

# Great Plains Medicare Advantage (HMO I-SNP) 2024 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  
(855) 800-8872.

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

Formulary ID# 00024063, V18

This formulary was updated on 11/01/2024.

- Important Message About What You Pay for Vaccines:**

Our plan covers most Part D vaccines at no cost to you,  
even if you haven't paid your deductible. Call Member  
Services for more information.

- Important Message About What You Pay for Insulin:**

You won't pay more than \$35 for a one-month supply of each insulin product  
covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

For more recent information or other questions, please contact Great Plains Medicare Advantage member services at  
(855) 800-8872 (TTY users should call 711), 24 hours a day/7 days a week or visit [greatplainsmedicareadvantage.com](http://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 member services at (855) 800-8872 (TTY: 711), 24 hours a day/7 days a week.



Resources at [greatplainsmedicareadvantage.com](http://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, 2024. 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, 2024 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 January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers or add new restrictions. We must follow the Medicare rules in making these changes.

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

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

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

**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 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.

## Understanding your formulary

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

The enclosed formulary is current as of December 1, 2024. 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 11. 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 11. 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 69. 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.

# Understanding 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.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ST	Step Therapy — Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
PA NSO	Prior Authorization New Starts Only — A prior authorization is only required when a new medication is to be started.
ST NSO	Step Therapy New Starts Only — Step therapy is only required when a new medication is to be started.

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

# Understanding your formulary

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

## How do I request an exception to the GPMA's Formulary?

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

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your

## Understanding your formulary

health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

### For more information

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

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

# Understanding your formulary

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

## GPMA Formulary

The formulary provides coverage information about the drugs covered by GPMA. If you have trouble finding your drug in the list, turn to the Index.

If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

This formulary was updated on November 1, 2024. For more recent information or other questions, please contact Great Plains Medicare Advantage member services at (855) 800-8872 (TTY users should call 711), 24 hours a day/7 days a week or visit [greatplainsmedicareadvantage.com](http://greatplainsmedicareadvantage.com). The formulary, pharmacy network and/or provider network may change at any time.

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>Analgesics</b>	
<b>Nonsteroidal Anti-inflammatory Drugs</b>	
<i>celecoxib capsule</i>	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	
<i>diclofenac sodium dr</i>	
<i>diclofenac sodium er</i>	
<i>diclofenac sodium gel 1%</i>	QL(1000 GM per 30 days)
<i>diflunisal tablet 500mg</i>	
<i>ec-naproxen tablet delayed release 500mg</i>	
<i>etodolac capsule, tablet</i>	
<i>flurbiprofen tablet</i>	
<i>ibu</i>	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	
<i>indomethacin er</i>	
<i>indomethacin capsule 25mg, 50mg</i>	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	
<i>ketorolac tromethamine tablet 10mg</i>	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	
<i>nabumetone tablet</i>	
<i>naproxen dr tablet delayed release 375mg</i>	
<i>naproxen dr tablet delayed release 500mg</i>	
<i>naproxen sodium tablet 275mg, 550mg</i>	
<i>naproxen tablet delayed release 500mg</i>	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	
<i>oxaprozin tablet</i>	
<i>piroxicam capsule</i>	
<i>sulindac tablet</i>	
<b>Opioid Analgesics, Long-acting</b>	
<i>buprenorphine</i>	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	NDS
<i>methadone hcl tablet</i>	NDS
<i>methadone hcl solution</i>	NDS
<i>methadone hydrochloride intensol</i>	NDS
<i>methadone hydrochloride concentrate</i>	NDS
<i>morphine sulfate er tablet extended release</i>	NDS
<i>XTAMPZA ER</i>	NDS
<b>Opioid Analgesics, Short-acting</b>	
<i>acetaminophen/codeine</i>	NDS
<i>endocet tablet 325mg; 5mg</i>	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	NDS

