



Great Plains Medicare Advantage (HMO I-SNP) 2022 Formulary List of Covered Drugs



Plans covered:

Great Plains Medicare Advantage of South Dakota
Great Plains Medicare Advantage of North Dakota
Great Plains Medicare Advantage of Nebraska

For the most current list of covered medications or if you have questions, call our Pharmacy Management Team at **(844) 642-9090**.

Formulary ID# 22331, V20

This formulary was updated on 11/01/2022.

For more recent information or other questions, please call Great Plains Medicare Advantage Member Service at (844) 637-4760 (TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday or visit greatplainsmedicareadvantage.com.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, call our customer service department at (844) 637-4760 (TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday.



Resources at greatplainsmedicareadvantage.com

Select Member Resources and Prescription Drug Benefits to:

- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Welcome

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 Good Samaritan Insurance Plan of North Dakota, South Dakota and Nebraska LLC. When it refers to “plan” or “our plan,” it means Great Plains Medicare Advantage (HMO I-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2022. For an updated formulary, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

You must generally choose network pharmacies to use your prescription drug benefit. Benefits, formularies, pharmacy networks and/or copayments/coinsurance may change on Jan. 1, 2022 and from time to time during the year.

Understanding your formulary

What is the Great Plains Medicare Advantage (HMO I-SNP) Formulary?

A formulary is a list of covered drugs selected by the plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

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

For a complete list of all prescription drugs covered by the plan, please visit our website or call us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan document also referred to as your Summary of Benefits.

Understanding your formulary

Can the Formulary (drug list) change?

Most changes in drug coverage occur on Jan. 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 following cases, you will be affected by coverage changes during the year. *[Plan sponsors that otherwise meet all requirements and want the option to immediately replace brand name drugs with their new generic equivalents must provide the following advance general notice of changes in the bullet entitled "New generic drugs" below.]*

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you.

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or if 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, move it to a different cost-sharing tier or both. Or we may also make changes based on new clinical guidelines.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30

Understanding your formulary

days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you.

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 Jan. 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 December 1, 2022. To get updated information about the drugs covered by the plan, please contact us. Our contact information appears on the front and back cover pages. The monthly formulary updates will be posted on our website, including the date it was updated.

Understanding your formulary

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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, Calcium Channel Blocking Agents. If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 91. 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?

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

Reading your formulary

The formulary gives you choices so you and your provider can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

NDS	Non-Extended Day Supply — This prescription drug is not available for an extended days' supply.
PA	Prior Authorization — You or your provider must get pre-approval for the medicine with OptumRx before you can get the prescription filled. NOTE: While the member is ultimately responsible for obtaining prior approval from OptumRx, we are here to help you or your provider through this process.
QL	Quantity Limit/Amount Allowed — Medication may be limited to a certain quantity.
ST	Step Therapy — Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This formulary was updated on November 1, 2022, and the drug list updated on 11/01/2022. For more recent information or other questions, please contact Great Plains Medicare Advantage Customer Service at (844) 637-4760 (TTY: (888) 279-1549), seven days a week from 8 a.m. to 5 p.m. CST, or visit greatplainsmedicareadvantage.com. The formulary, pharmacy network and/or provider network may change at any time.

Drug Name	Requirements/Limits
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	QL (60 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	
<i>diclofenac potassium oral tablet 50 mg</i>	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	
<i>diclofenac sodium external gel 1 %</i>	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	PA
<i>diclofenac sodium oral tablet delayed release</i>	
<i>diflunisal oral tablet</i>	
ELYXYB ORAL SOLUTION	PA; QL (19.2 ML per 30 days)
<i>etodolac oral capsule</i>	
<i>etodolac oral tablet</i>	
<i>flurbiprofen oral tablet</i>	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	
<i>indomethacin er oral capsule extended release</i>	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	
<i>ketorolac tromethamine injection solution</i>	
<i>ketorolac tromethamine intramuscular solution</i>	
<i>ketorolac tromethamine oral tablet</i>	QL (20 EA per 30 days)
<i>lofena oral tablet</i>	
<i>meloxicam oral tablet</i>	
<i>nabumetone oral tablet</i>	
<i>naproxen oral tablet</i>	
<i>naproxen oral tablet delayed release</i>	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	
<i>oxaprozin oral tablet</i>	
<i>piroxicam oral capsule</i>	
<i>sulindac oral tablet</i>	
Opioid Analgesics, Long-acting	
<i>buprenorphine transdermal patch weekly</i>	QL (4 EA per 28 days); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	NDS

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>methadone hcl intensol oral concentrate</i>	NDS
<i>methadone hcl oral concentrate</i>	NDS
<i>methadone hcl oral solution</i>	NDS
<i>methadone hcl oral tablet</i>	NDS
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	NDS
<i>morphine sulfate er oral tablet extended release 200 mg</i>	NDS
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	NDS
<i>tramadol hcl er oral tablet extended release 24 hour</i>	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	NDS
Opioid Analgesics, Short-acting	
<i>acetaminophen-codeine #3 oral tablet</i>	NDS
<i>acetaminophen-codeine oral solution</i>	NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	NDS
CODEINE SULFATE ORAL TABLET 15 MG	NDS
<i>codeine sulfate oral tablet 30 mg</i>	NDS
CODEINE SULFATE ORAL TABLET 60 MG	NDS
<i>endocet oral tablet 10-325 mg, 2.5-325 mg</i>	NDS
<i>endocet oral tablet 5-325 mg, 7.5-325 mg</i>	NDS
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PA; NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	PA; NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	NDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	NDS
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	NDS
<i>hydromorphone hcl oral tablet 8 mg</i>	NDS
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml</i>	NDS
<i>lorcet hd oral tablet 10-325 mg</i>	NDS
<i>lorcet oral tablet 5-325 mg</i>	NDS
<i>lorcet plus oral tablet 7.5-325 mg</i>	NDS
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	NDS
<i>morphine sulfate oral solution</i>	NDS
<i>morphine sulfate oral tablet</i>	NDS

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
oxycodone hcl oral solution	NDS
oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg	NDS
oxycodone hcl oral tablet 20 mg, 30 mg	NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg	NDS
oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg	NDS
tramadol hcl oral tablet 50 mg	NDS
tramadol-acetaminophen oral tablet	NDS
vicodin hp oral tablet 10-300 mg	NDS
Anesthetics	
Local Anesthetics	
glydo external prefilled syringe	PA; QL (30 ML per 30 days)
lidocaine external ointment 5 %	PA; QL (150 GM per 30 days)
lidocaine external patch 5 %	PA
lidocaine hcl urethral/mucosal external prefilled syringe	PA; QL (30 ML per 30 days)
lidocaine-prilocaine external cream	PA; QL (30 GM per 30 days)
premium lidocaine external ointment	PA; QL (150 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
acamprosate calcium oral tablet delayed release	
disulfiram oral tablet	
naltrexone hcl oral tablet	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	
Opioid Dependence	
buprenorphine hcl sublingual tablet sublingual	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	QL (90 EA per 30 days)
Opioid Reversal Agents	
naloxone hcl injection solution	
naloxone hcl injection solution cartridge	
naloxone hcl injection solution prefilled syringe	
naloxone hcl nasal liquid	
NARCAN NASAL LIQUID	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
Smoking Cessation Agents	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	QL (504 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	QL (504 EA per 365 days)
NICOTROL NS NASAL SOLUTION	QL (360 ML per 365 days)
varenicline tartrate oral tablet	QL (504 EA per 365 days)
varenicline tartrate oral tablet therapy pack	QL (504 EA per 365 days)
Antibacterials	
Aminoglycosides	
amikacin sulfate injection solution	
gentamicin sulfate external cream	
gentamicin sulfate external ointment	
gentamicin sulfate injection solution 10 mg/ml	
gentamicin sulfate injection solution 40 mg/ml	
neomycin sulfate oral tablet	
paromomycin sulfate oral capsule	
streptomycin sulfate intramuscular solution reconstituted	
tobramycin sulfate injection solution	
tobramycin sulfate injection solution reconstituted	
Antibacterials, Other	
aztreonam injection solution reconstituted	
clindacin etz external swab	
clindacin-p external swab	
clindamycin hcl oral capsule	
clindamycin palmitate hcl oral solution reconstituted	
clindamycin phosphate external swab	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	
clindamycin phosphate vaginal cream	
colistimethate sodium (cba) injection solution reconstituted	
daptomycin intravenous solution reconstituted	
fosfomycin tromethamine oral packet	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
IMPAVIDO ORAL CAPSULE	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	
<i>lincomycin hcl injection solution</i>	
LINEZOLID IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	
<i>linezolid intravenous solution</i>	
<i>linezolid oral suspension reconstituted</i>	QL (1800 ML per 28 days)
<i>linezolid oral tablet</i>	QL (56 EA per 28 days)
<i>methenamine hippurate oral tablet</i>	
<i>metronidazole intravenous solution</i>	
<i>metronidazole oral tablet</i>	
<i>metronidazole vaginal gel</i>	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	
<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	
<i>tinidazole oral tablet</i>	
<i>trimethoprim oral tablet</i>	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	
<i>vancomycin hcl intravenous solution reconstituted 250 mg</i>	
<i>vancomycin hcl oral capsule 125 mg</i>	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	QL (240 EA per 30 days)
VOQUEZNA DUAL PAK ORAL THERAPY PACK	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	PA
XENLETA ORAL TABLET	
Beta-lactam, Cephalosporins	
<i>cefaclor oral capsule</i>	
<i>cefaclor oral suspension reconstituted</i>	
<i>cefadroxil oral capsule</i>	
<i>cefadroxil oral suspension reconstituted</i>	
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM	
<i>cefdinir oral capsule</i>	
<i>cefdinir oral suspension reconstituted</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
cefepime hcl injection solution reconstituted	
cefepime hcl intravenous solution	
cefepime hcl intravenous solution reconstituted	
cefixime oral capsule	
cefotaxime sodium injection solution reconstituted	
cefotetan disodium injection solution reconstituted	
cefoxitin sodium intravenous solution reconstituted	
cefpodoxime proxetil oral suspension reconstituted	
cefpodoxime proxetil oral tablet	
ceprozil oral suspension reconstituted	
ceprozil oral tablet	
ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)	
ceftazidime injection solution reconstituted	
ceftazidime intravenous solution reconstituted	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	
cefuroxime axetil oral tablet	
cefuroxime sodium injection solution reconstituted	
cefuroxime sodium intravenous solution reconstituted	
cephalexin oral capsule 250 mg, 500 mg	
cephalexin oral suspension reconstituted	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	
tazicef injection solution reconstituted	
tazicef intravenous solution reconstituted	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	
Beta-lactam, Penicillins	
amoxicillin oral capsule	
amoxicillin oral suspension reconstituted	
amoxicillin oral tablet	
amoxicillin oral tablet chewable 125 mg	
amoxicillin oral tablet chewable 250 mg	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg</i>	
<i>amoxicillin-potassium clavulanate oral tablet 500-125 mg, 875-125 mg</i>	
<i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	
<i>ampicillin oral capsule</i>	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
<i>dicloxacillin sodium oral capsule</i>	
<i>nafcillin sodium injection solution reconstituted</i>	
<i>nafcillin sodium intravenous solution reconstituted</i>	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	
<i>oxacillin sodium injection solution reconstituted</i>	
<i>oxacillin sodium intravenous solution reconstituted</i>	
<i>penicillin g sodium injection solution reconstituted</i>	
<i>penicillin v potassium oral solution reconstituted</i>	
<i>penicillin v potassium oral tablet</i>	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	
Carbapenems	
<i>ertapenem sodium injection solution reconstituted</i>	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	
<i>meropenem intravenous solution reconstituted</i>	
Macrolides	
<i>azithromycin intravenous solution reconstituted</i>	
AZITHROMYCIN ORAL PACKET	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>azithromycin oral suspension reconstituted</i>	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	
<i>clarithromycin er oral tablet extended release 24 hour</i>	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml</i>	
<i>clarithromycin oral suspension reconstituted 250 mg/5ml</i>	
<i>clarithromycin oral tablet</i>	
DIFICID ORAL SUSPENSION RECONSTITUTED	
DIFICID ORAL TABLET	
<i>erythromycin base oral tablet delayed release 500 mg</i>	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	
Quinolones	
<i>BAXDELA ORAL TABLET</i>	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	
<i>levofloxacin intravenous solution</i>	
<i>levofloxacin oral solution</i>	
<i>levofloxacin oral tablet</i>	
<i>moxifloxacin hcl in nacl intravenous solution</i>	
<i>moxifloxacin hcl oral tablet</i>	
<i>ofloxacin oral tablet</i>	
Sulfonamides	
<i>sulfadiazine oral tablet</i>	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	
Tetracyclines	
<i>demeclacycline hcl oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>doxy 100 intravenous solution reconstituted</i>	
<i>doxycycline hyclate intravenous solution reconstituted</i>	
<i>doxycycline hyclate oral capsule 100 mg</i>	
<i>doxycycline hyclate oral capsule 50 mg</i>	
<i>doxycycline hyclate oral tablet 100 mg</i>	
<i>doxycycline monohydrate oral capsule 100 mg</i>	
<i>doxycycline monohydrate oral capsule 50 mg</i>	
<i>doxycycline monohydrate oral suspension reconstituted</i>	
<i>doxycycline monohydrate oral tablet 100 mg</i>	
<i>doxycycline monohydrate oral tablet 50 mg</i>	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	
<i>minocycline hcl oral capsule</i>	
<i>monodoxe nl oral capsule</i>	
<i>morgidox oral capsule 100 mg</i>	
NUZYRA ORAL TABLET	
SEYSARA ORAL TABLET	
<i>tetracycline hcl oral capsule</i>	
Anticonvulsants	
Anticonvulsants, Other	
BRIVIACT ORAL SOLUTION	PA
BRIVIACT ORAL TABLET	PA
EPIDIOLEX ORAL SOLUTION	PA
EPRONTIA ORAL SOLUTION	
<i>felbamate oral suspension</i>	
<i>felbamate oral tablet</i>	
FINTEPLA ORAL SOLUTION	PA
FYCOMPA ORAL SUSPENSION	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	
FYCOMPA ORAL TABLET 2 MG	
<i>lamotrigine er oral tablet extended release 24 hour</i>	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg</i>	
<i>lamotrigine oral kit 42 x 50 mg & 14x100 mg</i>	
<i>lamotrigine oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
lamotrigine oral tablet chewable	
lamotrigine oral tablet dispersible	
lamotrigine starter kit-blue oral kit	
lamotrigine starter kit-green oral kit	
lamotrigine starter kit-orange oral kit	
levetiracetam er oral tablet extended release 24 hour	
levetiracetam oral solution	
levetiracetam oral tablet	
NAYZILAM NASAL SOLUTION	QL (10 EA per 30 days)
roweepra oral tablet	
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	
subvenite oral tablet	
subvenite starter kit-blue oral kit	
subvenite starter kit-green oral kit	
subvenite starter kit-orange oral kit	
topiramate oral capsule sprinkle	
topiramate oral tablet	
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	PA
XCOPRI ORAL TABLET 200 MG	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG	PA; (100mg-150mg)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	PA; (12.5mg-25mg)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	PA
Calcium Channel Modifying Agents	
CELONTIN ORAL CAPSULE	
ethosuximide oral capsule	
ethosuximide oral solution	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
clobazam oral suspension	
clobazam oral tablet	
clonazepam oral tablet 0.5 mg, 1 mg	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	QL (300 EA per 30 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	PA
DIACOMIT ORAL PACKET	PA
diazepam rectal gel	
divalproex sodium er oral tablet extended release 24 hour	
divalproex sodium oral capsule delayed release sprinkle	
divalproex sodium oral tablet delayed release	
gabapentin oral capsule 100 mg, 300 mg	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	QL (150 EA per 30 days)
phenobarbital oral elixir	
phenobarbital oral tablet	
primidone oral tablet	
SYMPAZAN ORAL FILM	
tiagabine hcl oral tablet	
VALTOCO NASAL LIQUID	QL (10 EA per 30 days)
VALTOCO NASAL LIQUID THERAPY PACK	QL (10 EA per 30 days)
vigabatrin oral packet	PA
vigabatrin oral tablet	PA
vigadrone oral packet	PA
Sodium Channel Agents	
APTIOM ORAL TABLET	
carbamazepine er oral capsule extended release 12 hour	
carbamazepine er oral tablet extended release 12 hour	
carbamazepine oral suspension	
carbamazepine oral tablet	
carbamazepine oral tablet chewable	
dilantin oral capsule 30 mg	
epitol oral tablet	
lacosamide oral solution	
lacosamide oral tablet	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>oxcarbazepine oral suspension</i>	
<i>oxcarbazepine oral tablet</i>	
PEGANONE ORAL TABLET 250 MG	
<i>phenytoin infatabs oral tablet chewable</i>	
<i>phenytoin oral suspension 125 mg/5ml</i>	
<i>phenytoin oral tablet chewable</i>	
<i>phenytoin sodium extended oral capsule</i>	
<i>rufinamide oral suspension</i>	
<i>rufinamide oral tablet 200 mg</i>	
<i>rufinamide oral tablet 400 mg</i>	
VIMPAT ORAL SOLUTION	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	
VIMPAT ORAL TABLET 50 MG	
ZONISADE ORAL SUSPENSION	ST
<i>zonisamide oral capsule</i>	
Antidementia Agents	
Antidementia Agents, Other	
<i>ergoloid mesylates oral tablet</i>	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	ST; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	ST; QL (30 EA per 30 days)
Cholinesterase Inhibitors	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	
<i>donepezil hcl oral tablet 23 mg</i>	
<i>donepezil hcl oral tablet dispersible</i>	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	
<i>galantamine hydrobromide oral solution</i>	
<i>galantamine hydrobromide oral tablet</i>	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 6 mg</i>	
<i>rivastigmine tartrate oral capsule 4.5 mg</i>	
<i>rivastigmine transdermal patch 24 hour</i>	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<i>memantine hcl er oral capsule extended release 24 hour</i>	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	
Antidepressants	
Antidepressants, Other	
AUVELITY ORAL TABLET EXTENDED RELEASE	ST; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet</i>	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	
<i>mirtazapine oral tablet</i>	
<i>mirtazapine oral tablet dispersible</i>	
<i>quetiapine fumarate oral tablet 150 mg</i>	QL (90 EA per 30 days)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	PA
Monoamine Oxidase Inhibitors	
EMSAM TRANSDERMAL PATCH 24 HOUR	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET	
<i>phenelzine sulfate oral tablet</i>	
<i>tranylcypromine sulfate oral tablet</i>	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor	
<i>citalopram hydrobromide oral solution</i>	
<i>citalopram hydrobromide oral tablet</i>	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>escitalopram oxalate oral tablet</i>	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	ST; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	
<i>fluoxetine hcl oral solution</i>	
<i>fluoxetine hcl oral tablet 20 mg</i>	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	QL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>	
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	
<i>nefazodone hcl oral tablet</i>	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	
<i>paroxetine hcl oral suspension</i>	
<i>paroxetine hcl oral tablet</i>	
PAXIL ORAL SUSPENSION	
SERTRALINE HCL ORAL CAPSULE	ST
<i>sertraline hcl oral concentrate</i>	
<i>sertraline hcl oral tablet</i>	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	
TRINTELLIX ORAL TABLET	QL (30 EA per 30 days)
VENLAFAKINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	
<i>venlafaxine hcl oral tablet</i>	
VIIBRYD ORAL TABLET	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT	QL (60 EA per 365 days)
<i>vilazodone hcl oral tablet</i>	QL (30 EA per 30 days)
Tricyclics	
<i>amitriptyline hcl oral tablet</i>	
<i>amoxapine oral tablet</i>	
<i>clomipramine hcl oral capsule</i>	
<i>desipramine hcl oral tablet</i>	
<i>doxepin hcl oral capsule</i>	
<i>doxepin hcl oral concentrate</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>imipramine hcl oral tablet</i>	
<i>nortriptyline hcl oral capsule</i>	
<i>nortriptyline hcl oral solution</i>	
<i>protriptyline hcl oral tablet</i>	
<i>trimipramine maleate oral capsule</i>	
Antiemetics	
Antiemetics, Other	
<i>compro rectal suppository</i>	
<i>meclizine hcl oral tablet</i>	
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	
<i>prochlorperazine edisylate injection solution</i>	
<i>prochlorperazine maleate oral tablet</i>	
<i>prochlorperazine rectal suppository</i>	
<i>promethazine hcl oral syrup</i>	
<i>promethazine hcl oral tablet</i>	
<i>promethazine hcl rectal suppository</i>	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	
<i>scopolamine transdermal patch 72 hour</i>	
<i>trimethobenzamide hcl oral capsule</i>	B/D
Emetogenic Therapy Adjuncts	
<i>AKYNZEO INTRAVENOUS SOLUTION</i>	
<i>AKYNZEO ORAL CAPSULE</i>	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 125 mg</i>	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	B/D; QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	B/D; QL (8 EA per 30 days)
<i>dronabinol oral capsule</i>	PA; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution</i>	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	B/D
<i>ondansetron odt oral tablet dispersible</i>	B/D
<i>SYNDROS ORAL SOLUTION</i>	PA; QL (120 ML per 30 days)
Antifungals	
Antifungals	
<i>ABELCET INTRAVENOUS SUSPENSION</i>	B/D

