mg</i> ..... | 41     | <i>rivastigmine tartrate</i> .....       | 58     |
| <i>quinapril-hydrochlorothiazide tab 20-25</i><br><i>mg</i> .....    | 41     | <i>rizatriptan benzoate</i> .....        | 69     |
| <i>quinidine sulfate</i> .....                                       | 46     | ROCKLATAN DRO .....                      | 106    |
| <i>quinine sulfate</i> .....   | 18     | <i>roflumilast</i> .....                 | 110    |
| <b>R</b>   |        | <i>ropinirole hydrochloride</i> .....    | 62     |
| RABAVERT INJ .....   | 98     | <i>rosuvastatin calcium</i> .....        | 46     |
| <i>rabeprazole sodium</i> .....                                      | 89     | ROTARIX SUS .....                        | 99     |
| <i>raloxifene hcl</i> .....  | 83     | ROTATEQ SOL.....                         | 99     |
| <i>ramipril</i> .....  | 42     | <i>roweepra</i> .....                    | 56     |
| <i>ranolazine</i> .....  | 51     | ROZLYTREK.....                           | 37     |
| <i>rasagiline mesylate</i> .....                                     | 62     | RUBRACA .....                            | 37     |
| RAYALDEE .....   | 85     | <i>rufinamide</i> .....                  | 56     |
| RECOMBIVAX HB.....   | 99     | RUKOBIA .....                            | 19     |
| RECTIV .....   | 117    | RYBELSUS.....                            | 75     |
| REGRANEX .....   | 117    | RYDAPT .....                             | 37     |
| RELENZA DISKHALER .....  | 23     | <b>S</b>                                 |        |
| RELISTOR .....   | 88     | <i>sajazir</i> .....                     | 92     |
| REMICADE.....  | 94     | SANDIMMUNE.....                          | 97     |
| RENFLEXIS .....  | 94     | SANTYL.....                              | 117    |
| <i>repaglinide</i> .....   | 74     | <i>sapropterin dihydrochloride</i> ..... | 83     |
| RESTASIS .....   | 106    | SCEMBLIX .....                           | 37     |
| RESTASIS MULTIDOSE.....  | 107    | <i>scopolamine</i> .....                 | 86     |
| RETEVMO .....  | 37     | SECUADO.....                             | 65     |
| REVLIMID.....  | 31     | <i>selegiline hcl</i> .....              | 62     |
| REXULTI .....  | 65     | <i>selenium sulfide</i> .....            | 114    |
| REYATAZ.....   | 19     | SELZENTRY .....                          | 19     |
| REZLIDHIA.....   | 37     | SEREVENT DISKUS.....                     | 109    |
| REZUROCK.....  | 97     | <i>sertraline hcl</i> .....              | 60     |
| RHOPRESSA .....  | 106    | <i>sevelamer carbonate</i> .....         | 83, 84 |
|  |        | SHINGRIX .....                           | 99     |
|  |        | SIGNIFOR .....                           | 83     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |        |  |     |
|---|--------|--|-----|
| <i>sildenafil citrate (pulmonary hypertension)</i> .....                  | 52     | <i>sulfacetamide sodium (ophth)</i> .....                                | 104 |
| <i>silver sulfadiazine</i> .....  | 113    | <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> ..... | 103 |
| SIMBRINZA SUS 1-0.2% .....  | 106    | <i>sulfadiazine</i> .....  | 16  |
| <i>simvastatin</i> .....  | 46     | <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> .....         | 16  |
| <i>sirolimus</i> .....  | 97     | <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....            | 16  |
| SIRTURO.....  | 22     | <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....                 | 16  |
| SIVEXTRO .....  | 15     | <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....                | 16  |
| SKYRIZI.....  | 94, 95 | SULFAMYLON.....  | 113 |
| SKYRIZI PEN .....   | 95     | <i>sulfasalazine</i> .....   | 87  |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> ..... | 87     | <i>sulindac</i> .....  | 11  |
| <i>sodium chloride</i> .....  | 101    | <i>sumatriptan</i> .....   | 69  |