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Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	NDS
hydromorphone hcl tablet 2mg, 4mg	NDS
hydromorphone hcl tablet 8mg	NDS
hydromorphone hydrochloride dosette	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	NDS
loracet	NDS
loracet hd	NDS
loracet plus tablet 325mg; 7.5mg	NDS
morphine sulfate tablet	NDS
morphine sulfate injection 10mg/ml, 4mg/ml	NDS
morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml	NDS
oxycodone hydrochloride solution	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	NDS
oxycodone hydrochloride tablet 20mg, 30mg	NDS
oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg	NDS
tramadol hydrochloride/acetaminophen	NDS
tramadol hydrochloride tablet 50mg	NDS
vicodin hp tablet 300mg; 10mg	NDS
<b>Anesthetics</b>	
<b>Local Anesthetics</b>	
lidocaine-prilocaine-cream base cream	QL(30 GM per 30 days); PA
lidocaine/prilocaine cream	QL(30 GM per 30 days); PA
lidocaine ointment 5%	QL(150 GM per 30 days); PA
lidocaine patch 5%	PA
premium lidocaine	QL(150 GM per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>	
<b>Alcohol Deterrents/Anti-craving</b>	
acamprosate calcium dr	
disulfiram tablet	
naltrexone hcl tablet	
VIVITROL	
<b>Opioid Dependence</b>	
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	QL(360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	QL(90 EA per 30 days)
buprenorphine hcl tablet sublingual	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg	QL(90 EA per 30 days)
<b>Opioid Reversal Agents</b>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>naloxone hcl injection 4mg/10ml</i>	
<i>naloxone hydrochloride liquid</i>	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	
<i>naloxone hydrochloride injection 2mg/2ml</i>	
<b>Smoking Cessation Agents</b>	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	QL(60 EA per 30 days)
<i>NICOTROL NS</i>	QL(360 ML per 365 days)
<i>varenicline starting month</i>	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	QL(504 EA per 365 days)
<b>Antibacterials</b>	
<b>Aminoglycosides</b>	
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	
<i>gentamicin sulfate pediatric</i>	
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate injection 40mg/ml</i>	
<i>gentamicin sulfate ointment 0.1%</i>	
<i>HUMATIN</i>	
<i>neomycin sulfate</i>	
<i>paromomycin sulfate</i>	
<i>streptomycin sulfate injection 1gm</i>	
<i>tobramycin sulfate injection</i>	
<b>Antibacterials, Other</b>	
<i>aztreonam</i>	
<i>clindacin etz pledges</i>	
<i>clindamycin hcl capsule 300mg</i>	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate cream 2%</i>	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>colistimethate sodium</i>	
<i>daptomycin</i>	
<b>DAPTO MYCIN/SODIUM CHLORIDE</b>	
<b>IMPAVIDO</b>	
<i>linezolid tablet</i>	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	
<i>methenamine hippurate</i>	
<i>metronidazole vaginal</i>	
<i>metronidazole injection 500mg/100ml</i>	
<i>metronidazole tablet 250mg, 500mg</i>	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	
<i>nitrofurantoin monohydrate/macrocrys tals</i>	
<i>nitrofurantoin monohydrate capsule</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>tinidazole</i>	
<i>trimethoprim tablet</i>	
<i>vancomycin hcl injection 10gm</i>	
<i>vancomycin hydrochloride capsule 125mg</i>	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	
<b>Beta-lactam, Cephalosporins</b>	
<i>cefaclor capsule</i>	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	
<i>cefadroxil capsule, suspension reconstituted</i>	
<i>cefazolin sodium injection 1gm</i>	
CEFAZOLIN INJECTION 2GM, 3GM	
<i>cefdinir capsule</i>	
<i>cefdinir suspension reconstituted</i>	
<i>cefeprizine</i>	
<i>cefeprizine hydrochloride injection 100gm, 2gm</i>	
<i>cefixime capsule</i>	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	
<i>cefotetan injection 1gm, 2gm</i>	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	
<i>cefpodoxime proxetil suspension reconstituted</i>	
<i>cefpodoxime proxetil tablet</i>	
<i>ceftazidime</i>	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	
<i>cefturoxime axetil tablet</i>	
<i>cefturoxime sodium injection 1.5gm, 7.5gm, 750mg</i>	
<i>cephalexin capsule 250mg, 500mg</i>	
<i>cephalexin suspension reconstituted</i>	
TAZICEF INJECTION 6GM	
<i>tazicef injection 1gm, 2gm</i>	
TEFLARO	
<b>Beta-lactam, Penicillins</b>	
<i>amoxicillin/clavulanate potassium er</i>	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	
<i>ampicillin-sulbactam</i>	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	
<i>ampicillin capsule 500mg</i>	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium</i>	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	
<b><i>Carbapenems</i></b>	
<i>ertapenem</i>	
<i>ertapenem sodium</i>	
<i>imipenem/cilastatin</i>	
<i>meropenem</i>	
<b><i>Macrolides</i></b>	
<i>azithromycin packet</i>	
<i>azithromycin suspension reconstituted</i>	
<i>azithromycin injection 500mg</i>	
<i>azithromycin tablet 250mg</i>	
<i>azithromycin tablet 500mg, 600mg</i>	
<i>clarithromycin er</i>	
<i>clarithromycin tablet</i>	
<i>clarithromycin suspension reconstituted</i>	
<b>DIFICID TABLET</b>	
<i>erythromycin dr tablet delayed release</i>	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	
<b><i>Quinolones</i></b>	
CIPRO SUSPENSION RECONSTITUTED	
<i>ciprofloxacin hcl tablet 750mg</i>	
<i>ciprofloxacin hcl tablet 100mg</i>	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	
<i>ciprofloxacin i.v.-in d5w</i>	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	
<i>levofloxacin in d5w</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	
<b>Sulfonamides</b>	
<i>sulfadiazine tablet</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>sulfamethoxazole/trimethoprim tablet</i>	
<i>sulfamethoxazole/trimethoprim suspension</i>	
<b>Tetracyclines</b>	
<i>demeclacycline hcl tablet</i>	
<i>demeclacycline hydrochloride tablet 300mg</i>	
<i>doxy 100</i>	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	
<i>doxycycline hyclate injection 100mg</i>	
<i>doxycycline hyclate tablet 100mg</i>	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	
<i>doxycycline suspension reconstituted</i>	
<i>minocycline hcl capsule 75mg</i>	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	
<i>monodoxe nl capsule 100mg</i>	
<i>morgidox 1x100mg capsule</i>	
<i>morgidox 2x100mg capsule</i>	
<i>tetracycline hydrochloride capsule</i>	
<b>Anticonvulsants</b>	
<b>Anticonvulsants, Other</b>	
<i>BRIVIACT SOLUTION, TABLET</i>	PA NSO
<i>EPIDIOLEX</i>	PA NSO
<i>EPRONTIA</i>	
<i>felbamate tablet</i>	
<i>felbamate suspension</i>	
<i>FINTEPLA</i>	PA NSO
<i>FYCOMPA SUSPENSION</i>	
<i>FYCOMPA TABLET 2MG</i>	
<i>FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG</i>	
<i>lamotrigine er</i>	
<i>lamotrigine odt</i>	
<i>lamotrigine starter kit/blue</i>	
<i>lamotrigine starter kit/green</i>	
<i>lamotrigine starter kit/orange</i>	
<i>lamotrigine titration</i>	
<i>lamotrigine tablet</i>	
<i>lamotrigine tablet chewable</i>	
<i>levetiracetam er</i>	
<i>levetiracetam solution, tablet</i>	
<i>NAYZILAM</i>	QL(10 EA per 30 days)