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	B/D
<i>amphotericin b intravenous solution reconstituted</i>	B/D
<i>amphotericin b liposome intravenous suspension reconstituted</i>	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	
<i>clotrimazole external cream</i>	
<i>clotrimazole mouth/throat troche</i>	
CRESEMBA ORAL CAPSULE	
<i>econazole nitrate external cream</i>	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	
<i>fluconazole in dextrose intravenous solution 200 mg/100ml</i>	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	
<i>fluconazole oral suspension reconstituted</i>	
<i>fluconazole oral tablet</i>	
<i>flucytosine oral capsule</i>	
<i>griseofulvin microsize oral suspension</i>	
<i>griseofulvin microsize oral tablet</i>	
<i>griseofulvin ultramicrosized oral tablet</i>	
<i>itraconazole oral capsule</i>	PA
<i>itraconazole oral solution</i>	PA
JUBLIA EXTERNAL SOLUTION	
<i>ketoconazole external cream</i>	
<i>ketoconazole external shampoo</i>	
<i>ketoconazole oral tablet</i>	
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	
<i>miconazole 3 vaginal suppository</i>	
<i>naftifine hcl external gel 1 %</i>	
NOXAFIL ORAL SUSPENSION	PA
<i>nyamyc external powder</i>	
<i>nystatin external cream</i>	
<i>nystatin external ointment</i>	
<i>nystatin external powder</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>nystatin mouth/throat suspension</i>	
<i>nystatin oral tablet</i>	
<i>nystop external powder</i>	
<i>posaconazole oral tablet delayed release</i>	PA
<i>terbinafine hcl oral tablet</i>	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	
<i>voriconazole intravenous solution reconstituted</i>	PA
<i>voriconazole oral suspension reconstituted</i>	
<i>voriconazole oral tablet</i>	
Antigout Agents	
Antigout Agents	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	
<i>colchicine oral tablet</i>	
<i>colchicine-probenecid oral tablet</i>	
<i>febuxostat oral tablet</i>	
<i>probenecid oral tablet</i>	
Antimigraine Agents	
Ergot Alkaloids	
<i>dihydroergotamine mesylate injection solution</i>	PA
<i>dihydroergotamine mesylate nasal solution</i>	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet</i>	
Prophylactic	
<i>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</i>	PA; QL (1 ML per 30 days)
<i>AIMOVIG</i>	PA; QL (2 ML per 30 days)
<i>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML</i>	PA; QL (1 ML per 30 days)
<i>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</i>	PA; QL (3 ML per 30 days)
<i>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML</i>	PA; QL (1 ML per 30 days)
<i>timolol maleate oral tablet</i>	
<i>UBRELVY ORAL TABLET</i>	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist	
<i>eletriptan hydrobromide oral tablet</i>	QL (12 EA per 30 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>naratriptan hcl oral tablet</i>	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	QL (18 EA per 30 days)
<i>sumatriptan nasal solution</i>	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge</i>	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	QL (5 ML per 30 days)
<i>zolmitriptan oral tablet</i>	QL (12 EA per 30 days)
Antimyasthenic Agents	
Parasympathomimetics	
<i>GUANIDINE HCL ORAL TABLET 125 MG</i>	
<i>pyridostigmine bromide oral tablet 60 mg</i>	
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral tablet</i>	
<i>rifabutin oral capsule</i>	
Antituberculars	
<i>cycloserine oral capsule</i>	
<i>ethambutol hcl oral tablet</i>	
<i>isoniazid oral syrup</i>	
<i>isoniazid oral tablet</i>	
<i>paser oral packet</i>	
PRIFTIN ORAL TABLET	
<i>pyrazinamide oral tablet</i>	
<i>rifampin intravenous solution reconstituted</i>	
<i>rifampin oral capsule 150 mg</i>	
<i>rifampin oral capsule 300 mg</i>	
SIRTURO ORAL TABLET	
TRECATOR ORAL TABLET	
Antineoplastics	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
Alkylating Agents	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML	
<i>cyclophosphamide intravenous solution 2 gm/10ml</i>	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML	
<i>cyclophosphamide oral capsule</i>	B/D
GLEOSTINE ORAL CAPSULE	
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	
LEUKERAN ORAL TABLET	
MATULANE ORAL CAPSULE	
<i>thiotepa injection solution reconstituted 100 mg</i>	
VALCHLOR EXTERNAL GEL	PA
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	PA
Antiandrogens	
<i>abiraterone acetate oral tablet</i>	PA
<i>bicalutamide oral tablet</i>	
ERLEADA ORAL TABLET	PA
<i>flutamide oral capsule</i>	
<i>nilutamide oral tablet</i>	
NUBEQA ORAL TABLET	PA
XTANDI ORAL CAPSULE	PA
XTANDI ORAL TABLET	PA
Antiangiogenic Agents	
FOTIVDA ORAL CAPSULE	PA
<i>lenalidomide oral capsule</i>	PA
POMALYST ORAL CAPSULE	PA
QINLOCK ORAL TABLET	PA
REVLIMID ORAL CAPSULE	PA
TABRECTA ORAL TABLET	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE	PA
Antiestrogens/Modifiers	
EMCYT ORAL CAPSULE	
SOLTAMOX ORAL SOLUTION	
<i>tamoxifen citrate oral tablet</i>	
<i>toremifene citrate oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
Antimetabolites	
DROXIA ORAL CAPSULE	
<i>hydroxyurea oral capsule</i>	
INFUGEM INTRAVENOUS SOLUTION 1900-0.9 MG/190ML-%	
<i>mercaptopurine oral tablet</i>	
<i>nelarabine intravenous solution</i>	
PURIXAN ORAL SUSPENSION	
TABLOID ORAL TABLET	
Antineoplastics	
OPDUALAG INTRAVENOUS SOLUTION	PA
Antineoplastics, Other	
<i>arsenic trioxide intravenous solution 10 mg/10ml</i>	
ASPARLAS INTRAVENOUS SOLUTION	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
GAVRETO ORAL CAPSULE	PA
IBRANCE ORAL TABLET	PA
IDHIFA ORAL TABLET	PA; QL (30 EA per 30 days)
INREBIC ORAL CAPSULE	PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	
KIMMTRAK INTRAVENOUS SOLUTION	PA
KISQALI FEMARA ORAL TABLET THERAPY PACK	PA
LONSURF ORAL TABLET	PA
LUMAKRAS ORAL TABLET	PA
NINLARO ORAL CAPSULE	PA
ONUREG ORAL TABLET	PA
PEMAZYRE ORAL TABLET	PA; QL (30 EA per 30 days)
PHESGO SUBCUTANEOUS SOLUTION	PA
RETEVMO ORAL CAPSULE	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	PA
RYLAZE INTRAMUSCULAR SOLUTION	
SCEMBLIX ORAL TABLET 20 MG	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	PA
TAZVERIK ORAL TABLET	PA

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	PA
TUKYSA ORAL TABLET	PA
VONJO ORAL CAPSULE	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	PA
ZOLINZA ORAL CAPSULE	PA
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral tablet</i>	
<i>exemestane oral tablet</i>	
<i>letrozole oral tablet</i>	
Enzyme Inhibitors	
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	
Molecular Target Inhibitors	
AFINITOR DISPERZ ORAL TABLET SOLUBLE	PA
AFINITOR ORAL TABLET 10 MG	PA; QL (30 EA per 30 days)
ALECensa ORAL CAPSULE	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	PA; QL (60 EA per 365 days)
AYVAKIT ORAL TABLET	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET	PA
BOSULIF ORAL TABLET	PA
BRAFTOVI ORAL CAPSULE	PA

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
BRUKINSA ORAL CAPSULE	PA
CABOMETYX ORAL TABLET	PA
CALQUENCE ORAL CAPSULE	PA
CALQUENCE ORAL TABLET	PA
CAPRELSA ORAL TABLET 100 MG	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	PA
COMETRIQ ORAL KIT	PA
COPIKTRA ORAL CAPSULE	PA
COTELLIC ORAL TABLET	PA
DAURISMO ORAL TABLET	PA
ERIVEDGE ORAL CAPSULE	PA
<i>erlotinib hcl oral tablet</i>	PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble</i>	PA
EXKIVITY ORAL CAPSULE	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	PA
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	PA
GILOTrif ORAL TABLET	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	PA
<i>imatinib mesylate oral tablet</i>	PA
IMBRUVICA ORAL CAPSULE	PA
IMBRUVICA ORAL SUSPENSION	PA
IMBRUVICA ORAL TABLET	PA
INLYTA ORAL TABLET	PA
INQOVI ORAL TABLET	PA
IRESSA ORAL TABLET	PA
JAKAFI ORAL TABLET 10 MG	PA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	PA
KOSELUGO ORAL CAPSULE	PA
<i>lapatinib ditosylate oral tablet</i>	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	PA

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
LORBRENA ORAL TABLET	PA
LYNPARZA ORAL TABLET	PA
MEKINIST ORAL TABLET	PA
MEKTOVI ORAL TABLET	PA
NERLYNX ORAL TABLET	PA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET	PA
ODOMZO ORAL CAPSULE	PA
PIQRAY ORAL TABLET THERAPY PACK	PA
ROZLYTREK ORAL CAPSULE	PA
RUBRACA ORAL TABLET	PA
RYDAPT ORAL CAPSULE	PA
<i>sorafenib tosylate oral tablet</i>	PA
SPRYCEL ORAL TABLET	PA
STIVARGA ORAL TABLET	PA
<i>sunitinib malate oral capsule</i>	PA
SUTENT ORAL CAPSULE	PA
TAFINLAR ORAL CAPSULE	PA
TAGRISSO ORAL TABLET 40 MG	PA; QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	PA
TALZENNA ORAL CAPSULE	PA
TASIGNA ORAL CAPSULE	PA
TEPMETKO ORAL TABLET	PA
TIBSOVO ORAL TABLET	PA
TURALIO ORAL CAPSULE	PA
TYKERB ORAL TABLET	PA
UKONIQ ORAL TABLET 200 MG	PA
VENCLEXTA ORAL TABLET 10 MG	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	PA
VERZENIO ORAL TABLET	PA
VITRAKVI ORAL CAPSULE	PA
VITRAKVI ORAL SOLUTION	PA
VIZIMPRO ORAL TABLET	PA
VOTRIENT ORAL TABLET	PA
WELIREG ORAL TABLET	PA