| <i>sodium chloride (gu irrigant)</i> .....                                | 117    | <i>sumatriptan succinate</i> .....                                       | 69  |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....            | 102    | <i>sunitinib malate</i> .....  | 37  |
| SODIUM OXYBATE.....   | 71     | SUNLENCA .....   | 19  |
| <i>sodium phenylbutyrate</i> .....  | 83     | SUPREP BOWEL SOL PREP KIT .....  | 87  |
| <i>sodium polystyrene sulfonate powder</i> .....                          | 79     | SYMBICORT AER 160-4.5 .....  | 112 |
| <i>solifenacin succinate</i> .....  | 90     | SYMBICORT AER 80-4.5.....  | 112 |
| SOLIQUA INJ 100/33 .....  | 78     | SYMDEKO TAB 100-150 .....  | 111 |
| SOLTAMOX.....   | 30     | SYMDEKO TAB 50-75MG .....  | 110 |
| SOLU-CORTEF .....   | 81     | SYMJEPI.....   | 111 |
| SOMATULINE DEPOT .....  | 83     | SYMPAZAN .....   | 56  |
| SOMAVERT .....  | 83     | SYMITUZA TAB.....  | 21  |
| <i>sorafenib tosylate</i> .....   | 37     | SYNAREL.....   | 79  |
| <i>sorine</i> .....   | 46     | SYNERCID INJ 500MG.....  | 16  |
| <i>sotalol hcl</i> .....  | 46     | SYNJARDY TAB 12.5-1000MG .....   | 75  |
| <i>sotalol hcl (afib/af)</i> .....  | 46     | SYNJARDY TAB 12.5-500.....   | 75  |
| <i>spironolactone</i> .....   | 42     | SYNJARDY TAB 5-1000MG.....   | 75  |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> .....        | 50     | SYNJARDY TAB 5-500MG.....  | 75  |
| SPRITAM.....  | 56     | SYNJARDY XR TAB 10-1000.....   | 75  |
| SPRYCEL .....   | 37     | SYNJARDY XR TAB 12.5-1000MG .....  | 75  |
| <i>sps</i> .....  | 79     | SYNJARDY XR TAB 25-1000.....   | 75  |
| <i>ssd</i> .....  | 113    | SYNJARDY XR TAB 5-1000MG .....   | 75  |
| <i>stavudine</i> .....  | 19     | SYNRIBO.....   | 31  |
| STIVARGA .....  | 37     | SYNTHROID.....   | 85  |
| <i>streptomycin sulfate</i> .....   | 16     | <b>T</b>   |     |
| STRIBILD TAB.....   | 21     | TABLOID .....  | 29  |
| <i>subvenite</i> .....  | 56     | TABRECTA.....  | 37  |
| <i>sucralfate</i> .....   | 88     | <i>tacrolimus</i> .....  | 97  |
| <i>sulfacetamide sodium (acne)</i> .....                                  | 113    |  |     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|  |     |  |     |
|--|-----|--|-----|
| <i>tacrolimus (topical)</i> .....                | 117 | THEO-24 .....                              | 111 |
| TAFINLAR .....                                   | 37  | <i>theophylline</i> .....                  | 111 |
| TAGRISSO .....                                   | 37  | <i>thioridazine hcl</i> .....              | 65  |
| TALTZ .....                                      | 95  | <i>thiothixene</i> .....                   | 65  |
| TALZENNA .....                                   | 38  | <i>tiadylt er</i> .....                    | 49  |
| <i>tamoxifen citrate</i> .....                   | 30  | <i>tiagabine hcl</i> .....                 | 56  |
| <i>tamsulosin hcl</i> .....                      | 89  | TIBSOVO .....                              | 38  |
| TASIGNA .....                                    | 38  | TICOVAC .....                              | 99  |
| <i>tasimelteon</i> .....                         | 68  | <i>tigecycline</i> .....                   | 28  |
| <i>tazarotene</i> .....                          | 114 | TIGECYCLINE .....                          | 28  |
| <i>tazicef</i> .....                             | 24  | <i>timolol maleate</i> .....               | 48  |
| TAZORAC .....                                    | 114 | <i>timolol maleate (ophth)</i> .....       | 106 |
| <i>taztia xt</i> .....                           | 49  | TIVICAY .....                              | 20  |
| TAZVERIK .....                                   | 38  | TIVICAY PD .....                           | 20  |
| TDVAX INJ 2-2 LF .....                           | 99  | <i>tizanidine hcl</i> .....                | 71  |
| TECENTRIQ .....                                  | 38  | TOBRADEX OIN 0.3-0.1% .....                | 103 |
| TEFLARO .....                                    | 24  | TOBRADEX ST SUS 0.3-0.05 .....             | 103 |