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>roweepra</i>	
<i>roweepra xr</i>	
<b>SPRITAM</b>	
<i>subvenite</i>	
<i>subvenite starter kit/blue</i>	
<i>subvenite starter kit/green</i>	
<i>subvenite starter kit/orange</i>	
<i>topiramate tablet</i>	
<i>topiramate capsule sprinkle</i>	
<b>XCOPRI TABLET</b>	PA NSO
<b>XCOPRI TABLET THERAPY PACK 0</b>	PA NSO; (12.5mg-25mg)
<b>XCOPRI TABLET THERAPY PACK 0</b>	PA NSO
<b>XCOPRI TABLET THERAPY PACK 0</b>	PA NSO; (100mg-150mg)
<b>Calcium Channel Modifying Agents</b>	
<i>ethosuximide</i>	
<i>methsuximide</i>	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>	
<i>clobazam</i>	
<i>clonazepam odt tablet disintegrating 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	QL(90 EA per 30 days)
<b>DIACOMIT</b>	PA NSO
<i>diazepam rectal gel</i>	
<i>divalproex sodium dr tablet delayed release</i>	
<i>divalproex sodium er</i>	
<i>divalproex sodium capsule delayed release sprinkle</i>	
<i>gabapentin capsule 100mg, 300mg</i>	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	QL(270 EA per 30 days)
<i>gabapentin solution</i>	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	QL(180 EA per 30 days)
<b>LIBERVANT</b>	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	
<i>primidone tablet</i>	
<b>SYMPAZAN FILM 5MG</b>	
<b>SYMPAZAN FILM 10MG, 20MG</b>	
<i>tiagabine hydrochloride</i>	
<b>VALTOCO 10 MG DOSE</b>	QL(10 EA per 30 days)
<b>VALTOCO 15 MG DOSE</b>	QL(10 EA per 30 days)
<b>VALTOCO 20 MG DOSE</b>	QL(10 EA per 30 days)
<b>VALTOCO 5 MG DOSE</b>	QL(10 EA per 30 days)
<i>vigabatrin</i>	PA NSO