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
XALKORI ORAL CAPSULE	PA
XOSPATA ORAL TABLET	PA
ZEJULA ORAL CAPSULE	PA
ZELBORAF ORAL TABLET	PA
ZYDELIG ORAL TABLET	PA
ZYKADIA ORAL CAPSULE 150 MG	PA
ZYKADIA ORAL TABLET	PA
Monoclonal Antibody/Antibody-Drug Conjugate	
DANYELZA INTRAVENOUS SOLUTION	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	PA
JEMPERLI INTRAVENOUS SOLUTION	PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	PA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	PA
MVASI INTRAVENOUS SOLUTION	PA
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	PA
RUXIENCE INTRAVENOUS SOLUTION	PA
RYBREVANT INTRAVENOUS SOLUTION	PA
SARCLISA INTRAVENOUS SOLUTION	PA
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	PA
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	PA
ZIRABEV INTRAVENOUS SOLUTION	PA
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	PA
Retinoids	
<i>bexarotene external gel</i>	PA
<i>bexarotene oral capsule</i>	PA
PANRETIN EXTERNAL GEL	
TARGRETIN EXTERNAL GEL	PA
<i>tretinoin oral capsule</i>	
Treatment Adjuncts	
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	
<i>leucovorin calcium injection solution reconstituted 500 mg</i>	
<i>leucovorin calcium oral tablet</i>	
MESNEX ORAL TABLET	
Antiparasitics	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
Anthelmintics	
<i>albendazole oral tablet</i>	
<i>ivermectin oral tablet</i>	PA
<i>praziquantel oral tablet</i>	
Antiprotozoals	
ALINIA ORAL SUSPENSION RECONSTITUTED	
<i>atovaquone oral suspension</i>	
<i>atovaquone-proguanil hcl oral tablet</i>	
BENZNIDAZOLE ORAL TABLET	
<i>chloroquine phosphate oral tablet</i>	
COARTEM ORAL TABLET	
<i>hydroxychloroquine sulfate oral tablet</i>	
<i>mefloquine hcl oral tablet</i>	
<i>nitazoxanide oral tablet</i>	
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	
<i>primaquine phosphate oral tablet</i>	
<i>pyrimethamine oral tablet</i>	PA
<i>quinine sulfate oral capsule</i>	PA
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral tablet</i>	
<i>trihexyphenidyl hcl oral solution</i>	
<i>trihexyphenidyl hcl oral tablet</i>	
Antiparkinson Agents, Other	
<i>entacapone oral tablet</i>	
<i>tolcapone oral tablet</i>	
Dopamine Agonists	
<i>bromocriptine mesylate oral capsule</i>	
<i>bromocriptine mesylate oral tablet</i>	
KYNMOBI SUBLINGUAL FILM	PA; QL (150 EA per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT	PA; QL (20 EA per 365 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR	ST
<i>pramipexole dihydrochloride oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	
<i>ropinirole hcl oral tablet</i>	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa oral tablet</i>	
<i>carbidopa-levodopa er oral tablet extended release</i>	
<i>carbidopa-levodopa oral tablet</i>	
<i>carbidopa-levodopa oral tablet dispersible</i>	
INBRIJA INHALATION CAPSULE	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE	ST
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>rasagiline mesylate oral tablet</i>	
<i>selegiline hcl oral capsule</i>	
<i>selegiline hcl oral tablet</i>	
Antipsychotics	
1st Generation/Typical	
<i>chlorpromazine hcl oral concentrate</i>	
<i>chlorpromazine hcl oral tablet</i>	
<i>fluphenazine decanoate injection solution</i>	
<i>fluphenazine hcl injection solution</i>	
<i>fluphenazine hcl oral concentrate</i>	
<i>fluphenazine hcl oral elixir</i>	
<i>fluphenazine hcl oral tablet</i>	
<i>haloperidol decanoate intramuscular solution</i>	
<i>haloperidol lactate injection solution</i>	
<i>haloperidol lactate oral concentrate</i>	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	
<i>haloperidol oral tablet 20 mg</i>	
<i>loxapine succinate oral capsule</i>	
<i>molindone hcl oral tablet</i>	
<i>perphenazine oral tablet 16 mg, 8 mg</i>	
<i>perphenazine oral tablet 2 mg, 4 mg</i>	
<i>pimozide oral tablet</i>	
<i>thioridazine hcl oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>thiothixene oral capsule</i>	
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	
<i>trifluoperazine hcl oral tablet 10 mg</i>	
2nd Generation/Atypical	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	
<i>ariPIPrazole oral solution</i>	QL (750 ML per 30 days)
<i>ariPIPrazole oral tablet</i>	QL (30 EA per 30 days)
<i>ariPIPrazole oral tablet dispersible</i>	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	
<i>asenapine maleate sublingual tablet sublingual</i>	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	ST; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 4 MG	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET	ST; QL (8 EA per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	QL (60 EA per 30 days)
LYBALVI ORAL TABLET	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	PA
NUPLAZID ORAL TABLET	PA
<i>olanzapine intramuscular solution reconstituted</i>	
<i>olanzapine oral tablet</i>	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	QL (60 EA per 30 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	QL (60 EA per 30 days)
REXULTI ORAL TABLET	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	
<i>risperidone oral solution</i>	QL (240 ML per 30 days)
<i>risperidone oral tablet</i>	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	ST; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule</i>	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	
Treatment-Resistant	
<i>clozapine oral tablet 100 mg</i>	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION	QL (540 ML per 30 days)
Antispasticity Agents	
Antispasticity Agents	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>baclofen oral tablet 10 mg, 20 mg</i>	
<i>baclofen oral tablet 5 mg</i>	
<i>dantrolene sodium oral capsule</i>	
<i>tizanidine hcl oral tablet</i>	
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>cidofovir intravenous solution</i>	
<i>ganciclovir sodium intravenous solution</i>	B/D
<i>ganciclovir sodium intravenous solution reconstituted</i>	B/D
LIVTENCITY ORAL TABLET	
PREVYMIS INTRAVENOUS SOLUTION	
PREVYMIS ORAL TABLET	
<i>valganciclovir hcl oral solution reconstituted</i>	
<i>valganciclovir hcl oral tablet</i>	
Anti-hepatitis B (HBV) Agents	
<i>adefovir dipivoxil oral tablet</i>	
BARACLUDE ORAL SOLUTION	QL (600 ML per 30 days)
<i>entecavir oral tablet</i>	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	
<i>lamivudine oral tablet 100 mg</i>	
VEMLIDY ORAL TABLET	
Anti-hepatitis C (HCV) Agents	
MAVYRET ORAL PACKET	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET	PA; QL (336 EA per 365 days)
REBETOL ORAL SOLUTION 40 MG/ML	
<i>ribavirin oral tablet</i>	
<i>sofosbuvir-velpatasvir oral tablet</i>	PA; QL (84 EA per 365 days)
VOSEVI ORAL TABLET	PA; QL (84 EA per 365 days)
Antiherpetic Agents	
<i>acyclovir oral capsule</i>	
<i>acyclovir oral suspension</i>	
<i>acyclovir oral tablet</i>	
<i>acyclovir sodium intravenous solution</i>	B/D
<i>famciclovir oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
valacyclovir hcl oral tablet	QL (120 EA per 30 days)
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	
BIKTARVY ORAL TABLET	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	
DOVATO ORAL TABLET	QL (30 EA per 30 days)
GENVOYA ORAL TABLET	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET	
ISENTRESS ORAL PACKET	
ISENTRESS ORAL TABLET	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	
JULUCA ORAL TABLET	QL (30 EA per 30 days)
STRIBILD ORAL TABLET	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	
TIVICAY ORAL TABLET 25 MG, 50 MG	
TIVICAY PD ORAL TABLET SOLUBLE	
VOCABRIA ORAL TABLET	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
COMPLERA ORAL TABLET	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	QL (30 EA per 30 days)
EDURANT ORAL TABLET	
<i>efavirenz oral capsule</i>	
<i>efavirenz oral tablet</i>	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	
<i>etravirine oral tablet 200 mg</i>	
INTELENCE ORAL TABLET 100 MG, 25 MG	
INTELENCE ORAL TABLET 200 MG	
<i>nevirapine er oral tablet extended release 24 hour</i>	
<i>nevirapine oral suspension</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>nevirapine oral tablet</i>	
PIFELTRO ORAL TABLET	
RESCRIPTOR ORAL TABLET 200 MG	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
<i>abacavir sulfate oral solution</i>	
<i>abacavir sulfate oral tablet</i>	
<i>abacavir sulfate-lamivudine oral tablet</i>	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	QL (60 EA per 30 days)
CIMDUO ORAL TABLET	QL (30 EA per 30 days)
DESCOVY ORAL TABLET	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	
<i>emtricitabine oral capsule</i>	
<i>emtricitabine-tenofovir df oral tablet</i>	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	
<i>lamivudine oral solution</i>	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	
<i>lamivudine-zidovudine oral tablet</i>	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	QL (30 EA per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	QL (20 EA per 5 days)
RETROVIR INTRAVENOUS SOLUTION	
<i>stavudine oral capsule</i>	
TEMIXYS ORAL TABLET 300-300 MG	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	
TRIUMEQ ORAL TABLET	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE	QL (180 EA per 30 days)
TRIZIVIR ORAL TABLET	QL (60 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	
VIREAD ORAL POWDER	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	
<i>zidovudine oral capsule</i>	
<i>zidovudine oral syrup</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>zidovudine oral tablet</i>	
Anti-HIV Agents, Other	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	
<i>maraviroc oral tablet</i>	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	
SELZENTRY ORAL SOLUTION	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	
SELZENTRY ORAL TABLET 25 MG	
TROGARZO INTRAVENOUS SOLUTION	
TYBOST ORAL TABLET	
Anti-HIV Agents, Protease Inhibitors (PI)	
APTVIRUS ORAL CAPSULE	
APTVIRUS ORAL SOLUTION 100 MG/ML	
<i>atazanavir sulfate oral capsule</i>	
CRIXIVAN ORAL CAPSULE 200 MG	
CRIXIVAN ORAL CAPSULE 400 MG	
EVOTAZ ORAL TABLET	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet</i>	
INVIRASE ORAL TABLET 500 MG	
KALETRA ORAL TABLET 100-25 MG	
KALETRA ORAL TABLET 200-50 MG	
LEXIVA ORAL SUSPENSION	
<i>lopinavir-ritonavir oral solution</i>	
<i>lopinavir-ritonavir oral tablet</i>	
NORVIR ORAL PACKET	
NORVIR ORAL SOLUTION	
PREZCOBIX ORAL TABLET	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	
PREZISTA ORAL TABLET 150 MG, 75 MG	
PREZISTA ORAL TABLET 600 MG, 800 MG	
REYATAZ ORAL PACKET	
<i>ritonavir oral tablet</i>	
SYMTUZA ORAL TABLET	QL (30 EA per 30 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
VIRACEPT ORAL TABLET	
Anti-influenza Agents	
<i>amantadine hcl oral capsule</i>	
<i>amantadine hcl oral solution</i>	
<i>oseltamivir phosphate oral capsule 30 mg</i>	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet</i>	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	QL (4 EA per 365 days)
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	
<i>hydroxyzine pamoate oral capsule</i>	
Benzodiazepines	
<i>alprazolam intensol oral concentrate</i>	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	QL (900 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	QL (360 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	QL (360 EA per 30 days)
<i>diazepam injection solution</i>	
<i>diazepam intensol oral concentrate</i>	
<i>diazepam oral concentrate</i>	
<i>diazepam oral solution</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>diazepam oral tablet 10 mg</i>	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	QL (240 EA per 30 days)
<i>lorazepam intensol oral concentrate</i>	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	QL (150 EA per 30 days)
Bipolar Agents	
Mood Stabilizers	
<i>lithium carbonate er oral tablet extended release</i>	
<i>lithium carbonate oral capsule</i>	
<i>lithium carbonate oral tablet</i>	
<i>lithium oral solution 8 meq/5ml</i>	
<i>valproic acid oral capsule</i>	
<i>valproic acid oral solution</i>	
Blood Glucose Regulators	
Antidiabetic Agents	
<i>acarbose oral tablet</i>	
CYCLOSET ORAL TABLET	
FARXIGA ORAL TABLET	
<i>glimepiride oral tablet</i>	
<i>glipizide er oral tablet extended release 24 hour</i>	
<i>glipizide oral tablet</i>	
<i>glipizide xl oral tablet extended release 24 hour</i>	
<i>glipizide-metformin hcl oral tablet</i>	
<i>glyburide oral tablet</i>	
<i>glyburide-metformin oral tablet</i>	
GLYXAMBI ORAL TABLET	
INVOKAMET ORAL TABLET	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	ST
INVOKANA ORAL TABLET	ST
JANUMET ORAL TABLET	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
JANUVIA ORAL TABLET	
JARDIANCE ORAL TABLET	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
JENTADUETO ORAL TABLET	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>metformin hcl er oral tablet extended release 24 hour</i>	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	
<i>miglitol oral tablet</i>	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML, 8 MG/3ML	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	
<i>repaglinide oral tablet</i>	
RYBELSUS ORAL TABLET 14 MG, 7 MG	QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	SI
SYMLINPEN 120	PA
SYMLINPEN 60	PA
SYNJARDY ORAL TABLET	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	
<i>tolbutamide oral tablet 500 mg</i>	
TRADJENTA ORAL TABLET	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2 ML per 28 days)
VICTOZA	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	
Glycemic Agents	
BAQSIMI ONE PACK NASAL POWDER	
BAQSIMI TWO PACK NASAL POWDER	
<i>diazoxide oral suspension</i>	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	ST
<i>glucagon emergency kit</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
GLUCAGON EMERGENCY KIT	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	
GVOKE KIT SUBCUTANEOUS SOLUTION	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
Insulins	
HUMALOG INJECTION SOLUTION	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	
HUMALOG MIX 75/25 KWIKPEN	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
HUMULIN 70/30 KWIKPEN	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	
HUMULIN N KWIKPEN	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	
HUMULIN R U-500 KWIKPEN	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	
HUMULIN R VIAL INJECTION SOLUTION	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
INSULIN ASPART INJECTION SOLUTION	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	
INSULIN LISPRO INJECTION SOLUTION	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
LANTUS U-100 SOLOSTAR	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	
LYUMJEV VIAL INJECTION SOLUTION	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	
NOVOLIN R RELION INJECTION SOLUTION	
NOVOLIN R VIAL INJECTION SOLUTION	
NOVOLOG U-100 FLEXPEN	
NOVOLOG MIX 70/30 FLEXPEN	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	
NOVOLOG U-100 PENFILL	
NOVOLOG U-100 VIAL INJECTION SOLUTION	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	
TRESIBA SUBCUTANEOUS SOLUTION	
Blood Products and Modifiers	
Anticoagulants	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution</i>	QL (105 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	QL (35 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	QL (28 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	QL (10.5 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	QL (14 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	QL (21 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	QL (28 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	QL (17.5 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	QL (14 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION	QL (22.8 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	QL (35 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	QL (17.5 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	QL (25.3 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML	QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	QL (10.5 ML per 90 days)
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	
<i>jantoven oral tablet</i>	
<i>warfarin sodium oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 20 MG	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	QL (102 EA per 365 days)
Blood Products and Modifiers, Other	
<i>anagrelide hcl oral capsule</i>	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
OXBRYTA ORAL TABLET SOLUBLE	PA; QL (240 EA per 30 days)
PROCERIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	PA
PROCERIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	PA
PROMACTA ORAL PACKET	PA
PROMACTA ORAL TABLET	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 50 MG	PA; QL (120 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	PA; QL (30 EA per 30 days)
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	
Hemostasis Agents	
<i>tranexamic acid oral tablet</i>	
Platelet Modifying Agents	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	
BRILINTA ORAL TABLET	
CABLIVI INJECTION KIT	PA; QL (30 EA per 30 days)
<i>cilostazol oral tablet</i>	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	
<i>prasugrel hcl oral tablet 10 mg</i>	
<i>prasugrel hcl oral tablet 5 mg</i>	
TAVALISSE ORAL TABLET	PA
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hcl oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>clonidine transdermal patch weekly</i>	
<i>droxidopa oral capsule</i>	PA
<i>guanfacine hcl oral tablet</i>	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	
<i>midodrine hcl oral tablet</i>	
Alpha-adrenergic Blocking Agents	
<i>prazosin hcl oral capsule</i>	
<i>terazosin hcl oral capsule</i>	
Angiotensin II Receptor Antagonists	
<i>candesartan cilexetil oral tablet</i>	
<i>EDARBI ORAL TABLET</i>	
<i>eprosartan mesylate oral tablet 600 mg</i>	
<i>irbesartan oral tablet</i>	
<i>losartan potassium oral tablet</i>	
<i>olmesartan medoxomil oral tablet</i>	
<i>telmisartan oral tablet</i>	
<i>valsartan oral tablet</i>	
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl oral tablet</i>	
<i>captopril oral tablet</i>	
<i>enalapril maleate oral tablet</i>	
<i>fosinopril sodium oral tablet</i>	
<i>lisinopril oral tablet</i>	
<i>moexipril hcl oral tablet</i>	
<i>perindopril erbumine oral tablet</i>	
<i>quinapril hcl oral tablet</i>	
<i>ramipril oral capsule</i>	
<i>trandolapril oral tablet</i>	
Antiarrhythmics	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	
<i>amiodarone hcl oral tablet 200 mg</i>	
<i>digitek oral tablet</i>	
<i>digox oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
digoxin oral solution	
digoxin oral tablet	
disopyramide phosphate oral capsule	
dofetilide oral capsule	
flecainide acetate oral tablet	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml	
mexiletine hcl oral capsule	
MULTAQ ORAL TABLET	
pacerone oral tablet 100 mg, 400 mg	
pacerone oral tablet 200 mg	
propafenone hcl er oral capsule extended release 12 hour	
propafenone hcl oral tablet	
quinidine gluconate er oral tablet extended release	
quinidine sulfate oral tablet	
sorine oral tablet	
sotalol hcl (af) oral tablet	
sotalol hcl oral tablet	
Beta-adrenergic Blocking Agents	
acebutolol hcl oral capsule	
atenolol oral tablet	
betaxolol hcl oral tablet	
bisoprolol fumarate oral tablet	
BYSTOLIC ORAL TABLET	
carvedilol oral tablet	
carvedilol phosphate er oral capsule extended release 24 hour	
labetalol hcl oral tablet	
metoprolol succinate er oral tablet extended release 24 hour	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	
nadolol oral tablet 20 mg, 40 mg	
nadolol oral tablet 80 mg	
nebivolol hcl oral tablet	
pindolol oral tablet	
propranolol hcl er oral capsule extended release 24 hour	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>propranolol hcl oral tablet</i>	
Calcium Channel Blocking Agents, Dihydropyridines	
<i>amlodipine besylate oral tablet</i>	
<i>felodipine er oral tablet extended release 24 hour</i>	
<i>isradipine oral capsule</i>	
<i>nicardipine hcl oral capsule</i>	
<i>nifedipine er oral tablet extended release 24 hour</i>	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	
<i>nimodipine oral capsule</i>	
NYMALIZE ORAL SOLUTION	
Calcium Channel Blocking Agents, Nondihydropyridines	
<i>cartia xt oral capsule extended release 24 hour</i>	
<i>diltiazem hcl er beads oral capsule extended release 24 hour</i>	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral</i>	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	
<i>diltiazem hcl oral tablet</i>	
<i>dilt-xr oral capsule extended release 24 hour</i>	
<i>matzim la oral tablet extended release 24 hour</i>	
<i>taztia xt oral capsule extended release 24 hour</i>	
<i>tiadylt er oral capsule extended release 24 hour</i>	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	
<i>verapamil hcl er oral tablet extended release</i>	
<i>verapamil hcl oral tablet</i>	
Cardiovascular Agents, Other	
<i>acetazolamide oral tablet</i>	
ADRENALIN INJECTION SOLUTION 1 MG/ML	
<i>aliskiren fumarate oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
amiloride-hydrochlorothiazide oral tablet	
amlodipine besylate-benazepril hcl oral capsule	
amlodipine besylate-valsartan oral tablet	
amlodipine-atorvastatin oral tablet	
amlodipine-olmesartan oral tablet	
amlodipine-valsartan-hctz oral tablet	
atenolol-chlorthalidone oral tablet	
benazepril-hydrochlorothiazide oral tablet	
BIDIL ORAL TABLET	
bisoprolol-hydrochlorothiazide oral tablet	
CAMZYOS ORAL CAPSULE	PA; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	
CORLANOR ORAL SOLUTION	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	PA; QL (60 EA per 30 days)
EDARBYCLOR ORAL TABLET	
enalapril-hydrochlorothiazide oral tablet	
ENTRESTO ORAL TABLET	QL (60 EA per 30 days)
fosinopril sodium-hctz oral tablet	
icosapent ethyl oral capsule 0.5 gm	PA
irbesartan-hydrochlorothiazide oral tablet	
isosorb dinitrate-hydralazine oral tablet	
lisinopril-hydrochlorothiazide oral tablet	
losartan potassium-hctz oral tablet	
metyrosine oral capsule	
olmesartan medoxomil-hctz oral tablet	
pentoxifylline er oral tablet extended release	
quinapril-hydrochlorothiazide oral tablet	
ranolazine er oral tablet extended release 12 hour	
spironolactone-hctz oral tablet	
telmisartan-amlodipine oral tablet	
telmisartan-hctz oral tablet	
trandolapril-verapamil hcl er oral tablet extended release	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>triamterene-hctz oral capsule</i>	
<i>triamterene-hctz oral tablet</i>	
<i>valsartan-hydrochlorothiazide oral tablet</i>	
VYNDAMAX ORAL CAPSULE	PA; QL (30 EA per 30 days)
Diuretics, Loop	
<i>bumetanide injection solution</i>	
<i>bumetanide oral tablet</i>	
<i>furosemide injection solution</i>	
<i>furosemide oral solution</i>	
<i>furosemide oral tablet</i>	
<i>torsemide oral tablet</i>	
Diuretics, Potassium-sparing	
<i>amiloride hcl oral tablet</i>	
<i>eplerenone oral tablet</i>	
<i>spironolactone oral tablet</i>	
Diuretics, Thiazide	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	
<i>chlorthalidone oral tablet</i>	
DIURIL ORAL SUSPENSION	
<i>hydrochlorothiazide oral capsule</i>	
<i>hydrochlorothiazide oral tablet</i>	
<i>indapamide oral tablet</i>	
<i>metolazone oral tablet</i>	
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	
<i>fenofibrate oral capsule 50 mg</i>	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	
<i>fenofibric acid oral capsule delayed release</i>	
<i>gemfibrozil oral tablet</i>	
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral tablet</i>	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	
<i>fluvastatin sodium oral capsule</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
LIVALO ORAL TABLET	ST
<i>lovastatin oral tablet</i>	
<i>pravastatin sodium oral tablet</i>	
<i>rosuvastatin calcium oral tablet</i>	
<i>simvastatin oral tablet</i>	
Dyslipidemics, Other	
<i>cholestyramine light oral packet</i>	
<i>cholestyramine light oral powder</i>	
<i>cholestyramine oral packet</i>	
<i>cholestyramine oral powder</i>	
<i>colesevelam hcl oral tablet</i>	
<i>colestipol hcl oral granules</i>	
<i>colestipol hcl oral packet</i>	
<i>colestipol hcl oral tablet</i>	
<i>ezetimibe oral tablet</i>	
<i>ezetimibe-simvastatin oral tablet</i>	
<i>icosapent ethyl oral capsule 1 gm</i>	PA
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	PA; QL (60 EA per 30 days)
NEXLETOL ORAL TABLET	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET	PA; QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	
<i>omega-3-acid ethyl esters oral capsule</i>	
<i>prevalite oral packet</i>	
<i>prevalite oral powder</i>	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	PA; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (3 ML per 28 days)
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl injection solution</i>	
<i>hydralazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>hydralazine hcl oral tablet 100 mg</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>minoxidil oral tablet</i>	
Vasodilators, Direct-acting Arterial/Venous	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	
<i>isosorbide mononitrate oral tablet</i>	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	
<i>nitro-bid transdermal ointment</i>	
<i>nitroglycerin sublingual tablet sublingual</i>	
<i>nitroglycerin transdermal patch 24 hour</i>	
<i>nitroglycerin translingual solution</i>	