| <i>telmisartan</i> .....                         | 45  | <i>tobramycin</i> .....                    | 16  |
| <i>telmisartan-amlodipine tab 40-10 mg</i> ..... | 44  | <i>tobramycin (ophth)</i> .....            | 104 |
| <i>telmisartan-amlodipine tab 40-5 mg</i> .....  | 44  | <i>tobramycin sulfate</i> .....            | 16  |
| <i>telmisartan-amlodipine tab 80-10 mg</i> ..... | 44  | <i>tobramycin-dexamethasone ophth susp</i> |     |
| <i>telmisartan-amlodipine tab 80-5 mg</i> .....  | 44  | 0.3-0.1% .....                             | 103 |
| <i>telmisartan-hydrochlorothiazide tab 40-</i>   |     | <i>tolterodine tartrate</i> .....          | 90  |
| 12.5 mg .....                                    | 44  | <i>topiramate</i> .....                    | 56  |
| <i>telmisartan-hydrochlorothiazide tab 80-</i>   |     | <i>toposar</i> .....                       | 32  |
| 12.5 mg .....                                    | 44  | <i>toremifene citrate</i> .....            | 30  |
| <i>telmisartan-hydrochlorothiazide tab 80-</i>   |     | <i>torseמידe</i> .....                     | 50  |
| 25 mg .....                                      | 44  | TOUJEO MAX SOLOSTAR .....                  | 78  |
| <i>temazepam</i> .....                           | 68  | TOUJEO SOLOSTAR .....                      | 78  |
| TENIVAC INJ 5-2LF .....                          | 99  | TPN ELECTROL INJ .....                     | 101 |
| <i>tenofovir disoproxil fumarate</i> .....       | 19  | TRADJENTA .....                            | 75  |
| TEPMETKO .....                                   | 38  | <i>tramadol hcl</i> .....                  | 13  |
| <i>terazosin hcl</i> .....                       | 42  | <i>tramadol-acetaminophen tab 37.5-325</i> |     |
| <i>terbinafine hcl</i> .....                     | 17  | mg .....                                   | 13  |
| <i>terbutaline sulfate</i> .....                 | 109 | <i>trandolapril</i> .....                  | 42  |
| <i>terconazole vaginal</i> .....                 | 90  | <i>tranexamic acid</i> .....               | 93  |
| TERIPARATIDE .....                               | 79  | <i>tranylcyromine sulfate</i> .....        | 60  |
| <i>testosterone</i> .....                        | 72  | TRAVASOL INJ 10% .....                     | 103 |
| <i>testosterone cypionate</i> .....              | 72  | TRAZIMERA .....                            | 38  |
| <i>testosterone enanthate</i> .....              | 73  | <i>trazodone hcl</i> .....                 | 60  |
| <i>tetrabenazine</i> .....                       | 70  | TRECTOR .....                              | 22  |
| <i>tetracycline hcl</i> .....                    | 28  | TRELEGY AER ELLIPTA 100-62.5-25            |     |
| THALOMID .....                                   | 31  | MCG .....                                  | 107 |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|   |     |  |     |
|---|-----|--|-----|
| TRELEGY AER ELLIPTA 200-62.5-25<br>MCG .....                                | 108 | TRUMENBA INJ .....   | 99  |
| <i>treprostinil</i> .....   | 52  | TRUSELTIQ 100MG DAILY DOSE .....   | 38  |
| TRESIBA .....   | 78  | TRUSELTIQ 125MG DAILY DOSE .....   | 38  |
| TRESIBA FLEXTOUCH.....  | 78  | TRUSELTIQ 50MG DAILY DOSE .....  | 38  |
| <i>tretinoin</i> .....  | 113 | TRUSELTIQ 75MG DAILY DOSE .....  | 38  |
| <i>tretinoin (chemotherapy)</i> .....                                       | 32  | TRUXIMA.....   | 38  |
| <i>triamcinolone acetonide (mouth)</i> .....                                | 118 | TUKYSA .....   | 38  |
| <i>triamcinolone acetonide (topical)</i> .....                              | 116 | TURALIO .....  | 38  |
| <i>triamterene &amp; hydrochlorothiazide cap</i><br><i>37.5-25 mg</i> ..... | 50  | TWINRIX INJ .....  | 99  |
| <i>triamterene &amp; hydrochlorothiazide tab</i><br><i>37.5-25 mg</i> ..... | 50  | TYBOST .....   | 20  |
| <i>triamterene &amp; hydrochlorothiazide tab</i><br><i>75-50 mg</i> .....   | 50  | TYPHIM VI.....   | 99  |
| TRICARE TAB PRENATAL .....  | 102 | TYRVAYA.....   | 107 |