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>vigadron</i>	PA NSO
VIGAFYDE	PA NSO
<i>vigpoder</i>	PA NSO
<b>Sodium Channel Agents</b>	
APTIOM	
<i>carbamazepine er tablet extended release 12 hour</i>	
<i>carbamazepine er capsule extended release 12 hour</i>	
<i>carbamazepine suspension, tablet</i>	
<i>carbamazepine tablet chewable 100mg</i>	
DILANTIN CAPSULE 30MG	
<i>epitol</i>	
<i>lacosamide solution</i>	
<i>lacosamide tablet</i>	
<i>oxcarbazepine tablet</i>	
<i>oxcarbazepine suspension</i>	
PEGANONE TABLET 250MG	
PHENYTEK	
<i>phenytoin infatabs</i>	
<i>phenytoin sodium extended</i>	
<i>phenytoin tablet chewable, suspension</i>	
<i>rufinamide suspension</i>	
<i>rufinamide tablet 200mg</i>	
<i>rufinamide tablet 400mg</i>	
ZONISADE	ST NSO
<i>zonisamide</i>	
<b>Antidementia Agents</b>	
<b>Antidementia Agents, Other</b>	
<i>ergoloid mesylates tablet</i>	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	QL(30 EA per 30 days); ST
<b>Cholinesterase Inhibitors</b>	
<i>donepezil hcl tablet disintegrating</i>	
<i>donepezil hcl tablet 10mg</i>	
<i>donepezil hcl tablet 23mg</i>	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	
<i>galantamine hydrobromide er</i>	
<i>galantamine hydrobromide solution, tablet</i>	
<i>rivastigmine tartrate</i>	
<i>rivastigmine transdermal system</i>	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>	
<i>memantine hcl titration pak</i>	
<i>memantine hydrochloride er</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	
<b>Antidepressants</b>	
<b>Antidepressants, Other</b>	
AUVELITY	QL(60 EA per 30 days); ST NSO