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg</i>	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hcl oral capsule 10 mg</i>	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	QL (30 EA per 30 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	
<i>methylphenidate hcl oral tablet</i>	QL (90 EA per 30 days)
Central Nervous System, Other	
AUSTEDO ORAL TABLET	PA; QL (120 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet</i>	
EXSERVAN ORAL FILM	PA
INGREZZA ORAL CAPSULE 40 MG	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	PA; QL (30 EA per 30 days)
NUEDEXTA ORAL CAPSULE	PA
RADICAVA ORS ORAL SUSPENSION	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION	PA
RELYVRIO ORAL PACKET	PA; QL (60 EA per 30 days)
<i>riluzole oral tablet</i>	PA
<i>tetrabenazine oral tablet</i>	PA
ZTALMY ORAL SUSPENSION	PA
Fibromyalgia Agents	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	QL (900 ML per 30 days)
SAVELLA ORAL TABLET	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	QL (110 EA per 365 days)
Multiple Sclerosis Agents	
AUBAGIO ORAL TABLET	PA; QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	PA; QL (4 EA per 28 days)
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	PA; QL (4 EA per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	PA; QL (15 EA per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral</i>	PA; QL (120 EA per 365 days)
EXTAVIA SUBCUTANEOUS KIT	PA; QL (15 EA per 30 days)
<i>fingolimod hcl oral capsule</i>	PA; QL (30 EA per 30 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
GILENYA ORAL CAPSULE	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (0.4 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	PA; QL (14 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	PA; QL (24 EA per 365 days)
OCREVUS INTRAVENOUS SOLUTION	PA; QL (40 ML per 365 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; QL (2 ML per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (4 ML per 365 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (8.4 ML per 365 days)
TYSABRI INTRAVENOUS CONCENTRATE	PA
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	PA; QL (212 EA per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	PA; QL (74 EA per 365 days)
Dental and Oral Agents	
Dental and Oral Agents	
<i>chlorhexidine gluconate mouth/throat solution</i>	
<i>doxycycline hyclate oral tablet 20 mg</i>	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	
<i>lidocaine viscous hcl mouth/throat solution</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
oralone mouth/throat paste	
paroex mouth/throat solution 0.12 %	
pilocarpine hcl oral tablet	
triamcinolone acetonide mouth/throat paste	
Dermatological Agents	
Acne and Rosacea Agents	
accutane oral capsule	PA
acitretin oral capsule	
amnesteem oral capsule	PA
azelaic acid external gel	
benzoyl peroxide-erythromycin external gel	
claravis oral capsule	PA
clindamycin phos-benzoyl peroxy external gel 1-5 %, 1.2-5 %	
FINACEA EXTERNAL FOAM	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	PA
metronidazole external cream	
metronidazole external gel 0.75 %	
metronidazole external gel 1 %	
metronidazole external lotion	
myorisan oral capsule	PA
plexion ns external shampoo	
rosadan external cream	
rosadan external gel	
sodium sulfacetamide external shampoo 9.8 %	
tazarotene external cream	
tazarotene external gel	
tretinoin external cream 0.025 %	PA
tretinoin external cream 0.05 %	PA
zenatane oral capsule	PA
Dermatitis and Pruritus Agents	
ala-cort external cream 2.5 %	
alclometasone dipropionate external cream	
alclometasone dipropionate external ointment	
ammonium lactate external cream	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
ammonium lactate external lotion	
betamethasone dipropionate aug external cream	
betamethasone dipropionate aug external gel	
betamethasone dipropionate aug external ointment	
betamethasone dipropionate external cream	
betamethasone dipropionate external lotion	
betamethasone dipropionate external ointment	
betamethasone valerate external cream	
betamethasone valerate external lotion	
betamethasone valerate external ointment	
CIBINQO ORAL TABLET	PA; QL (30 EA per 30 days)
clobetasol propionate e external cream	
clobetasol propionate external cream	
clobetasol propionate external gel	
clobetasol propionate external ointment	
clobetasol propionate external shampoo	
clobetasol propionate external solution	
desonide external cream	
desonide external ointment	
desoximetasone external cream 0.25 %	
desoximetasone external ointment 0.25 %	
EUCRISA EXTERNAL OINTMENT	PA
fluocinolone acetonide body external oil	
fluocinolone acetonide external cream	
fluocinolone acetonide external ointment	
fluocinolone acetonide external solution	
fluocinolone acetonide scalp external oil	
fluocinonide external cream 0.05 %	
fluocinonide external cream 0.1 %	QL (120 GM per 30 days)
fluocinonide external gel	
fluocinonide external ointment	
fluocinonide external solution	
fluticasone propionate external cream	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>fluticasone propionate external ointment</i>	
<i>halobetasol propionate external cream</i>	
<i>halobetasol propionate external ointment</i>	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	
<i>hydrocortisone external cream 2.5 %</i>	
<i>hydrocortisone external lotion 2.5 %</i>	
<i>hydrocortisone external ointment 2.5 %</i>	
<i>hydrocortisone valerate external cream</i>	QL (60 GM per 30 days)
<i>mometasone furoate external cream</i>	
<i>mometasone furoate external ointment</i>	
<i>mometasone furoate external solution</i>	
OPZELURA EXTERNAL CREAM	PA; QL (240 GM per 30 days)
<i>selenium sulfide external lotion</i>	
<i>tacrolimus external ointment</i>	
<i>triamcinolone acetonide external cream</i>	
<i>triamcinolone acetonide external lotion</i>	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	
<i>triderm external cream</i>	
Dermatological Agents, Other	
<i>calcipotriene external cream</i>	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	QL (60 ML per 30 days)
<i>clotrimazole-betamethasone external cream</i>	
<i>diclofenac sodium external gel 3 %</i>	ST; QL (300 GM per 30 days)
<i>fluorouracil external cream 0.5 %</i>	
<i>fluorouracil external cream 5 %</i>	
<i>fluorouracil external solution 2 %</i>	
<i>fluorouracil external solution 5 %</i>	
<i>imiquimod external cream 5 %</i>	
<i>nystatin-triamcinolone external cream</i>	
<i>nystatin-triamcinolone external ointment</i>	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	ST
<i>podofilox external solution</i>	
SANTYL EXTERNAL OINTMENT	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>silver sulfadiazine external cream</i>	
SSD EXTERNAL CREAM	
<i>urea external lotion</i>	
Pediculicides/Scabicides	
<i>malathion external lotion</i>	
<i>permethrin external cream</i>	
Topical Anti-infectives	
<i>acyclovir external ointment</i>	
BACTROBAN NASAL NASAL OINTMENT 2 %	
<i>ciclodan external solution</i>	PA
<i>ciclopirox external gel</i>	
<i>ciclopirox external shampoo</i>	
<i>ciclopirox external solution</i>	PA
<i>ciclopirox olamine external cream</i>	
<i>ciclopirox olamine external suspension</i>	
<i>clindamycin phosphate external lotion</i>	
<i>clindamycin phosphate external solution</i>	
<i>ery external pad</i>	
<i>erythromycin external gel</i>	
<i>erythromycin external pad 2 %</i>	
<i>erythromycin external solution</i>	
<i>mupirocin external ointment</i>	
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<i>aminosyn ii intravenous solution 15 %</i>	B/D
CARBAGLU ORAL TABLET SOLUBLE	
<i>carglumic acid oral tablet soluble</i>	
<i>clinisol sf intravenous solution</i>	B/D
<i>dextrose intravenous solution 5 %</i>	
<i>dextrose-nad intravenous solution 5-0.45 %, 5-0.9 %</i>	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	
<i>klor-con m10 oral tablet extended release</i>	
<i>klor-con m15 oral tablet extended release</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
klor-con m20 oral tablet extended release	
klor-con oral packet	
KLOR-CON ORAL TABLET EXTENDED RELEASE	
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	
plenamine intravenous solution	B/D
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	
potassium chloride crys er oral tablet extended release 15 meq	
potassium chloride er oral capsule extended release	
potassium chloride er oral tablet extended release	
potassium chloride oral packet	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	
potassium citrate er oral tablet extended release	
sodium chloride intravenous solution 0.45 %, 0.9 %	
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	PA
Electrolyte/Mineral/Metal Modifiers	
CHEMET ORAL CAPSULE	
CLOVIQUE ORAL CAPSULE 250 MG	PA
deferasirox granules oral packet	PA
deferasirox oral tablet	PA
deferasirox oral tablet soluble	PA
deferiprone oral tablet	PA
sodium polystyrene sulfonate oral powder	
trientine hcl oral capsule	PA
Phosphate Binders	
AURYXIA ORAL TABLET	PA
calcium acetate (phos binder) oral capsule	
calcium acetate oral tablet 667 mg	
lanthanum carbonate oral tablet chewable	
sevelamer carbonate oral packet	
sevelamer carbonate oral tablet	
VELPHORO ORAL TABLET CHEWABLE	
Potassium Binders	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
kionex oral suspension 15 gm/60ml	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	
sps oral suspension	
VELTASSA ORAL PACKET	
Vitamins	
prenatal oral tablet 27-1 mg	
Gastrointestinal Agents	
Anti-Constipation Agents	
constulose oral solution	
enulose oral solution	
generlac oral solution	
lactulose encephalopathy oral solution	
lactulose oral solution 10 gm/15ml	
LINZESS ORAL CAPSULE	QL (30 EA per 30 days)
lubiprostone oral capsule	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET	QL (30 EA per 30 days)
pegylax oral powder 17 gm/scoop	
polyethylene glycol 3350 oral packet 17 gm	
polyethylene glycol 3350 oral powder	
RELISTOR ORAL TABLET	ST; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	ST; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	ST; QL (12 ML per 30 days)
Anti-Diarrheal Agents	
alosetron hcl oral tablet	PA
diphenoxylate-atropine oral tablet	
loperamide hcl oral capsule	
XERMELO ORAL TABLET	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal	
CUVPOSA ORAL SOLUTION	
dicyclomine hcl oral capsule	
dicyclomine hcl oral solution	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
dicyclomine hcl oral tablet	
glycopyrrolate injection solution	
glycopyrrolate oral solution	
glycopyrrolate oral tablet 1 mg, 2 mg	
Gastrointestinal Agents, Other	
CLENPIQ ORAL SOLUTION	
GATTEX SUBCUTANEOUS KIT	PA
gavilyte-c oral solution reconstituted	
gavilyte-g oral solution reconstituted	
gavilyte-h oral kit 5-210 mg-gm	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	
metoclopramide hcl oral solution 5 mg/5ml	
metoclopramide hcl oral tablet	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	PA
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION	
peg 3350/electrolytes oral solution reconstituted 240 gm	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	
peg-3350/electrolytes oral solution reconstituted	
RECTIV RECTAL OINTMENT	
SUPREP BOWEL PREP KIT ORAL SOLUTION	
trilyte oral solution reconstituted 420 gm	
ursodiol oral capsule 300 mg	
ursodiol oral tablet	
XIFAXAN ORAL TABLET	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	PA
Histamine2 (H2) Receptor Antagonists	
famotidine oral suspension reconstituted	
famotidine oral tablet 20 mg, 40 mg	
nizatidine oral solution 15 mg/ml	
Protectants	
misoprostol oral tablet 100 mcg	
misoprostol oral tablet 200 mcg	
sucralfate oral suspension	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>sucralfate oral tablet</i>	
Proton Pump Inhibitors	
DEXILANT ORAL CAPSULE DELAYED RELEASE	QL (30 EA per 30 days)
<i>dexlansoprazole oral capsule delayed release</i>	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg</i>	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release</i>	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
ALDURAZYME INTRAVENOUS SOLUTION	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	PA
<i>betaine oral powder</i>	
CERDELGA ORAL CAPSULE	PA
CHOLBAM ORAL CAPSULE	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	
<i>cromolyn sodium oral concentrate</i>	
CYSTADANE ORAL POWDER	
CYSTAGON ORAL CAPSULE	
ELAPRASE INTRAVENOUS SOLUTION	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	PA; QL (240 ML per 30 days)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	PA
GALAFOLD ORAL CAPSULE	PA; QL (14 EA per 28 days)
KANUMA INTRAVENOUS SOLUTION	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	PA
<i>miglustat oral capsule</i>	PA
NAGLAZYME INTRAVENOUS SOLUTION	PA
<i>nitisinone oral capsule</i>	
ORFADIN ORAL CAPSULE 20 MG	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
ORFADIN ORAL SUSPENSION	
PROCYNSBI ORAL CAPSULE DELAYED RELEASE	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	PA
RAVICTI ORAL LIQUID	PA
<i>sapropterin dihydrochloride oral packet</i>	PA
<i>sapropterin dihydrochloride oral tablet</i>	PA
<i>sodium phenylbutyrate oral powder</i>	
<i>sodium phenylbutyrate oral tablet</i>	
STRENSIQ SUBCUTANEOUS SOLUTION	PA
SUCRAID ORAL SOLUTION	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
VIMIZIM INTRAVENOUS SOLUTION	PA
VYndaqel ORAL CAPSULE	PA; QL (120 EA per 30 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	
ZOKINVY ORAL CAPSULE	PA; QL (120 EA per 30 days)
Genitourinary Agents	
Antispasmodics, Urinary	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	
<i>flavoxate hcl oral tablet</i>	
GELNIQUE PUMP TRANSDERMAL GEL 10 %	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	
<i>oxybutynin chloride oral syrup</i>	
<i>oxybutynin chloride oral tablet</i>	
<i>solifenacain succinate oral tablet</i>	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	
<i>tolterodine tartrate oral tablet</i>	
<i>trospium chloride er oral capsule extended release 24 hour</i>	
<i>trospium chloride oral tablet</i>	
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	
<i>doxazosin mesylate oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
dutasteride oral capsule	
dutasteride-tamsulosin hcl oral capsule	
finasteride oral tablet 5 mg	
silodosin oral capsule	
tadalafil oral tablet 2.5 mg, 5 mg	PA; QL (30 EA per 30 days)
tamsulosin hcl oral capsule	
Genitourinary Agents, Other	
acetic acid irrigation solution	
bethanechol chloride oral tablet	
d-penamine oral tablet 125 mg	
ELMIRON ORAL CAPSULE	
penicillamine oral tablet	
THIOLA EC ORAL TABLET DELAYED RELEASE	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
cortisone acetate oral tablet 25 mg	
dexamethasone oral elixir	
dexamethasone oral solution	
dexamethasone oral tablet	
fludrocortisone acetate oral tablet	
hydrocortisone oral tablet	
methylprednisolone oral tablet	
methylprednisolone oral tablet therapy pack	
prednisolone oral solution	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml	
prednisolone sodium phosphate oral solution 25 mg/5ml	
prednisone oral solution	
prednisone oral tablet	
prednisone oral tablet therapy pack	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
desmopressin ace spray refrig nasal solution	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>desmopressin acetate injection solution</i>	
<i>desmopressin acetate nasal solution</i>	
<i>desmopressin acetate oral tablet</i>	
<i>desmopressin acetate pf injection solution</i>	
<i>desmopressin acetate spray nasal solution</i>	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	PA; QL (1 EA per 168 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	PA
INCRELEX SUBCUTANEOUS SOLUTION	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	PA
STIMATE NASAL SOLUTION 1.5 MG/ML	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
KORLYM ORAL TABLET	PA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Anabolic Steroids	
ANADROL-50 ORAL TABLET 50 MG	PA
<i>oxandrolone oral tablet 10 mg</i>	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	PA; QL (240 EA per 30 days)
Androgens	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	PA
<i>danazol oral capsule</i>	
STRIANT BUCCAL 30 MG	PA
<i>testosterone cypionate intramuscular solution</i>	PA
<i>testosterone enanthate intramuscular solution</i>	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	PA
Estrogens	
<i>afirmelle oral tablet</i>	
<i>altavera oral tablet</i>	
<i>alyacen 1/35 oral tablet</i>	
<i>alyacen 7/7/7 oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
amabelz oral tablet	
amethyst oral tablet	
aubra eq oral tablet	
aurovela 1.5/30 oral tablet	
aurovela 1/20 oral tablet	
aurovela 24 fe oral tablet	
aurovela fe 1.5/30 oral tablet	
aurovela fe 1/20 oral tablet	
aviane oral tablet	
ayuna oral tablet	
azurette oral tablet	
balziva oral tablet	
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	
blisovi 24 fe oral tablet	
blisovi fe 1.5/30 oral tablet	
blisovi fe 1/20 oral tablet	
briellyn oral tablet	
chateal eq oral tablet	
chateal oral tablet	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	
cryselle-28 oral tablet	
cyclafem 1/35 oral tablet 1-35 mg-mcg	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	
dasetta 1/35 oral tablet	
dasetta 7/7/7 oral tablet	
delyla oral tablet	
depo-estradiol intramuscular oil	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	
dolishale oral tablet	
dotti transdermal patch twice weekly	
elinest oral tablet	
enpresse-28 oral tablet	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>estarrylla oral tablet</i>	
<i>estradiol oral tablet</i>	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1.25mg/1.25gm</i>	
<i>estradiol transdermal patch twice weekly</i>	
<i>estradiol transdermal patch weekly</i>	
<i>estradiol vaginal cream</i>	
<i>estradiol vaginal tablet</i>	
<i>estradiol-norethindrone acet oral tablet</i>	
ESTRING VAGINAL RING	QL (1 EA per 90 days)
<i>ethynodiol diac-eth estradiol oral tablet</i>	
<i>falmina oral tablet</i>	
FEMRING VAGINAL RING	QL (1 EA per 90 days)
<i>femynor oral tablet</i>	
<i>fyavolv oral tablet</i>	
<i>hailey 1.5/30 oral tablet</i>	
<i>hailey 24 fe oral tablet</i>	
<i>hailey fe 1.5/30 oral tablet</i>	
<i>hailey fe 1/20 oral tablet</i>	
<i>jinteli oral tablet</i>	
<i>junel 1.5/30 oral tablet</i>	
<i>junel 1/20 oral tablet</i>	
<i>junel fe 1.5/30 oral tablet</i>	
<i>junel fe 1/20 oral tablet</i>	
<i>junel fe 24 oral tablet</i>	
<i>kariva oral tablet</i>	
<i>kelnor 1/35 oral tablet</i>	
<i>kelnor 1/50 oral tablet</i>	
<i>kimidess oral tablet 0.15-0.02/0.01 mg (21/5)</i>	
<i>kurvelo oral tablet</i>	
<i>larin 1.5/30 oral tablet</i>	
<i>larin 1/20 oral tablet</i>	
<i>larin 24 fe oral tablet</i>	
<i>larin fe 1.5/30 oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
larin fe 1/20 oral tablet	
larissia oral tablet 0.1-20 mg-mcg	
lessina oral tablet	
levonest oral tablet	
levonorgestrel-ethynodiol dihydrogen oral tablet	
levonorg-eth estrad triphasic oral tablet	
levora 0.15/30 (28) oral tablet	
lilow oral tablet 0.15-30 mg-mcg	
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	
low-ogestrel oral tablet	
lutera oral tablet	
lyllana transdermal patch twice weekly	
marlissa oral tablet	
menest oral tablet	
microgestin 1.5/30 oral tablet	
microgestin 1/20 oral tablet	
microgestin 24 fe oral tablet	
microgestin fe 1.5/30 oral tablet	
microgestin fe 1/20 oral tablet	
mili oral tablet	
mimvey lo oral tablet 0.5-0.1 mg	
mimvey oral tablet	
mono-linyah oral tablet	
mononessa oral tablet 0.25-35 mg-mcg	
necon 0.5/35 (28) oral tablet	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	
norethin ace-eth estrad-fe oral tablet	
norethindrone acet-ethynodiol oral tablet	
norethindrone-eth estradiol oral tablet	
norgestimate-eth estradiol oral tablet	
norgestimate-ethynodiol estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	
nortrel 0.5/35 (28) oral tablet	
nortrel 1/35 (21) oral tablet	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
nortrel 1/35 (28) oral tablet	
nortrel 7/7/7 oral tablet	
nylia 1/35 oral tablet	
nylia 7/7/7 oral tablet	
nymyo oral tablet	
orsythia oral tablet	
philith oral tablet	
pimtrea oral tablet	
pirmella 1/35 oral tablet	
pirmella 7/7/7 oral tablet	
portia-28 oral tablet	
PREMARIN ORAL TABLET	
PREMARIN VAGINAL CREAM	
PREMPHASE ORAL TABLET	
PREMPRO ORAL TABLET	
previfem oral tablet 0.25-35 mg-mcg	
simliya oral tablet	
sprintec 28 oral tablet	
sronyx oral tablet	
tarina 24 fe oral tablet	
tarina fe 1/20 eq oral tablet	
tri femynor oral tablet	
tri-estarylla oral tablet	
tri-linyah oral tablet	
tri-mili oral tablet	
trinessa (28) oral tablet	
tri-nymyo oral tablet	
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	
tri-sprintec oral tablet	
trivora (28) oral tablet	
tri-vylibra oral tablet	
vienva oral tablet	
viorele oral tablet	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
volnea oral tablet	
vyfemla oral tablet	
vylibra oral tablet	
wera oral tablet	
yuvafem vaginal tablet	
zovia 1/35 (28) oral tablet	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	
Progestins	
camila oral tablet	
deblitane oral tablet	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	QL (0.65 ML per 90 days)
errin oral tablet	
heather oral tablet	
incassia oral tablet	
jencycla oral tablet	
jolivette oral tablet 0.35 mg	
lyleq oral tablet	
lyza oral tablet	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
medroxyprogesterone acetate intramuscular suspension	QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe	QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet	
megestrol acetate oral suspension 40 mg/ml	PA
megestrol acetate oral suspension 625 mg/5ml	PA
megestrol acetate oral tablet	PA
nora-be oral tablet	
norethindrone acetate oral tablet	
norethindrone oral tablet	
norlyda oral tablet	
norlyroc oral tablet	
progesterone oral capsule	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>sharobel oral tablet</i>	
<i>tulana oral tablet 0.35 mg</i>	
Selective Estrogen Receptor Modifying Agents	
OSPHENA ORAL TABLET	PA; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
EUTHYROX ORAL TABLET	
LEVO-T ORAL TABLET	
<i>levothyroxine sodium oral tablet</i>	
LEVOXYL ORAL TABLET	
<i>liothyronine sodium oral tablet</i>	
SYNTHROID ORAL TABLET	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	
UNITHROID ORAL TABLET	
Hormonal Agents, Suppressant (Adrenal)	
Hormonal Agents, Suppressant (Adrenal)	
ISTURISA ORAL TABLET	PA
LYSODREN ORAL TABLET	
RECORLEV ORAL TABLET	PA; QL (240 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline oral tablet</i>	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	PA; QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	PA; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	PA; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	PA; QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; QL (1 EA per 28 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	PA
<i>leuprolide acetate injection kit</i>	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	PA; QL (1 EA per 168 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	PA; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	PA; QL (1 EA per 84 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	PA
MYFEMBREE ORAL TABLET	PA; QL (30 EA per 30 days)
<i>octreotide acetate injection solution</i>	PA
ORGOVYX ORAL TABLET	PA
ORILISSA ORAL TABLET 150 MG	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	PA; QL (60 EA per 30 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	PA; QL (1 EA per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	PA
SUPPRELIN LA SUBCUTANEOUS KIT	PA; QL (1 EA per 365 days)
SYNAREL NASAL SOLUTION	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	PA; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	PA; QL (1 EA per 168 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	PA; QL (1 EA per 168 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	PA; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	PA; QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral tablet</i>	
<i>propylthiouracil oral tablet</i>	
Immunological Agents	
Angioedema Agents	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	PA
<i>icatibant acetate subcutaneous solution</i>	PA
<i>sajazir subcutaneous solution</i>	PA
Immunoglobulins	
ASCENIV INTRAVENOUS SOLUTION	PA
BIVIGAM INTRAVENOUS SOLUTION	PA
<i>carimune nf intravenous solution reconstituted 12 gm, 6 gm</i>	PA
CUTAQUIG SUBCUTANEOUS SOLUTION	PA
CUVITRU SUBCUTANEOUS SOLUTION	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	PA
GAMASTAN INTRAMUSCULAR INJECTABLE	PA
<i>gammagard injection solution 1 gm/10ml, 10 gm/100ml, 20 gm/200ml, 5 gm/50ml</i>	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	PA
GAMMAKED INJECTION SOLUTION	PA
GAMMAPLEX INTRAVENOUS SOLUTION	PA
GAMUNEX-C INJECTION SOLUTION	PA
HEPAGAM B INJECTION SOLUTION	B/D
HIZENTRA SUBCUTANEOUS SOLUTION	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
HYPERHEP B INTRAMUSCULAR SOLUTION	B/D
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	B/D
HYPERRAB INJECTION SOLUTION	B/D
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	B/D
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	PA
IMOGLAM RABIES-HT INJECTION SOLUTION	B/D
KEDRAB INJECTION SOLUTION	B/D
NABI-HB INTRAMUSCULAR SOLUTION	B/D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	PA
PANZYGA INTRAVENOUS SOLUTION	PA
PRIVIGEN INTRAVENOUS SOLUTION	PA