| <i>trientine hcl</i> .....  | 79  | <b>U</b>   |     |
| <i>trifluoperazine hcl</i> .....  | 65  | <i>unithroid</i> .....   | 85  |
| <i>trifluridine</i> .....   | 104 | <i>ursodiol</i> .....  | 88  |
| <i>trihexyphenidyl hcl</i> .....  | 62  | <b>V</b>   |     |
| TRIJARDY XR TAB ER 24HR 10-5-<br>1000MG .....                               | 75  | <i>valacyclovir hcl</i> .....  | 23  |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-<br>1000MG .....                           | 75  | VALCHLOR .....   | 117 |
| TRIJARDY XR TAB ER 24HR 25-5-<br>1000MG .....                               | 75  | <i>valganciclovir hcl</i> .....  | 23  |
| TRIJARDY XR TAB ER 24HR 5-2.5-<br>1000MG .....                              | 75  | <i>valproate sodium</i> .....  | 57  |
| TRIKAFTA TAB 100-50-75MG & 150MG<br>.....                                   | 111 | <i>valproic acid</i> .....   | 57  |
| TRIKAFTA TAB 50-25-37.5MG & 75MG<br>.....                                   | 111 | <i>valsartan</i> .....   | 45  |
| <i>trimethoprim</i> .....   | 16  | <i>valsartan-hydrochlorothiazide tab 160-<br/>12.5 mg</i> .....                  | 44  |
| TRIMETHOPRIM.....   | 16  | <i>valsartan-hydrochlorothiazide tab 160-<br/>25 mg</i> .....                    | 45  |
| <i>trimipramine maleate</i> .....   | 60  | <i>valsartan-hydrochlorothiazide tab 320-<br/>12.5 mg</i> .....                  | 45  |
| TRINTELLIX .....  | 60  | <i>valsartan-hydrochlorothiazide tab 320-<br/>25 mg</i> .....                    | 45  |
| TRIUMEQ PD TAB .....  | 21  | <i>valsartan-hydrochlorothiazide tab 80-<br/>12.5 mg</i> .....                   | 44  |
| TRIUMEQ TAB.....  | 21  | VALTOCO .....  | 57  |
| TRIZIVIR TAB .....  | 21  | <i>vanadom</i> .....   | 71  |
| TROGARZO.....   | 20  | <i>vancomycin hcl</i> .....  | 16  |
| TROPHAMINE INJ 10%.....   | 103 | VANCOMYCIN INJ 1 GM.....   | 16  |
| <i>tropium chloride</i> .....   | 90  | VANCOMYCIN INJ 500MG .....   | 16  |
| TRULICITY.....  | 75  | VANCOMYCIN INJ 750MG .....   | 16  |
|   |     | VAQTA.....   | 99  |
|   |     | <i>varenicline tartrate</i> .....  | 72  |
|   |     | <i>varenicline tartrate tab 11 x 0.5 mg &amp;<br/>42 x 1 mg start pack</i> ..... | 72  |
|   |     | VARIVAX.....   | 99  |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|  |     |
|--|-----|
| VASCEPA.....   | 47  |
| VELPHORO .....   | 84  |
| VELTASSA .....   | 79  |
| VEMLIDY .....  | 23  |
| VENCLEXTA .....  | 38  |
| VENCLEXTA TAB START PK.....                                    | 38  |
| <i>venlafaxine hcl</i> .....                                   | 60  |
| VENTAVIS .....   | 52  |
| VENTOLIN HFA.....  | 109 |
| VENTOLIN HFA (INSTITUTIONAL PACK)<br>.....                     | 109 |
| <i>verapamil hcl</i> .....                                     | 49  |
| VERQUVO.....   | 51  |
| VERSACLOZ.....   | 65  |
| VERZENIO .....   | 39  |
| V-GO 20 KIT .....  | 78  |
| V-GO 30 KIT .....  | 78  |
| V-GO 40 KIT.....   | 78  |
| VICTOZA.....   | 75  |
| <i>vigabatrin</i> .....  | 57  |
| <i>vigadrone</i> .....   | 57  |
| VIIBRYD KIT STARTER .....                                      | 60  |
| <i>vilazodone hcl</i> .....                                    | 60  |
| VIMPAT .....   | 57  |
| <i>vincristine sulfate</i> .....                               | 32  |
| <i>vinorelbine tartrate</i> .....                              | 32  |
| VIRACEPT.....  | 20  |
| VIREAD.....  | 20  |
| VITRAKVI .....   | 39  |
| VIVITROL.....  | 72  |
| VIZIMPRO .....   | 39  |
| VONJO .....  | 39  |
| <i>voriconazole</i> .....                                      | 17  |
| VOSEVI TAB .....   | 23  |
| VOTRIENT .....   | 39  |
| VRAYLAR.....   | 65  |
| VRAYLAR CAP 1.5-3MG .....                                      | 65  |
| VYZULTA.....   | 106 |
| <b>W</b>   |     |
| <i>warfarin sodium</i> .....                                   | 91  |
| <i>water for irrigation, sterile irrigation<br/>soln</i> ..... | 117 |
| WELIREG .....  | 32  |

|  |     |
|--|-----|
| <b>X</b>                                   |     |