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
SYNAGIS INTRAMUSCULAR SOLUTION	PA
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	
VARIZIG INTRAMUSCULAR SOLUTION	PA
XEMBIFY SUBCUTANEOUS SOLUTION	PA
Immunological Agents, Other	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (3.6 ML per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	PA; QL (8 ML per 28 days)
EMPAVELI SUBCUTANEOUS SOLUTION	PA
ENJAYMO INTRAVENOUS SOLUTION	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	PA
ILARIS SUBCUTANEOUS SOLUTION	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
LEMTRADA INTRAVENOUS SOLUTION	PA

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	PA; QL (30 EA per 30 days)
SAPHNELO INTRAVENOUS SOLUTION	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	PA
SKYRIZI INTRAVENOUS SOLUTION	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
STELARA INTRAVENOUS SOLUTION	PA
STELARA SUBCUTANEOUS SOLUTION	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
XELJANZ ORAL SOLUTION	PA
XELJANZ ORAL TABLET	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	PA
Immunostimulants	
ACTIMMUNE SUBCUTANEOUS SOLUTION	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	PA
INTRON A INJECTION SOLUTION RECONSTITUTED	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	PA
PEGASYS SUBCUTANEOUS SOLUTION	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	PA
Immunosuppressants	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	B/D

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>azathioprine oral tablet 50 mg</i>	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	PA
CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	PA
<i>cyclosporine modified oral capsule</i>	B/D
<i>cyclosporine modified oral solution</i>	B/D
<i>cyclosporine oral capsule</i>	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	PA
ENBREL SUBCUTANEOUS SOLUTION	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
<i>everolimus oral tablet 0.25 mg</i>	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	B/D
<i>gengraf oral capsule</i>	B/D
<i>gengraf oral solution</i>	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	PA
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	PA
<i>leflunomide oral tablet</i>	
<i>methotrexate oral tablet</i>	
<i>methotrexate sodium (pf) injection solution</i>	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	
<i>methotrexate sodium oral tablet</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
mycophenolate mofetil oral capsule	B/D
mycophenolate mofetil oral suspension reconstituted	B/D
mycophenolate mofetil oral tablet	B/D
mycophenolate sodium oral tablet delayed release	B/D
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	PA
PROGRAF ORAL PACKET 0.2 MG	B/D
PROGRAF ORAL PACKET 1 MG	B/D
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	PA
REZUROCK ORAL TABLET	PA; QL (60 EA per 30 days)
SANDIMMUNE ORAL SOLUTION	B/D
SIMPONI ARIA INTRAVENOUS SOLUTION	PA
sirolimus oral solution	B/D
sirolimus oral tablet 0.5 mg, 1 mg	B/D
sirolimus oral tablet 2 mg	B/D
tacrolimus oral capsule	B/D
XATMEP ORAL SOLUTION	
ZORTRESS ORAL TABLET 1 MG	B/D
Vaccines	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	
ADACEL INTRAMUSCULAR SUSPENSION	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
BOOSTRIX INTRAMUSCULAR SUSPENSION	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
DAPTACEL INTRAMUSCULAR SUSPENSION	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	
ENGERIX-B INJECTION SUSPENSION	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
HAVRIX INTRAMUSCULAR SUSPENSION	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	
IPOP INJECTION INJECTABLE	
IXIARO INTRAMUSCULAR SUSPENSION	
KINRIX INTRAMUSCULAR SUSPENSION	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
MENACTRA INTRAMUSCULAR SOLUTION	
MENQUADFI INTRAMUSCULAR SOLUTION	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	
M-M-R II INJECTION SOLUTION RECONSTITUTED	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	
PREHEVBIO INTRAMUSCULAR SUSPENSION	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	
QUADRACEL INTRAMUSCULAR SUSPENSION	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	B/D
RECOMBIVAX HB INJECTION SUSPENSION	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	
ROTAVERSE ORAL SOLUTION	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	
TDVAX INTRAMUSCULAR SUSPENSION	
TENIVAC INTRAMUSCULAR INJECTABLE	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
TYPHIM VI INTRAMUSCULAR SOLUTION	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	
VAQTA INTRAMUSCULAR SUSPENSION	
VARIVAX SUBCUTANEOUS INJECTABLE	
VAXELIS INTRAMUSCULAR SUSPENSION	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
YF-VAX SUBCUTANEOUS INJECTABLE	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium oral capsule</i>	
<i>mesalamine er oral capsule 0.375 gm</i>	
<i>mesalamine oral tablet delayed release</i>	
<i>mesalamine rectal enema</i>	
<i>mesalamine rectal suppository</i>	
<i>mesalamine-cleanser rectal kit</i>	
<i>sulfasalazine oral tablet</i>	
<i>sulfasalazine oral tablet delayed release</i>	
Glucocorticoids	
<i>budesonide er oral tablet extended release 24 hour</i>	
<i>budesonide oral capsule delayed release particles</i>	
<i>cocolort rectal enema 100 mg/60ml</i>	
<i>hydrocortisone rectal enema</i>	
<i>procto-med hc external cream</i>	
<i>proctosol hc external cream</i>	
<i>proctozone-hc external cream</i>	
TARPEYO ORAL CAPSULE DELAYED RELEASE	PA; QL (120 EA per 30 days)
Metabolic Bone Disease Agents	
Metabolic Bone Disease Agents	
<i>alendronate sodium oral solution</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg	
alendronate sodium oral tablet 70 mg	QL (4 EA per 28 days)
calcitonin (salmon) nasal solution	QL (3.7 ML per 30 days)
calcitriol oral capsule	
cinacalcet hcl oral tablet 30 mg, 60 mg	
cinacalcet hcl oral tablet 90 mg	
doxercalciferol oral capsule	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA
ibandronate sodium oral tablet	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE	PA; QL (2 EA per 28 days)
paricalcitol oral capsule	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	QL (2 ML per 365 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	
risedronate sodium oral tablet 150 mg	QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg, 5 mg	
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	QL (4 EA per 28 days)
risedronate sodium oral tablet delayed release	QL (4 EA per 28 days)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	PA
XGEVA SUBCUTANEOUS SOLUTION	PA
Miscellaneous Therapeutic Agents	
Miscellaneous Therapeutic Agents	
alcohol prep pads pad 70 %	
bd ultra-fine insulin syringes	QL (200 EA per 30 days)
cvs gauze sterile pad 2"x2"	
ELLA ORAL TABLET	
IGALMI SUBLINGUAL FILM	PA
insulin pen needles 29g x 12mm , 32g x 4 mm , 32g x 6 mm	QL (200 EA per 30 days)
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	QL (200 EA per 30 days)
KORSUVA INTRAVENOUS SOLUTION	PA
LAGEVRIO ORAL CAPSULE	QL (40 EA per 5 days)
LIVMARLI ORAL SOLUTION	PA; QL (90 ML per 30 days)
NUTRILIPID INTRAVENOUS EMULSION	B/D
OMNIPOD 5 G6 INTRO (GEN 5) KIT	QL (1 EA per 365 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
OMNIPOD 5 G6 POD (GEN 5)	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	QL (30 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	QL (30 EA per 30 days)
OXLUMO SUBCUTANEOUS SOLUTION	PA
PALFORZIA ORAL PACKET 300 MG	PA
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	QL (30 EA per 5 days)
SODIUM CHLORIDE IRRIGATION SOLUTION	
TAVNEOS ORAL CAPSULE	PA; QL (180 EA per 30 days)
V-GO 20 KIT	
V-GO 30 KIT	
V-GO 40 KIT	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	PA; QL (56 EA per 28 days)
VISTOGARD ORAL PACKET	
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; QL (30 EA per 30 days)
VYVGART INTRAVENOUS SOLUTION	PA
Ophthalmic Agents	
Ophthalmic Agents, Other	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	
COMBIGAN OPHTHALMIC SOLUTION	
CYSTARAN OPHTHALMIC SOLUTION	PA; QL (60 ML per 28 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	
<i>neo-polycin hc ophthalmic ointment</i>	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>neo-polycin ophthalmic ointment</i>	
<i>polycin ophthalmic ointment</i>	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	
PRED-G S.O.P. OPHTHALMIC OINTMENT	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	
RESTASIS OPHTHALMIC EMULSION	
ROCKLATAN OPHTHALMIC SOLUTION	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	
TOBRADEX OPHTHALMIC OINTMENT	
TOBRADEX ST OPHTHALMIC SUSPENSION	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	
VABYSMO INTRAVITREAL SOLUTION	PA
IIDRA OPHTHALMIC SOLUTION	QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION	
Ophthalmic Anti-allergy Agents	
<i>azelastine hcl ophthalmic solution</i>	
<i>bepotastine besilate ophthalmic solution</i>	
<i>cromolyn sodium ophthalmic solution</i>	
<i>epinastine hcl ophthalmic solution</i>	
<i>olopatadine hcl ophthalmic solution</i>	
Ophthalmic Anti-Infectives	
<i>bacitracin ophthalmic ointment</i>	
BESIVANCE OPHTHALMIC SUSPENSION	
CILOXAN OPHTHALMIC OINTMENT	
<i>ciprofloxacin hcl ophthalmic solution</i>	
<i>erythromycin ophthalmic ointment</i>	
<i>gatifloxacin ophthalmic solution</i>	
<i>gentak ophthalmic ointment</i>	
<i>gentamicin sulfate ophthalmic solution</i>	
<i>levofloxacin ophthalmic solution 0.5 %</i>	
<i>moxifloxacin hcl ophthalmic solution</i>	
NATACYN OPHTHALMIC SUSPENSION	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>ofloxacin ophthalmic solution</i>	
<i>sulfacetamide sodium ophthalmic ointment</i>	
<i>sulfacetamide sodium ophthalmic solution</i>	
<i>tobramycin ophthalmic solution</i>	
<i>trifluridine ophthalmic solution</i>	
ZIRGAN OPHTHALMIC GEL	
Ophthalmic Anti-inflammatories	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	
<i>diclofenac sodium ophthalmic solution</i>	
<i>difluprednate ophthalmic emulsion</i>	
FLAREX OPHTHALMIC SUSPENSION	
<i>fluorometholone ophthalmic suspension</i>	
<i>flurbiprofen sodium ophthalmic solution</i>	
FML FORTE OPHTHALMIC SUSPENSION	
FML OPHTHALMIC OINTMENT	
ILEVRO OPHTHALMIC SUSPENSION	QL (6 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution</i>	
LOTEMAX SM OPHTHALMIC GEL	QL (20 GM per 365 days)
<i>loteprednol etabonate ophthalmic gel</i>	QL (20 GM per 365 days)
<i>loteprednol etabonate ophthalmic suspension</i>	
PRED MILD OPHTHALMIC SUSPENSION	
<i>prednisolone acetate ophthalmic suspension</i>	
PROLENSA OPHTHALMIC SOLUTION	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents	
<i>betaxolol hcl ophthalmic solution</i>	
<i>carteolol hcl ophthalmic solution</i>	
<i>levobunolol hcl ophthalmic solution</i>	
<i>timolol maleate (once-daily) ophthalmic solution</i>	
<i>timolol maleate ophthalmic gel forming solution</i>	
<i>timolol maleate ophthalmic solution</i>	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
<i>acetazolamide er oral capsule extended release 12 hour</i>	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
<i>apraclonidine hcl ophthalmic solution</i>	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	
<i>brinzolamide ophthalmic suspension</i>	
<i>dorzolamide hcl ophthalmic solution</i>	
<i>methazolamide oral tablet</i>	
<i>pilocarpine hcl ophthalmic solution</i>	
RHOPRESSA OPHTHALMIC SOLUTION	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs	
<i>latanoprost ophthalmic solution</i>	
LUMIGAN OPHTHALMIC SOLUTION	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	QL (5 ML per 25 days)
Otic Agents	
Otic Agents	
<i>acetic acid otic solution</i>	
CIPRO HC OTIC SUSPENSION	
CIPROFLOXACIN HCL OTIC SOLUTION	
<i>ciprofloxacin-dexamethasone otic suspension</i>	
<i>flac otic oil</i>	
<i>fluocinolone acetonide otic oil</i>	
<i>hydrocortisone-acetic acid otic solution</i>	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	
<i>neomycin-polymyxin-hc otic suspension</i>	
<i>ofloxacin otic solution</i>	
Respiratory Tract/Pulmonary Agents	
Antihistamines	
<i>azelastine hcl nasal solution 0.1 %</i>	QL (60 ML per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i>	QL (60 ML per 30 days)
<i>ciproheptadine hcl oral tablet</i>	
<i>diphenhydramine hcl injection solution</i>	
<i>hydroxyzine hcl oral tablet</i>	
<i>levocetirizine dihydrochloride oral tablet</i>	
Anti-inflammatories, Inhaled Corticosteroids	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (1 EA per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	QL (13 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	QL (23.6 GM per 28 days)
<i>budesonide inhalation suspension</i>	B/D; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	QL (21.2 GM per 30 days)
<i>flunisolide nasal solution</i>	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension</i>	
<i>mometasone furoate nasal suspension</i>	QL (34 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	ST; QL (21.2 GM per 30 days)
Antileukotrienes	
<i>montelukast sodium oral packet</i>	
<i>montelukast sodium oral tablet</i>	
<i>montelukast sodium oral tablet chewable</i>	
<i>zafirlukast oral tablet</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA INHALATION AEROSOL SOLUTION	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	B/D; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	QL (60 ML per 30 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
SPIRIVA HANDIHALER INHALATION CAPSULE	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	
YUPELRI INHALATION SOLUTION	B/D; QL (90 ML per 30 days)
Bronchodilators, Sympathomimetic	
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)</i>	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)</i>	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	B/D; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	B/D; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	B/D; QL (100 EA per 30 days)
<i>albuterol sulfate oral syrup</i>	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	
<i>epinephrine injection solution auto-injector</i>	
<i>formoterol fumarate inhalation nebulization solution</i>	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	B/D; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	B/D; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	B/D; QL (270 ML per 30 days)
<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	QL (30 GM per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION	B/D; QL (120 ML per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	
Cystic Fibrosis Agents	
CAYSTON INHALATION SOLUTION RECONSTITUTED	PA
KALYDECO ORAL PACKET	PA

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
KALYDECO ORAL TABLET	PA
ORKAMBI ORAL PACKET	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	PA; QL (56 EA per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	PA; QL (60 EA per 30 days)
TOBI PODHALER INHALATION CAPSULE	QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution</i>	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	PA; QL (84 EA per 28 days)
Mast Cell Stabilizers	
<i>cromolyn sodium inhalation nebulization solution</i>	B/D
Phosphodiesterase Inhibitors, Airways Disease	
DALIRESP ORAL TABLET	PA
<i>roflumilast oral tablet</i>	PA
<i>theophylline er oral tablet extended release 12 hour</i>	
<i>theophylline er oral tablet extended release 24 hour</i>	
Pulmonary Antihypertensives	
ADEMPAS ORAL TABLET	PA; QL (90 EA per 30 days)
<i>alyq oral tablet</i>	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	PA; QL (60 EA per 30 days)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg</i>	B/D
<i>epoprostenol sodium intravenous solution reconstituted 1.5 mg</i>	B/D
OPSUMIT ORAL TABLET	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	PA
<i>sildenafil citrate oral tablet 20 mg</i>	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	PA; QL (60 EA per 30 days)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	PA
VENTAVIS INHALATION SOLUTION	PA; QL (270 ML per 30 days)
Pulmonary Fibrosis Agents	
ESBRIET ORAL CAPSULE	PA
ESBRIET ORAL TABLET	PA
OFEV ORAL CAPSULE	PA
<i>pirfenidone oral tablet</i>	PA

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
Respiratory Tract Agents, Other	
acetylcysteine inhalation solution	B/D
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	QL (8 GM per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	QL (13 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	B/D; QL (540 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; QL (3 EA per 28 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	QL (13.8 GM per 30 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (1.91 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	QL (60 EA per 30 days)
<i>wixela inhale inhalation aerosol powder breath activated</i>	QL (60 EA per 30 days)
Skeletal Muscle Relaxants	
Skeletal Muscle Relaxants	
carisoprodol oral tablet 350 mg	PA
chlorzoxazone oral tablet 500 mg	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	
methocarbamol oral tablet 500 mg, 750 mg	
orphenadrine citrate er oral tablet extended release 12 hour	
Sleep Disorder Agents	
Sleep Promoting Agents	

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Drug Name	Requirements/Limits
BELSOMRA ORAL TABLET	QL (30 EA per 30 days)
<i>eszopiclone oral tablet</i>	QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release</i>	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	QL (30 EA per 30 days)
Wakefulness Promoting Agents	
<i>armodafinil oral tablet 150 mg</i>	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 200 mg</i>	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 250 mg</i>	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet</i>	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION	PA; QL (540 ML per 30 days)

Formulary ID 22331 Version 20 Effective Date: 12/01/2022

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Last Updated: November 2022

Index of Drugs

A

abacavir sulfate.....38
abacavir sulfate-lamivudine...38
abacavir-lamivudine-zidovudine
.....38
ABELCET22
ABILIFY MAINTENA.....34
abiraterone acetate26
acamprosate calcium10
acarbose41
accutane.....56
acebutolol hcl.....48
acetaminophen-codeine.....9
acetaminophen-codeine #3....9
acetazolamide49
acetazolamide er84
acetic acid65, 85
acetylcysteine89
acitretin.....56
ACTEMRA.....75
ACTEMRA ACTPEN.....75
ACTHIB.....78
ACTIMMUNE.....76
acyclovir36, 59
acyclovir sodium.....36
ADACEL.....78
ADBRY.....75
adefovir dipivoxil.....36
ADEMPAS.....88
ADRENALIN.....49
AFINITOR.....28
AFINITOR DISPERZ.....28
afirmelle.....66
AIMOVIG.....24
AKYNZEO22
ala-cort56
albendazole.....32
albuterol sulfate87
albuterol sulfate er87
albuterol sulfate hfa.....87
alclometasone dipropionate..56
alcohol prep pads81
ALDURAZYME.....63
ALECENSA28
alendronate sodium80, 81
alfuzosin hcl er.....64
ALINIA.....32
aliskiren fumarate49
allopurinol.....24
alosetron hcl.....61
ALPHAGAN P.....84
alprazolam40
alprazolam intensol.....40
altavera66
ALUNBRIG28

alyacen 1/3566
alyacen 7/7/766
alyq.....88
amabelz.....67
amantadine hcl.....40
AMBISOME23
ambrisentan.....88
amethyst.....67
amikacin sulfate11
amiloride hcl.....51
amiloride-hydrochlorothiazide50
aminosyn ii.....59
amiodarone hcl47
amitriptyline hcl.....21
amlodipine besylate49
amlodipine besylate-benazepril
hcl.....50
amlodipine besylate-valsartan50
amlodipine-atorvastatin50
amlodipine-olmesartan50
amlodipine-valsartan-hctz.....50
ammonium lactate56, 57
amnesteem.....56
amoxapine21
amoxicillin13
amoxicillin-potassium
clavulanate14
amoxicillin-potassium
clavulanate er.....13
amphetamine-
dextroamphetamine.....53
amphetamine-
dextroamphetamine er.....53
amphotericin b23
amphotericin b liposome.....23
ampicillin14
ampicillin sodium.....14
ampicillin-sulbactam sodium..14
ANADROL-5066
anagrelide hcl46
anastrozole28
ANDRODERM66
ANORO ELLIPTA.....89
apraclonidine hcl85
aprepitant.....22
APRETUDE37
APTIOM.....18
APTIVUS39
ARALAST NP63
ARCALYST.....75
ariPIPrazole34
ARISTADA.....34
ARISTADA INITIO.....34
armodafinil.....90
ARNUITY ELLIPTA.....86

arsenic trioxide.....27
ASCENIV74
asenapine maleate34
ASMANEX (120 METERED
DOSES)86
ASMANEX (14 METERED
DOSES)86
ASMANEX (30 METERED
DOSES)86
ASMANEX (60 METERED
DOSES)86
ASMANEX (7 METERED
DOSES)86
ASMANEX HFA86
ASPARLAS27
aspirin-dipyridamole er46
atazanavir sulfate.....39
atenolol.....48
atenolol-chlorthalidone50
atomoxetine hcl.....53
atorvastatin calcium51
atovaquone32
atovaquone-proguanil hcl32
ATROPINE SULFATE.....82
ATROVENT HFA86
AUBAGIO54
aubra eq67
AUGMENTIN14
auvela 1.5/3067
auvela 1/2067
auvela 24 fe67
auvela fe 1.5/3067
auvela fe 1/2067
AURYXIA60
AUSTEDO54
AUVELITY20
aviane67
AVONEX PEN.....54
AVONEX PREFILLED.....54
AVONEX VIAL
INTRAMUSCULAR KIT54
ayuna.....67
AYVAKIT28
azathioprine76, 77
azelaic acid56
azelastine hcl83, 85
azithromycin.....14, 15
AZITHROMYCIN14
aztreonam.....11
azurette67
B
bacitracin83
bacitracin-polymyxin b.....82
bacitra-neomycin-polymyxin-hc
.....82

baclofen.....	36	BRIVIACT	16
BACTROBAN NASAL.....	59	bromocriptine mesylate	32
BAFIERTAM.....	54	BRUKINSA	29
balsalazide disodium.....	80	budesonide	80, 86
BALVERSA	28	budesonide er	80
balziva.....	67	bumetanide.....	51
BAQSIMI ONE PACK.....	42	buprenorphine.....	8
BAQSIMI TWO PACK.....	42	buprenorphine hcl	10
BARACLUDE.....	36	buprenorphine hcl-naloxone hcl	10
BAXDELA.....	15	bupropion hcl	20
BCG VACCINE.....	78	bupropion hcl er (smoking det)	11
bd ultra-fine insulin syringes..	81	bupropion hcl er (sr)	20
bekyree	67	bupropion hcl er (xl)	20
BELSOMRA.....	90	buspirone hcl	40
benazepril hcl	47	butalbital-apap-caffeine	54
benazepril-hydrochlorothiazide	50	BYSTOLIC.....	48
BENLYSTA.....	75, 77	C	
BENZNIDAZOLE	32	CABENUVA	37
benzoyl peroxide-erythromycin	56	cabergoline	72
benztropine mesylate.....	32	CABLIVI.....	46
bepotastine besilate	83	CABOMETYX	29
BESIVANCE	83	calcipotriene.....	58
BESREMI	27	calcitonin (salmon)	81
betaine	63	calcitriol	81
betamethasone dipropionate ..	57	calcium acetate	60
betamethasone dipropionate aug	57	calcium acetate (phos binder) ..	60
betamethasone valerate.....	57	CALQUENCE	29
BETASERON	54	camila	71
betaxolol hcl.....	48, 84	CAMZYOS.....	50
bethanechol chloride.....	65	candesartan cilexetil.....	47
bexarotene	31	candesartan cilexetil-hctz	50
BEXSERO	78	CAPLYTA	34
bicalutamide	26	CAPRELSA.....	29
BICILLIN L-A	14	captopril.....	47
BIDIL.....	50	captopril-hydrochlorothiazide ..	50
BIKTARVY.....	37	CARBAGLU.....	59
bisoprolol fumarate	48	carbamazepine	18
bisoprolol-hydrochlorothiazide	50	carbamazepine er	18
BIVIGAM	74	carbidopa.....	33
blisovi 24 fe	67	carbidopa-levodopa	33
blisovi fe 1.5/30.....	67	carbidopa-levodopa er	33
blisovi fe 1/20.....	67	carglumic acid	59
BOOSTRIX.....	78	carimune nf	74
bosentan	88	carisoprodol	89
BOSULIF.....	28	carteolol hcl.....	84
BRAUTOVI	28	cartia xt	49
BREO ELLIPTA.....	89	carvedilol	48
BREZTRI AEROSPHERE.....	86	carvedilol phosphate er	48
briellyn.....	67	caspofungin acetate	23
BRILINTA.....	46	CAYSTON	87
brimonidine tartrate	85	cefaclor	12
BRIMONIDINE TARTRATE...	85	cefadroxil	12
brimonidine tartrate-timolol....	82	cefazolin sodium	12
brinzolamide	85	CEFAZOLIN SODIUM.....	12
		cefdinir	12
		cefepime hcl.....	13
		cefixime	13
		cefotaxime sodium	13
		cefotetan disodium	13
		cefoxitin sodium	13
		cefodoxime proxetil	13
		cefprozil	13
		ceftazidime	13
		ceftazidime and dextrose.....	13
		ceftriaxone sodium	13
		cefuroxime axetil	13
		cefuroxime sodium	13
		celecoxib.....	8
		CELONTIN	17
		cephalexin	13
		CERDELGA.....	63
		CHANTIX	11
		CHANTIX CONTINUING MONTH PAK.....	11
		CHANTIX STARTING MONTH PAK	11
		chateal	67
		chateal eq	67
		CHEMET	60
		chlordiazepoxide hcl.....	40
		chlorhexidine gluconate.....	55
		chloroquine phosphate	32
		chlorothiazide.....	51
		chlorpromazine hcl	33
		chlorthalidone	51
		chlorzoxazone	89
		CHOLBAM	63
		cholestyramine	52
		cholestyramine light	52
		CIBINQO	57
		ciclodan	59
		ciclopirox	59
		ciclopirox olamine	59
		cidofovir	36
		cilostazol	46
		CILOXAN	83
		CIMDUO	38
		CIMZIA PREFILLED KIT	77
		CIMZIA STARTER KIT	77
		cinacalcet hcl	81
		CINRYZE	74
		CIPRO HC	85
		ciprofloxacin	15
		ciprofloxacin hcl	15, 83
		CIPROFLOXACIN HCL.....	85
		ciprofloxacin in d5w	15
		ciprofloxacin-dexamethasone	85
		citalopram hydrobromide	20
		claravis	56
		clarithromycin	15
		clarithromycin er	15
		CLENPIQ.....	62

CLIMARA PRO.....	67	cyclafem 1/35.....	67	dextrose-nacl	59
clindacin etz.....	11	cyclafem 7/7/7.....	67	DIACOMIT	18
clindacin-p.....	11	cyclobenzaprine hcl.....	89	diazepam	18, 40, 41
clindamycin hcl	11	cyclophosphamide	26	diazepam intensol.....	40
clindamycin palmitate hcl	11	CYCLOPHOSPHAMIDE.....	26	diazoxide	42
clindamycin phosphate....	11, 59	cycloserine.....	25	diclofenac potassium.....	8
clindamycin phosphate-benzoyl		CYCLOSET	41	diclofenac sodium	8, 58, 84
peroxide.....	56	cyclosporine.....	77	diclofenac sodium er	8
clinisol sf.....	59	cyclosporine modified.....	77	dicloxacillin sodium	14
clobazam.....	17	cyproheptadine hcl	85	dicyclomine hcl.....	61, 62
clobetasol propionate.....	57	CYSTADANE	63	didanosine	38
clobetasol propionate e	57	CYSTAGON.....	63	DIFICID	15
clomipramine hcl.....	21	CYSTARAN	82	diflunisal	8
clonazepam	17, 18	D		diluprednate	84
clonidine	47	dalfampridine er	54	digitek.....	47
clonidine hcl.....	46	DALIRESP	88	digox.....	47
clonidine hcl er.....	53	danazol.....	66	digoxin.....	48
clopidogrel bisulfate	46	dantrolene sodium.....	36	dihydroergotamine mesylate	24
clorazepate dipotassium.....	40	DANYELZA.....	31	dilantin	18
clotrimazole	23	dapsone.....	25	DILATRATE-SR.....	53
clotrimazole-betamethasone .	58	DAPTACEL.....	78	diltiazem hcl	49
CLOVIQUE.....	60	daptomycin	11	diltiazem hcl er	49
clozapine	35	darifenacin hydrobromide er ..	64	diltiazem hcl er beads.....	49
COARTEM	32	DARZALEX FASPRO.....	31	diltiazem hcl er coated beads	49
codeine sulfate.....	9	dasetta 1/35.....	67	dilt-xr	49
CODEINE SULFATE.....	9	dasetta 7/7/7.....	67	dimethyl fumarate	54
colchicine.....	24	DAURISMO	29	dimethyl fumarate starter pack	
colchicine-probenecid	24	deblitane.....	71	54
colesevelam hcl	52	deferasirox.....	60	diphenhydramine hcl	85
colestipol hcl.....	52	deferasirox granules.....	60	diphenoxylate-atropine	61
colistimethate sodium (cba) ..	11	deferiprone	60	DIPHTHERIA-TETANUS	
colocort.....	80	DELSTRIGO	37	TOXOIDS DT	78
COMBIGAN.....	82	delyla.....	67	disopyramide phosphate	48
COMBIVENT RESPIMAT.....	89	demeclocycline hcl	15	disulfiram	10
COMETRIQ.....	29	DENGVAXIA.....	78	DIURIL.....	51
COMPLERA	37	depo-estradiol.....	67	divalproex sodium	18
compro.....	22	DEPO-PROVERA	71	divalproex sodium er	18
constulose.....	61	DEPO-SUBQ PROVERA 10471		DIVIGEL	67
COPIKTRA.....	29	DESCOVY	38	dofetilide	48
CORLANOR.....	50	desipramine hcl.....	21	dolishale	67
cortisone acetate	65	desmopressin ace spray refrigerant	65	donepezil hcl	19
COSENTYX (300 MG DOSE)	75	desmopressin acetate	66	dorzolamide hcl	85
COSENTYX 150 MG/ML.....	75	desmopressin acetate pf	66	dorzolamide hcl-timolol mal ..	82
COSENTYX SENSOREADY		desmopressin acetate spray ..	66	dorzolamide hcl-timolol mal pf82	
(300 MG)	75	desogestrel-ethynodiol dienoate ..	67	dotti	67
COSENTYX SENSOREADY PEN.....	75	desonide	57	DOVATO	37
COTELLIC.....	29	desoximetasone	57	doxazosin mesylate	64
CREON	63	desvenlafaxine succinate er ..	20	doxepin hcl	21
CRESEMBA	23	dexamethasone	65	doxercalciferol	81
CRIXIVAN	39	dexamethasone sodium phosphate	84	doxy 100	16
cromolyn sodium.....	63, 83, 88	DEXILANT	63	doxycycline hydiate	16, 55
cryselle-28.....	67	dexlansoprazole	63	doxycycline monohydrate	16
CUTAQUIG	74	dextroamphetamine sulfate ..	53	d-penamine	65
CUVITRU	74	dextroamphetamine sulfate er53		DRIZALMA SPRINKLE	20
CUVPOSA.....	61	dextrose	59	dronabinol	22
cvs gauze sterile.....	81			DROXIA.....	27
				droxidopa	47

DULERA.....	89	ERAXIS	23	fentanyl.....	8
duloxetine hcl.....	20	ergoloid mesylates	19	fentanyl citrate.....	9
DUPIXENT	75	ergotamine-caffeine	24	FETROJA	13
dutasteride.....	65	ERIVEDGE	29	FETZIMA.....	21
dutasteride-tamsulosin hcl....	65	ERLEADA.....	26	FETZIMA TITRATION	21
E		erlotinib hcl	29	FINACEA.....	56
econazole nitrate	23	errin.....	71	finasteride	65
EDARBI.....	47	ertapenem sodium	14	fingolimod hcl.....	54
EDARBYCLOR.....	50	ery.....	59	FINTEPLA	16
EDURANT.....	37	erythromycin	15, 59, 83	FIRMAGON	72
efavirenz.....	37	erythromycin base.....	15	FIRMAGON (240 MG DOSE)	72
efavirenz-emtricitab-tenofovir	37	erythromycin ethylsuccinate ..	15	flac.....	85
efavirenz-lamivudine-tenofovir	37	ESBRIET	88	FLAREX	84
ELAPRASE	63	escitalopram oxalate	20, 21	flavoxate hcl.....	64
eletriptan hydrobromide.....	24	esomeprazole magnesium....	63	FLEBOGAMMA DIF	74
ELIGARD.....	72	estarrylla.....	68	flecainide acetate.....	48
elinest.....	67	estradiol.....	68	FLOVENT DISKUS	86
ELIQUIS.....	45	estradiol-norethindrone acet..	68	FLOVENT HFA.....	86
ELIQUIS DVT/PE STARTER PACK.....	45	ESTRING.....	68	fluconazole	23
ELITEK.....	31	eszopiclone.....	90	fluconazole in dextrose.....	23
ELLA.....	81	ethambutol hcl.....	25	fluconazole in sodium chloride	23
ELMIRON.....	65	ethosuximide.....	17	flucytosine.....	23
ELYXYB	8	ethynodiol diac-eth estradiol..	68	fludrocortisone acetate	65
EMCYT.....	26	etodolac.....	8	flunisolide.....	86
EMGALITY.....	24	ETOPOPHOS.....	28	fluocinolone acetonide....	57, 85
EMPAVELI	75	etravirine.....	37	fluocinolone acetonide body ..	57
EMSAM.....	20	EUCRISA.....	57	fluocinolone acetonide scalp ..	57
emtricitabine	38	EUTHYROX.....	72	fluocinonide.....	57
emtricitabine-tenofovir df	38	everolimus	29, 77	fluorometholone	84
EMTRIVA	38	EVOTAZ.....	39	fluorouracil.....	58
enalapril maleate	47	EVRYSDI.....	63	fluoxetine hcl.....	21
enalapril-hydrochlorothiazide.	50	exemestane.....	28	fluphenazine decanoate	33
ENBREL.....	77	EXKIVITY	29	fluphenazine hcl.....	33
ENBREL MINI.....	77	EXSERVAN	54	flurbiprofen.....	8
ENBREL SURECLICK.....	77	EXTAVIA	54	flurbiprofen sodium.....	84
endocet	9	ezetimibe	52	flutamide.....	26
ENGERIX-B.....	78	ezetimibe-simvastatin.....	52	fluticasone propionate	57, 58, 86
ENJAYMO.....	75	F		fluticasone-salmeterol	89
enoxaparin sodium.....	45	FABRAZYME.....	63	fluvastatin sodium	51
enpresse-28.....	67	falmina.....	68	fluvastatin sodium er	51
ENSPRYNG	75	famciclovir.....	36	fluvoxamine maleate	21
entacapone.....	32	famotidine	62	fluvoxamine maleate er	21
entecavir.....	36	FANAPT	34	FML.....	84
ENTRESTO.....	50	FANAPT TITRATION PACK..	34	FML FORTE	84
ENTYVIO.....	75	FARXIGA.....	41	fondaparinux sodium.....	45
enulose.....	61	FARYDAK.....	29	formoterol fumarate	87
EPIDIOLEX	16	FASENRA.....	89	FORTEO.....	81
epinastine hcl.....	83	FASENRA PEN.....	89	fosamprenavir calcium	39
epinephrine.....	87	febuxostat.....	24	fosfomycin tromethamine	11
epitol	18	felbamate	16	fosinopril sodium	47
EPIVIR HBV	36	felodipine er	49	fosinopril sodium-hctz.....	50
eplerenone	51	FEMRING	68	FOTIVDA	26
epoprostenol sodium.....	88	femynor	68	FRAGMIN	45
EPRONTIA.....	16	fenofibrate.....	51	furosemide.....	51
erosartan mesylate	47	fenofibrate micronized	51	FUZEON.....	39
		fenofibric acid.....	51	FYARRO.....	29
		FENSOLVI (6 MONTH)	66		