| XALKORI .....                              | 39  |
| XARELTO.....                               | 91  |
| XARELTO STAR TAB 15/20MG .....             | 91  |
| XATMEP .....                               | 95  |
| XCOPRI.....                                | 57  |
| XCOPRI PAK 100-150 .....                   | 57  |
| XCOPRI PAK 12.5-25 .....                   | 57  |
| XCOPRI PAK 150-200MG<br>(MAINTENANCE)..... | 57  |
| XCOPRI PAK 150-200MG (TITRATION)<br>.....  | 57  |
| XCOPRI PAK 50-100MG.....                   | 57  |
| XELJANZ .....                              | 95  |
| XELJANZ XR .....                           | 95  |
| XERMELO .....                              | 88  |
| XGEVA.....                                 | 79  |
| XHANCE.....                                | 111 |
| XIFAXAN .....                              | 88  |
| XIGDUO XR TAB 10-1000.....                 | 75  |
| XIGDUO XR TAB 10-500MG .....               | 75  |
| XIGDUO XR TAB 2.5-1000.....                | 75  |
| XIGDUO XR TAB 5-1000MG .....               | 75  |
| XIGDUO XR TAB 5-500MG.....                 | 75  |
| XIIDRA .....                               | 107 |
| XOFLUZA .....                              | 23  |
| XOLAIR.....                                | 111 |
| XOSPATA .....                              | 39  |
| XPOVIO 100 MG ONCE WEEKLY .....            | 39  |
| XPOVIO 40 MG ONCE WEEKLY .....             | 39  |
| XPOVIO 40 MG TWICE WEEKLY.....             | 39  |
| XPOVIO 60 MG ONCE WEEKLY .....             | 39  |
| XPOVIO 60 MG TWICE WEEKLY.....             | 39  |
| XPOVIO 80 MG ONCE WEEKLY .....             | 39  |
| XPOVIO 80 MG TWICE WEEKLY.....             | 39  |
| XTANDI.....                                | 31  |
| XULTOPHY INJ 100/3.6 .....                 | 78  |
| XYREM.....                                 | 71  |
| <b>Y</b>                                   |     |
| YF-VAX INJ.....                            | 99  |
| <i>yuvafem</i> .....                       | 80  |
| <b>Z</b>                                   |     |
| <i>zafirlukast</i> .....                   | 109 |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

|                           |     |                                   |     |
|---------------------------|-----|-----------------------------------|-----|
| <i>zaleplon</i> .....     | 68  | <i>ziprasidone hcl</i> .....      | 65  |
| ZARXIO .....              | 92  | <i>ziprasidone mesylate</i> ..... | 65  |
| ZEJULA .....              | 39  | ZIRABEV .....                     | 39  |
| ZELBORAF .....            | 39  | ZIRGAN .....                      | 104 |
| ZEMAIRA .....             | 111 | <i>zoledronic acid</i> .....      | 79  |
| <i>zenatane</i> .....     | 113 | ZOLINZA .....                     | 39  |
| ZENPEP CAP 10000UNT ..... | 89  | <i>zolmitriptan</i> .....         | 69  |
| ZENPEP CAP 15000UNT ..... | 89  | <i>zolpidem tartrate</i> .....    | 68  |
| ZENPEP CAP 20000UNT ..... | 89  | ZONISADE .....                    | 57  |
| ZENPEP CAP 25000UNT ..... | 89  | <i>zonisamide</i> .....           | 57  |
| ZENPEP CAP 3000UNIT ..... | 89  | ZTALMY .....                      | 57  |
| ZENPEP CAP 40000UNT ..... | 89  | ZYDELIG .....                     | 40  |
| ZENPEP CAP 5000UNIT ..... | 89  | ZYKADIA .....                     | 40  |
| ZERVIAE .....             | 105 | ZYLET SUS 0.5-0.3% .....          | 103 |
| <i>zidovudine</i> .....   | 20  | ZYPREXA RELPREVV .....            | 66  |
| ZIEXTENZO .....           | 92  |                                   |     |

This document includes a list of drugs covered on our formulary as of July 1, 2023. You can find information on what the symbols and abbreviations on this table mean by going to page 7.

This formulary was updated on July 1, 2023. For more recent information or other questions, please contact ArchCare Advantage HMO Special Needs Plan Member Services at 1-888-816-7977 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit [www.ArchCareAdvantage.org](http://www.ArchCareAdvantage.org).