fyavolv.....	68
FYCOMPA.....	16
G	
gabapentin.....	18
GALAFOLD	63
galantamine hydrobromide....	19
galantamine hydrobromide er	19
GAMASTAN	74
gammagard	74
GAMMAGARD.....	74
GAMMAGARD S/D LESS IGA	74
GAMMAKED.....	74
GAMMAPLEX.....	74
GAMUNEX-C.....	74
ganciclovir sodium.....	36
GARDASIL 9	78
gatifloxacin	83
GATTEX.....	62
gavilyte-c.....	62
gavilyte-g.....	62
gavilyte-h.....	62
gavilyte-n with flavor pack	62
GAVRETO.....	27
GELNIQUE PUMP	64
gemfibrozil.....	51
generlac	61
gengraf.....	77
GENOTROPIN.....	66
GENOTROPIN MINIQUICK	66
gentak	83
gentamicin sulfate.....	11, 83
GENVOYA.....	37
GILENYA.....	55
GILOTrif.....	29
glatiramer acetate	55
GLEOSTINE.....	26
glimepiride.....	41
glipizide er.....	41
glipizide ir	41
glipizide xl.....	41
glipizide-metformin hcl	41
GLUCAGEN HYPOKIT	42
glucagon emergency kit	42
GLUCAGON EMERGENCY KIT	43
glyburide.....	41
glyburide-metformin	41
glycopyrrolate	62
glydo	10
GLYXAMBI	41
griseofulvin microsize.....	23
griseofulvin ultramicrosize....	23
guanfacine hcl	47
guanfacine hcl er	53
GUANIDINE HCL.....	25
GVOKE HYPOOPEN 1-PACK.	43
GVOKE HYPOOPEN 2-PACK..	43
GVOKE KIT	43
GVOKE PFS.....	43
H	
hailey 1.5/30	68
hailey 24 fe	68
hailey fe 1.5/30.....	68
hailey fe 1/20	68
halobetasol propionate	58
haloperidol.....	33
haloperidol decanoate	33
haloperidol lactate	33
HAVRIX	78
heather	71
HEPAGAM B	74
heparin sodium (porcine).....	45
HEPLISAV-B.....	79
HIBERIX	79
HIZENTRA.....	74
HUMALOG	43
HUMALOG KWIKPEN.....	43
HUMALOG MIX 50/50 KWIKPEN	43
HUMALOG MIX 50/50 VIAL	43
HUMALOG MIX 75/25 KWIKPEN	43
HUMALOG MIX 75/25 VIAL	43
HUMALOG U-100 JUNIOR KWIKPEN	43
HUMIRA	77
HUMIRA PEDIATRIC CROHNS START	77
HUMIRA PEN	77
HUMIRA PEN-CD/UC/HS START	77
HUMIRA PEN-PEDIATRIC UC START	77
HUMIRA PEN-PS/UV/ADOL HS START	77
HUMIRA PEN-PSOR/UVEIT START	77
HUMULIN 70/30 KWIKPEN	43
HUMULIN 70/30 VIAL	43
HUMULIN N KWIKPEN	43
HUMULIN N VIAL	43
HUMULIN R U-500 KWIKPEN	43
HUMULIN R U-500 VIAL	43
HUMULIN R VIAL	43
hydralazine hcl.....	52
hydrochlorothiazide	51
hydrocodone-acetaminophen	9
hydrocortisone	58, 65, 80
hydrocortisone (perianal)	58
hydrocortisone valerate	58
hydrocortisone-acetic acid.....	85
hydromorphone hcl	9
hydromorphone hcl pf.....	9
hydroxychloroquine sulfate....	32
hydroxyurea.....	27
hydroxyzine hcl.....	85
hydroxyzine pamoate	40
HYPERHEP B.....	74
HYPERRAB	74
HYPERRAB S/D	74
HYQVIA.....	74
I	
ibandronate sodium.....	81
IBRANCE.....	27, 29
ibuprofen.....	8
icatibant acetate	74
ICLUSIG	29
icosapent ethyl.....	50, 52
IDHIFA.....	27
IFOSFAMIDE	26
IGALMI	81
ILARIS	75
ILEVRO	84
ILUMYA	75
imatinib mesylate	29
IMBRUVICA.....	29
imipenem-cilastatin	14
imipramine hcl.....	22
imiquimod	58
IMOGRAM RABIES-HT	74
IMOVAZ RABIES	79
IMPAVIDO	12
INBRIJA	33
incassia	71
INCRELEX	66
INCRUSE ELLIPTA	86
indapamide	51
indomethacin	8
indomethacin er	8
INFANRIX	79
INFLECTRA	77
INFliximab	77
INFUGEM	27
INGREZZA	54
INLYTA	29
INQOVI	29
INREBIC	27
INSULIN ASP PROT & ASP FLEXPEN	43
INSULIN ASPART	43
INSULIN ASPART FLEXPEN	43
INSULIN ASPART PENFILL	43
INSULIN ASPART PROT & ASPART	43
INSULIN LISPRO	43
INSULIN LISPRO (1 UNIT DIAL)	43
INSULIN LISPRO JUNIOR KWIKPEN	44

INSULIN LISPRO PROT & LISPRO	44
insulin pen needles	81
insulin syringes	81
INTELENCE	37
INTRON A	76
INVEGA HAFYERA	34
INVEGA SUSTENNA	34
INVEGA TRINZA	34
INVIRASE	39
INVOKAMET	41
INVOKAMET XR	41
INVOKANA	41
IPOP	79
ipratropium bromide	86
ipratropium-albuterol	89
irbesartan	47
irbesartan-hydrochlorothiazide	50
IRESSA	29
ISENTRESS	37
ISENTRESS HD	37
isoniazid	25
isosorb dinitrate-hydralazine	50
isosorbide dinitrate	53
isosorbide mononitrate	53
isosorbide mononitrate er	53
isotretinoin	56
isradipine	49
ISTURISA	72
itraconazole	23
ivermectin	32
IXEMPRA KIT	27
IXIARO	79
J	
JAKAFI	29
jantoven	45
JANUMET	41
JANUMET XR	41
JANUVIA	41
JARDIANC	41
JEMPERLI	31
jencycla	71
JENTADUETO	42
JENTADUETO XR	42
jinteli	68
jolivette	71
JUBLIA	23
JULUCA	37
junel 1.5/30	68
junel 1/20	68
junel fe 1.5/30	68
junel fe 1/20	68
junel fe 24	68
JUXTAPID	52
K	
KALETRA	39
KALYDECO	87, 88
KANJINTI	31
KANUMA	63
kariva	68
KEDRAB	74
kelnor 1/35	68
kelnor 1/50	68
KEPIVANCE	55
KESIMPTA	55
ketoconazole	23
ketorolac tromethamine	8, 84
kimidess	68
KIMMTRAK	27
KIMYRSA	12
KINRIX	79
kionex	61
KISQALI	29
KISQALI FEMARA	27
klor-con	60
KLOR-CON	60
KLOR-CON 10	59
klor-con m10	59
klor-con m15	59
klor-con m20	60
klor-con sprinkle	60
KORLYM	66
KORSUVA	81
KOSELUGO	29
kurvelo	68
KYNMOBI	32
KYNMOBI TITRATION KIT	32
L	
labetalol hcl	48
lacosamide	18
lactulose	61
lactulose encephalopathy	61
LAGEVRIO	81
lamivudine	36, 38
lamivudine-zidovudine	38
lamotrigine	16, 17
lamotrigine er	16
lamotrigine starter kit-blue	17
lamotrigine starter kit-green	17
lamotrigine starter kit-orange	17
LANREOTIDE ACETATE	73
lansoprazole	63
lanthanum carbonate	60
LANTUS SOLOSTAR	44
LANTUS U-100 VIAL	44
lapatinib ditosylate	29
larin 1.5/30	68
larin 1/20	68
larin 24 fe	68
larin fe 1.5/30	68
larin fe 1/20	69
larissia	69
latanoprost	85
LATUDA	34
leflunomide	77
LEMTRADA	75
lenalidomide	26
LENVIMA	29
lessina	69
letrozole	28
leucovorin calcium	31
LEUKERAN	26
leuprolide acetate	73
levalbuterol hcl	87
levalbuterol hfa	87
LEVEMIR U-100 FLEXTOUCH	44
LEVEMIR U-100 VIAL	44
levetiracetam	17
levetiracetam er	17
levobunolol hcl	84
levocetirizine dihydrochloride	85
levofloxacin	15, 83
levofloxacin in d5w	15
levonest	69
levonorgestrel-ethinyl estrad	69
levonorg-eth estrad triphasic	69
levora 0.15/30 (28)	69
LEVO-T	72
levothyroxine sodium	72
LEVOXYL	72
LEXIVA	39
lidocaine	10
lidocaine hcl (cardiac) pf	48
lidocaine hcl urethral/mucosal	10
lidocaine viscous hcl	55
lidocaine-prilocaine	10
lillow	69
lincomycin hcl	12
linezolid	12
LINEZOLID IN SODIUM CHLORIDE	12
LINZESS	61
liothyronine sodium	72
lisinopril	47
lisinopril-hydrochlorothiazide	50
lithium	41
lithium carbonate	41
lithium carbonate er	41
LIVALO	52
LIVMARLI	81
LIVTENCITY	36
lofena	8
LONHALA MAGNAIR REFILL KIT	86
LONSURF	27
loperamide hcl	61
lopinavir-ritonavir	39
lopreeza	69
lorazepam	41

lorazepam intensol.....	41
LORBRENA.....	30
lorcet.....	9
lorcet hd	9
lorcet plus.....	9
losartan potassium.....	47
losartan potassium-hctz	50
LOTEMAX SM	84
loteprednol etabonate	84
lovastatin	52
low-ogestrel.....	69
loxapine succinate	33
lubiprostone.....	61
LUMAKRAS.....	27
LUMIGAN.....	85
LUMIZYME.....	63
LUPRON DEPOT (1-MONTH)	73
LUPRON DEPOT (3-MONTH)	73
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG.....	73
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG.....	73
LUPRON DEPOT-PED (1-MONTH).....	73
LUPRON DEPOT-PED (3-MONTH).....	73
lutea.....	69
LYBALVI.....	34
lyleq.....	71
lyllana.....	69
LYNPARZA	30
LYSODREN.....	72
LYUMJEV KWIKPEN.....	44
LYUMJEV VIAL	44
lyza.....	71
M	
MAKENA.....	71
malathion.....	59
maprotiline hcl	20
maraviroc.....	39
marlissa.....	69
MARPLAN.....	20
MATULANE.....	26
matzim la.....	49
MAVYRET	36
MAYZENT	55
MAYZENT STARTER PACK.55	
meclizine hcl.....	22
medroxyprogesterone acetate71	
mefloquine hcl	32
megestrol acetate	71
MEKINIST	30
MEKTOVI.....	30
meloxicam	8
memantine hcl.....	19
MEMANTINE HCL	20
memantine hcl er.....	19
MENACTRA.....	79
menest.....	69
MENQUADFI	79
MENVEO.....	79
mercaptopurine.....	27
meropenem.....	14
mesalamine	80
mesalamine er	80
mesalamine-cleanser	80
MESNEX	31
metformin hcl er	42
metformin hcl ir	42
methadone hcl	9
methadone hcl intensol.....	9
methazolamide.....	85
methenamine hippurate.....	12
methimazole	73
methocarbamol	89
methotrexate.....	77
methotrexate sodium.....	77
methotrexate sodium (pf).....	77
methyldopa.....	47
methylphenidate hcl	54
methylphenidate hcl er (osm)53,	54
methylprednisolone	65
metoclopramide hcl.....	62
metolazone.....	51
metoprolol succinate er	48
metoprolol tartrate	48
metronidazole	12, 56
metyrosine.....	50
mexiletine hcl.....	48
micafungin sodium	23
miconazole 3.....	23
microgestin 1.5/30.....	69
microgestin 1/20.....	69
microgestin 24 fe.....	69
microgestin fe 1.5/30.....	69
microgestin fe 1/20.....	69
midodrine hcl	47
miglitol	42
miglustat	63
mili.....	69
mimvey	69
mimvey lo	69
minitran.....	53
MINOCIN.....	16
minocycline hcl.....	16
minoxidil.....	53
mirtazapine	20
misoprostol	62
M-M-R II.....	79
modafinil	90
moexipril hcl.....	47
molindone hcl.....	33
mometasone furoate	58, 86
mondoxyne nl	16
MONJUVI	31
mono-linyah	69
mononessa	69
montelukast sodium	86
morgidox.....	16
morphine sulfate	9
morphine sulfate (concentrate) 9	
morphine sulfate er	9
MOTEGRITY	61
MOUNJARO	42
moxifloxacin hcl.....	15, 83
moxifloxacin hcl in nacl.....	15
MULTAQ.....	48
mupirocin.....	59
MVASI	31
MYALEPT	62
MYCAPSSA.....	73
mycophenolate mofetil	78
mycophenolate sodium.....	78
MYFEMBREE	73
myorisan	56
MYRBETRIQ	64
N	
NA SULFATE-K SULFATE-MG SULF	62
NABI-HB.....	74
nabumetone.....	8
nadolol.....	48
nafcillin sodium	14
naftifine hcl	23
NAGLAZYME	63
naloxone hcl	10
naltrexone hcl	10
NAMZARIC.....	19
naproxen.....	8
naproxen sodium	8
naratriptan hcl	25
NARCAN	10
NATACYN	83
nateglinide	42
NATPARA	81
NAYZILAM	17
nebivolol hcl.....	48
necon 0.5/35 (28).....	69
necon 7/7/7.....	69
nefazodone hcl	21
nelarabine	27
neomycin sulfate	11
neomycin-bacitracin zn-polymyx	82
neomycin-polymyxin-dexameth	82

neomycin-polymyxin-gramicidin	44
.....	82
neomycin-polymyxin-hc	85
neo-polycin	83
neo-polycin hc	82
NERLYNX	30
NEULASTA	46
NEULASTA ONPRO	46
NEUPRO	32
nevirapine	37, 38
nevirapine er	37
NEXAVAR	30
NEXLETOL	52
NEXLIZET	52
niacin er (antihyperlipidemic)	52
nicardipine hcl	49
NICOTROL NS	11
nifedipine er	49
nifedipine er osmotic release	49
nilutamide	26
nimodipine	49
NINLARO	27
nitazoxanide	32
nitisinone	63
nitro-bid	53
nitrofurantoin macrocrystal	12
nitrofurantoin monohydrate	
macrocrystals	12
nitroglycerin	53
nizatidine	62
nora-be	71
norethin ace-eth estrad-fe	69
norethindrone	71
norethindrone acetate	71
norethindrone acet-ethinyl est	69
norethindrone-eth estradiol	69
norgestimate-eth estradiol	69
norgestimate-ethinyl estradiol	
triphasic	69
norlyda	71
norlyroc	71
nortrel 0.5/35 (28)	69
nortrel 1/35 (21)	69
nortrel 1/35 (28)	70
nortrel 7/77	70
nortriptyline hcl	22
NORVIR	39
NOVOLIN 70/30 FLEXPEN	44
NOVOLIN 70/30 FLEXPEN	
RELION	44
NOVOLIN 70/30 RELION	44
NOVOLIN 70/30 VIAL	44
NOVOLIN N FLEXPEN	44
NOVOLIN N FLEXPEN RELION	
.....	44
NOVOLIN N RELION	44
NOVOLIN N VIAL	44
NOVOLIN R FLEXPEN	44
NOVOLIN R FLEXPEN RELION	
.....	44
NOVOLIN R RELION	44
NOVOLIN R VIAL	44
NOVOLOG FLEXPEN	44
NOVOLOG MIX 70/30	
FLEXPEN	44
NOVOLOG MIX 70/30 VIAL	44
NOVOLOG PENFILL	44
NOVOLOG U-100 VIAL	44
NOXAFILE	23
NUBEQA	26
NUCALA	89
NUEDEXTA	54
NUPLAZID	34
NUTRILIPID	81
NUZYRA	16
nyamyc	23
nylia 1/35	70
nylia 7/7/7	70
NYMALIZE	49
nymyo	70
nystatin	23, 24
nystatin-triamcinolone	58
nystop	24
O	
OCREVUS	55
OCTAGAM	74
octreotide acetate	73
ODEFSEY	38
ODOMZO	30
OFEV	88
ofloxacin	15, 84, 85
olanzapine	34
olmesartan medoxomil	47
olmesartan medoxomil-hctz	50
olopatadine hcl	83
omega-3-acid ethyl esters	52
omeprazole	63
OMNIPOD 5 G6 INTRO (GEN	
5)	81
OMNIPOD 5 G6 POD (GEN 5)	
.....	82
OMNIPOD CLASSIC PDM	
(GEN 3)	82
OMNIPOD CLASSIC PODS	
(GEN 3)	82
OMNIPOD DASH INTRO (GEN	
4)	82
OMNIPOD DASH PDM (GEN 4)	
.....	82
OMNIPOD DASH PODS (GEN	
4)	82
ondansetron hcl	22
ondansetron odt	22
ONUREG	27
OPDUALAG	27
OPSUMIT	88
OPZELURA	58
oralone	56
ORBACTIV	12
ORENCIA	76, 78
ORENCIA CLICKJECT	76
ORENITRAM	88
ORFADIN	63, 64
ORGOVYX	73
ORILISSA	73
ORKAMBI	88
orphenadrine citrate er	89
orsythia	70
oseltamivir phosphate	40
OSPHENA	72
oxacillin sodium	14
OXACILLIN SODIUM IN	
DEXTROSE	14
oxandrolone	66
oxaprozin	8
OXBRYTA	46
oxcarbazepine	19
OXLUMO	82
oxybutynin chloride	64
oxybutynin chloride er	64
oxycodone hcl	10
oxycodone-acetaminophen	10
OZEMPIK	42
P	
pacerone	48
PALFORZIA	82
paliperidone er	34
PANRETIN	31
pantoprazole sodium	63
PANZYGA	74
paricalcitol	81
paroex	56
paromomycin sulfate	11
paroxetine hcl	21
paroxetine hcl er	21
paser	25
PAXIL	21
PAXLOVID (150/100)	38
PAXLOVID (300/100)	82
PEDIARIX	79
PEDVAX HIB	79
peg 3350/electrolytes	62
peg 3350-kcl-na bicarb-nacl	62
peg-3350/electrolytes	62
PEGANONE	19
PEGASYS	76
PEGASYS PROCLICK	76
pegylax	61
PEMAZYRE	27
penicillamine	65
penicillin g sodium	14

penicillin v potassium	14
PENTACEL	79
pentamidine isethionate	32
pentoxifylline er.....	50
PERFOROMIST	87
perindopril erbumine	47
permethrin.....	59
perphenazine.....	33
PERSERIS	35
phenadoz.....	22
phenelzine sulfate.....	20
phenobarbital.....	18
phenytoin.....	19
phenytoin infatabs.....	19
phenytoin sodium extended... ..	19
PHESGO.....	27
philith.....	70
PICATO.....	58
PIFELTRO.....	38
pilocarpine hcl.....	56, 85
pimozide.....	33
pimtrea.....	70
pindolol.....	48
pioglitazone hcl.....	42
pioglitazone hcl-metformin hcl.....	42
piperacillin sod-tazobactam so	14
PIQRAY.....	30
pirfenidone.....	88
pirmella 1/35.....	70
pirmella 7/7/7	70
piroxicam.....	8
PLEGRIDY	55
PLEGRIDY STARTER PACK	55
plenamine.....	60
plexion ns	56
podofilox.....	58
POLIVY	31
polycin.....	83
polyethylene glycol 3350.....	61
polymyxin b-trimethoprim	83
POMALYST	26
portia-28	70
posaconazole	24
potassium chloride	60
potassium chloride crys er....	60
potassium chloride er.....	60
potassium citrate er.....	60
pramipexole dihydrochloride..	32
prasugrel hcl.....	46
pravastatin sodium.....	52
praziquantel.....	32
prazosin hcl	47
PRED MILD.....	84
PRED-G S.O.P.....	83
prednisolone	65
prednisolone acetate.....	84
prednisolone sodium phosphate	65
prednisone.....	65
pregabalin.....	54
PREHEVBARIO	79
PREMARIN.....	70
premium lidocaine.....	10
PREMPHASE	70
PREMPRO	70
prenatal	61
prevalite.....	52
previfem.....	70
PREVYMIS	36
PREZCOBIX.....	39
PREZISTA.....	39
PRIFTIN.....	25
primaquine phosphate.....	32
primidone.....	18
PRIORIX.....	79
PRIVIGEN	74
PROAIR HFA	87
PROAIR RESPCLICK	87
probencid.....	24
prochlorperazine	22
prochlorperazine edisylate	22
prochlorperazine maleate	22
PROCIT	46
procto-med hc	80
proctosol hc	80
proctozone-hc	80
PROSYSBI	64
progesterone.....	71
PROGRAF	78
PROLASTIN-C	64
PROLENSA	84
PROLIA	81
PROMACTA	46
promethazine hcl.....	22
promethegan.....	22
propafenone hcl	48
propafenone hcl er	48
propranolol hcl	49
propranolol hcl er	48
propylthiouracil.....	73
PROQUAD	79
protriptyline hcl	22
PULMOZYME	88
PURIXAN.....	27
pyrazinamide	25
pyridostigmine bromide	25
pyrimethamine	32
PYRUKYND	46
PYRUKYND TAPER PACK	46
Q	
QINLOCK	26
QUADRACEL	79
quetiapine fumarate	20, 35
quetiapine fumarate er	35
quinapril hcl.....	47
quinapril-hydrochlorothiazide.	50
quinidine gluconate er	48
quinidine sulfate	48
quinine sulfate.....	32
QVAR REDIHALER.....	86
R	
RABAVERT	79
rabeprazole sodium.....	63
RADICAVA ORS	54
RADICAVA ORS STARTER KIT	54
raloxifene hcl.....	72
ramelteon.....	90
ramipril.....	47
ranolazine er	50
rasagiline mesylate	33
RAVICTI	64
RAYALDEE	81
REBETOL	36
REBIF	55
REBIF REBIDOSE	55
REBIF REBIDOSE TITRATION PACK	55
REBIF TITRATION PACK	55
RECOMBIVAX HB	79
RECORLEV	72
RECTIV	62
RELENZA DISKHALER	40
RELISTOR	61
RELYVRIO	54
REMICADE	78
RENFLEXIS	78
repaglinide	42
REPATHA	52
REPATHA PUSHTRONEX SYSTEM	52
REPATHA SURECLICK	52
RESCRIPTOR	38
RESTASIS	83
RESTASIS MULTIDOSE	83
RETEVMO	27
RETROVIR	38
REVLIMID	26
REXULTI	35
REYATAZ	39
REZUROCK	78
RHOPRESSA	85
ribavirin	36
rifabutin	25
rifampin	25
riluzole	54
rimantadine hcl	40
RINVOQ	76
risedronate sodium	81
RISPERDAL CONSTA.....	35

risperidone.....	35	simvastatin.....	52	sulindac	8
ritonavir	39	sirolimus	78	sumatriptan	25
rivastigmine	19	SIRTURO	25	sumatriptan succinate	25
rivastigmine tartrate	19	SKYRIZI.....	76	sumatriptan succinate refill	
rizatriptan benzoate	25	SKYRIZI (150 MG DOSE)	76	subcutaneous solution	
ROCKLATAN.....	83	SKYRIZI PEN	76	cartridge.....	25
roflumilast.....	88	SKYTROFA	66	sunitinib malate	30
ROLVEDON	46	sodium chloride.....	60	SUPPRELIN LA	73
ROMIDEPSIN.....	27	SODIUM CHLORIDE	82	SUPREP BOWEL PREP KIT.	62
ropinirole hcl.....	33	sodium phenylbutyrate	64	SUTENT	30
ropinirole hcl er.....	33	sodium polystyrene sulfonate	60,	SYLATRON	76
rosadan	56	61		SYMBICORT	89
rosuvastatin calcium	52	sodium sulfacetamide.....	56	SYMDEKO.....	88
ROTARIX	79	sofosbuvir-velpatasvir.....	36	SYMLINPEN 120	42
ROTATEQ.....	79	solifenacin succinate	64	SYMLINPEN 60.....	42
roweepra.....	17	SOLIQUA.....	42	SYMPAZAN.....	18
roweepra xr	17	SOLTAMOX.....	26	SYMTUZA	39
ROZLYTREK.....	30	SOMATULINE DEPOT	73	SYNAGIS.....	75
RUBRACA.....	30	SOMAVERT.....	73	SYNAREL	73
rufinamide.....	19	sorafenib tosylate.....	30	SYNDROS	22
RUKOBIA	39	sorine.....	48	SYNJARDY	42
RUXIENCE.....	31	sotalol hcl.....	48	SYNJARDY XR	42
RYBELSUS	42	sotalol hcl (af)	48	SYNRIBO	27
RYBREVANT.....	31	SPIRIVA HANDIHALER	87	SYNTHROID.....	72
RYDAPT.....	30	SPIRIVA RESPIMAT	87	T	
RYLAZE	27	spironolactone.....	51	TABLOID	27
RYTARY.....	33	spironolactone-hctz.....	50	TABRECTA	26
S		SPRAVATO (56 MG DOSE)	20	tacrolimus	58, 78
sajazir.....	74	SPRAVATO (84 MG DOSE)	20	tadalafil	65
SANDIMMUNE	78	sprintec 28	70	tadalafil (pah)	88
SANTYL	58	SPRITAM.....	17	TAFINLAR	30
SAPHNELO	76	SPRYCEL	30	TAGRISSO	30
sapropterin dihydrochloride	64	sps.....	61	TALTZ	76
SARCLISA.....	31	sronyx.....	70	TALZENNA	30
SAVELLA	54	SSD.....	59	tamoxifen citrate	26
SAVELLA TITRATION PACK	54	STAMARIL.....	79	tamsulosin hcl	65
SCEMBLIX	27	stavudine	38	TARGRETIN	31
scopolamine	22	STELARA	76	tarina 24 fe	70
SECUADO.....	35	STIMATE	66	tarina fe 1/20 eq	70
selegiline hcl.....	33	STIOLTO RESPIMAT	89	TARPEYO	80
selenium sulfide.....	58	STIVARGA	30	TASIGNA	30
SELZENTRY	39	STRENSIQ	64	TAVALISSE	46
SEREVENT DISKUS	87	streptomycin sulfate	11	TAVNEOS	82
sertraline hcl.....	21	STRIANT	66	tazarotene	56
SERTRALINE HCL	21	STRIBILD	37	tazicef	13
sevelamer carbonate.....	60	subvenite	17	taztia xt	49
SEYSARA	16	subvenite starter kit-blue	17	TAZVERIK	27
sharobel.....	72	subvenite starter kit-green	17	TDVAX	79
SHINGRIX.....	79	subvenite starter kit-orange	17	TEFLARO	13
SIGNIFOR	73	SUCRAID	64	TEGSEDI	64
SIGNIFOR LAR	73	sucralfate	62, 63	telmisartan	47
sildenafil citrate.....	88	sulfacetamide sodium	84	telmisartan-amlodipine	50
silodosin.....	65	sulfacetamide-prednisolone	83	telmisartan-hctz	50
silver sulfadiazine	59	sulfadiazine	15	temazepam	90
SIMBRINZA.....	83	sulfamethoxazole-trimethoprim	15	TEMIXYS	38
simliya	70	sulfasalazine	80	TENIVAC	79
SIMPONI ARIA.....	78			tenofovir disoproxil fumarate	38

TEPMETKO.....	30
terazosin hcl	47
terbinafine hcl.....	24
terbutaline sulfate	87
terconazole.....	24
TERIPARATIDE (RECOMBINANT).....	81
testosterone.....	66
testosterone cypionate	66
testosterone enanthate	66
TETANUS-DIPHTHERIA TOXOIDS TD.....	79
tetrabenazine.....	54
tetracycline hcl.....	16
TEZSPIRE.....	89
THALOMID.....	26
theophylline er	88
THIOLA EC	65
thiordiazine hcl.....	33
thiotepa	26
thiothixene.....	34
THYMOGLOBULIN.....	75
THYROLAR-1.....	72
THYROLAR-1/2.....	72
THYROLAR-1/4.....	72
THYROLAR-2.....	72
THYROLAR-3.....	72
tiadylt er.....	49
tiagabine hcl	18
TIBSOVO	30
TICE BCG	28
TICOVAC	79
timolol maleate.....	24, 84
timolol maleate (once-daily)...	84
tinidazole	12
TIVDAK	31
TIVICAY	37
TIVICAY PD.....	37
tizanidine hcl.....	36
TOBI PODHALER.....	88
TOBRADEX.....	83
TOBRADEX ST	83
tobramycin.....	84, 88
tobramycin sulfate.....	11
tobramycin-dexamethasone ..	83
tolazamide	42
tolbutamide.....	42
tolcapone.....	32
tolterodine tartrate.....	64
tolterodine tartrate er.....	64
topiramate	17
toremifene citrate.....	26
torsemide.....	51
TOUJEO MAX SOLOSTAR...44	
TOUJEO SOLOSTAR.....	44
TRADJENTA	42
tramadol hcl er.....	9
tramadol hcl er (biphasic)	9
tramadol hcl ir	10
tramadol-acetaminophen.....	10
trandolapril.....	47
trandolapril-verapamil hcl er ..	50
tranexamic acid	46
tranylcypromine sulfate.....	20
TRAZIMERA.....	31
trazodone hcl	21
TRECATOR.....	25
TRELEGY ELLIPTA.....	89
TRELSTAR MIXJECT	73
TREMFYA	76
TRESIBA	45
TRESIBA FLEXTOUCH	45
tretinoin.....	31, 56
tri-femynor.....	70
triamcinolone acetonide	56, 58
triamterene-hctz.....	51
triderm	58
trientine hcl	60
tri-estarrylla.....	70
trifluoperazine hcl.....	34
trifluridine.....	84
trihexyphenidyl hcl.....	32
TRIJARDY XR	42
TRIKAFTA	88
tri-linyah.....	70
trilyte.....	62
trimethobenzamide hcl	22
trimethoprim.....	12
tri-mili.....	70
trimipramine maleate	22
trinessa (28).....	70
TRINTELLIX	21
tri-nymyo.....	70
tri-previfem.....	70
TRIPTODUR.....	73
tri-sprintec.....	70
TRIUMEQ	38
TRIUMEQ PD	38
trivora (28)	70
tri-vylibra.....	70
TRIZIVIR.....	38
TRODELVY	31
TROGARZO	39
trospium chloride.....	64
trospium chloride er.....	64
TRULICITY.....	42
TRUMENBA.....	80
TRUSELTIQ (100MG DAILY DOSE)	28
TRUSELTIQ (125MG DAILY DOSE)	28
TRUSELTIQ (50MG DAILY DOSE)	28
TRUSELTIQ (75MG DAILY DOSE)	28
TUKYSA	28
tulana.....	72
TURALIO.....	30
TWINRIX	80
TYBOST	39
TYKERB	30
TYMLOS	81
TYPHIM VI.....	80
TYSABRI	55
U	
UBRELVY	24
UDENYCA	46
UKONIQ	30
UNITHROID	72
UPTRAVI	88
urea.....	59
ursodiol.....	62
V	
VABYSMO	83
valacyclovir hcl.....	37
VALCHLOR	26
valganciclovir hcl.....	36
valproic acid.....	41
valsartan	47
valsartan-hydrochlorothiazide	51
VALTOCO	18
vancomycin hcl	12
VAQTA	80
varenicline tartrate.....	11
VARIVAX	80
VARIZIG	75
VAXELIS	80
VELPHORO	60
VELTASSA	61
VEMLIDY	36
VENCLEXTA	30
VENCLEXTA STARTING PACK	30
VENLAFAXINE BESYLATE ER	21
venlafaxine hcl	21
venlafaxine hcl er	21
VENTAVIS	88
verapamil hcl	49
verapamil hcl er	49
VERAPAMIL HCL ER	49
VERSACLOZ	35
VERZENIO	30
V-GO 20	82
V-GO 30	82
V-GO 40	82
vicodin hp	10
VICTOZA	42
VIDEX	38
VIDEX EC	38

vienna.....	70
vigabatrin.....	18
vigadrone.....	18
VIIIBRYD.....	21
VIIIBRYD STARTER PACK....	21
VIJOICE	82
vilazodone hcl.....	21
VIMIZIM.....	64
VIMPAT.....	19
viorele	70
VIRACEPT	40
VIREAD.....	38
VISTOGARD	82
VITRAKVI.....	30
VIVITROL.....	10
VIZIMPRO.....	30
VOCABRIA.....	37
volhea	71
VONJO.....	28
VOQUEZNA DUAL PAK	12
VOQUEZNA TRIPLE PAK....	12
voriconazole	24
VOSEVI.....	36
VOTRIENT	30
VOXZOGO.....	82
VRAYLAR.....	35
VUMERTY.....	55
VUMERTY (STARTER).....	55
vyfemla.....	71
vylibra.....	71
VYNDAMAX	51
VYNDAQEL.....	64
VYVGART	82
VYZULTA.....	85
W	
warfarin sodium.....	45
WELIREG.....	30
wera.....	71
wixela inhub.....	89
X	
XALKORI.....	31
XARELTO.....	46
XARELTO STARTER PACK..	46
XATMEP.....	78
XCOPRI.....	17
XELJANZ.....	76
XELJANZ XR.....	76
XEMBIFY.....	75
XENLETA	12
XENPOZYME	60
XERMELO.....	61
XGEVA.....	81
XIFAXAN.....	62
XIGDUO XR.....	42
XiIDRA	83
XOFLUZA (40 MG DOSE)....	40
XOFLUZA (80 MG DOSE)....	40
XOLAIR	76
XOSPATA.....	31
XPOVIO (100 MG ONCE WEEKLY).....	28
XPOVIO (40 MG ONCE WEEKLY).....	28
XPOVIO (40 MG TWICE WEEKLY).....	28
XPOVIO (60 MG ONCE WEEKLY).....	28
XPOVIO (60 MG TWICE WEEKLY).....	28
XPOVIO (80 MG ONCE WEEKLY).....	28
XPOVIO (80 MG TWICE WEEKLY).....	28
XTAMPZA ER.....	9
XTANDI	26
XYREM.....	90
Y	
YF-VAX	80
YUPELRI	87
yuvafem.....	71
Z	
zaflirlukast	86
zaleplon.....	90
ZARXIO.....	46
ZEJULA.....	31
ZELBORAF.....	31
ZEMAIRA.....	64
zenatane.....	56
ZENPEP	64
ZEPOSIA.....	55
ZEPOSIA 7-DAY STARTER PACK.....	55
ZEPOSIA STARTER KIT.....	55
ZEPZELCA.....	26
zidovudine	38, 39
ziprasidone hcl.....	35
ziprasidone mesylate.....	35
ZIRABEV	31
ZIRGAN.....	84
ZOKINVY.....	64
ZOLADEX.....	73
ZOLINZA.....	28
zolmitriptan	25
zolpidem tartrate	90
zolpidem tartrate er	90
ZONISADE	19
zonisamide	19
ZORBTIVE.....	62
ZORTRESS	78
ZOSTAVAX.....	80
zovia 1/35 (28).....	71
zovia 1/35e (28).....	71
ZTALMY	54
ZYDELIG	31
ZYKADIA	31
ZYLET	83
ZYNLONTA.....	31
ZYPREXA RELPREVV.....	35



Great Plains Medicare Advantage (HMO I-SNP) 2022 Formulary List of Covered Drugs

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

Formulary ID# 22331, V20

This formulary was updated on 11/01/2022.

Service at (844) 637-4760 (TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday or visit greatplainsmedicareadvantage.com.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, call our customer service department at (844) 637-4760 (TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday.

Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- 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, please call us:

Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549)

Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)

Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103

Telephone number: (877) 473-0911 (TTY: 711)

Fax: (605) 312-9886

Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200

Independence Avenue, SW

Room 509F, HHH Building Washington,

D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

Great Plains
Medicare Advantage



align
SANFORD HEALTH PLAN

Help in Other Languages

For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Arabic – ملحوظة: إذا كنت تتحدث إنك اللغة، فلن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 637-4760: Great Plains Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549); (888) 278-6485: Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549).

Amharic – የዚህ በቻ የሚደገፍ ዓይነት ስራውን ክፍያ የሚደረግ እና ተከታታለ ተስፋዎች በኋላ ፍጥጋዊ ተዘግቶዎች የሚያስተካክሉ የሚያስተካክሉ የሚያስተካክሉ የሚያስተካክሉ Great Plains Medicare Advantage: (844) 637-4760 (የዚህ በቻ የሚደገፍ ዓይነት ስራውን: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (የዚህ በቻ የሚደገፍ ዓይነት ስራውን: (888) 279-1549).

Chinese – 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 Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)。

Cushite (Oromo) – XIYYEFFANNAA: Afan, dubbattu Oromiffa, taiaailla garaaaraa afaañii kanfatiidhaan ala, ni aqama. Bihilaa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hildienstleistungen zur Verfügung. Rufnummer: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Hmong – LUS CEEV: Yang tias koi hais lus Hmoob, cov kev pob txog lus muai kev pob dawb rau koi Hu rau Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Karen – ပုဂ္ဂိုလ်ပို့သုံး - နှစ်ကတိ ကည်းကိုယ်ထိ, နောက် ကိုယ်တော်မော်လေး၊ တော်ကျိုလောင်ရှာ နိုတ်ဘာၢသုန္တလိုလို, ကို Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Korean – 주의: 한국어를 사용하시는 경우, 어제 지원 서비스를 무료로 이용하실 수 있습니다. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 번으로 전화해 주십시오.

Laotian – ໂພນຮ່າຍ: ຖໍ່ເຫດຜົນທີ່ ທ່ານ ດຳເນີນ

ກ່າວພົມ ພົມພົມ ພົມພົມ; ເຊິ່ງ ຕັກ ມີຄື ພົມພົມ ພົມພົມ.

Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Great Plains Medicare Advantage: (844) 637-4760 (ATS: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (ATS: (888) 279-1549).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Great Plains Medicare Advantage: (844) 637-4760 (телефон: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (телефон: (888) 279-1549).

Spanish – ATENCIÓN: si habla español tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Tagalog – PAUNAWA: Kung naasasalita ka ng Tagalog, maaari kang dumamit ng mga serbisyo ng tuluna sa wika nang walang bayad. Tumawag sa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Thai – ໃຈ ການ ຄ່າ ດ້ວຍ ດຳເນີນ ສາມາດ ໄດ້ ໃຊ້ ການ ດ້ວຍ ດຳເນີນ ຄ່າ ດ້ວຍ ດຳເນີນ. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