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
bupropion hcl tablet 100mg	
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	QL(90 EA per 30 days)
bupropion hydrochloride tablet 75mg	
maprotiline hcl	
mirtazapine odt	
mirtazapine tablet	
SPRAVATO 56MG DOSE	PA NSO
SPRAVATO 84MG DOSE	PA NSO
ZURZUVAE CAPSULE 30MG	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	QL(28 EA per 14 days); PA NSO
<b>Monoamine Oxidase Inhibitors</b>	
EMSAM	QL(30 EA per 30 days); ST NSO
MARPLAN	
phenelzine sulfate	
tranylcypromine sulfate	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>	
citalopram hydrobromide tablet	
citalopram hydrobromide solution	
desvenlafaxine er tablet extended release 24 hour 100mg	QL(120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	QL(90 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 20mg, 60mg	QL(60 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 30mg	QL(90 EA per 30 days)
escitalopram oxalate tablet	
escitalopram oxalate solution	
FETZIMA	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	QL(56 EA per 365 days); ST NSO
fluoxetine hydrochloride capsule	
fluoxetine hydrochloride solution	
fluvoxamine maleate	
nefazodone hydrochloride	
paroxetine hcl tablet 30mg, 40mg	
paroxetine hydrochloride suspension	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	
<i>sertraline hcl concentrate</i>	
<i>sertraline hcl tablet 50mg</i>	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	
<b>TRINTELLIX</b>	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	
<b>VIIBRYD STARTER PACK</b>	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	QL(30 EA per 30 days)
<b>Tricyclics</b>	
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	
<i>amoxapine</i>	
<i>clomipramine hydrochloride</i>	
<i>desipramine hydrochloride</i>	
<i>doxepin hcl capsule 75mg</i>	
<i>doxepin hcl concentrate</i>	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	
<i>imipramine hcl tablet 25mg, 50mg</i>	
<i>imipramine hydrochloride tablet 10mg</i>	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	
<i>nortriptyline hcl solution</i>	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate capsule</i>	
<b>Antiemetics</b>	
<b>Antiemetics, Other</b>	
<i>compro</i>	
<i>meclizine hcl tablet</i>	
<i>phenadoz</i>	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	
<i>prochlorperazine maleate tablet</i>	
<i>prochlorperazine suppository 25mg</i>	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	
<i>promethazine hcl tablet 12.5mg</i>	
<i>promethazine hydrochloride plain</i>	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	
<i>promethegan suppository 12.5mg, 25mg</i>	
<i>scopolamine</i>	
<b>Emetogenic Therapy Adjuncts</b>	
<i>aprepitant capsule 40mg</i>	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	QL(8 EA per 30 days); B/D

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dronabinol</i>	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	B/D
<b>Antifungals</b>	
<b>Antifungals</b>	
<i>ABELCET</i>	B/D
<i>amphotericin b liposome</i>	B/D
<i>amphotericin b injection</i>	B/D
<i>caspofungin acetate injection 70mg</i>	
<i>caspofungin acetate injection 50mg</i>	
<i>clotrimazole cream</i>	
<i>clotrimazole troche</i>	
<i>econazole nitrate cream</i>	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	
<i>fluconazole in sodium chloride</i>	
<i>fluconazole tablet</i>	
<i>fluconazole suspension reconstituted</i>	
<i>flucytosine capsule</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	
<i>itraconazole capsule</i>	PA
<b>JUBLIA</b>	
<i>ketoconazole shampoo, tablet</i>	
<i>ketoconazole cream</i>	QL(90 GM per 30 days)
<i>klayesta</i>	QL(120 GM per 30 days)
<i>nyamyc</i>	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	
<i>nystatin powder</i>	QL(120 GM per 30 days)
<i>nystatin tablet</i>	
<i>nystop</i>	QL(120 GM per 30 days)
<i>posaconazole dr</i>	PA
<i>posaconazole suspension</i>	PA
<i>terbinafine hcl tablet</i>	QL(84 EA per 180 days)
<i>terconazole cream</i>	
<i>voriconazole tablet</i>	
<i>voriconazole suspension reconstituted</i>	
<i>voriconazole injection</i>	PA
<b>Antigout Agents</b>	
<b>Antigout Agents</b>	
<i>allopurinol tablet 100mg, 300mg</i>	
<i>colchicine tablet 0.6mg</i>	
<i>febuxostat</i>	
<i>probenecid/colchicine</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>probenecid tablet</i>	
<b>Antimigraine Agents</b>	
<b>Ergot Alkaloids</b>	
<i>dihydroergotamine mesylate solution</i>	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	QL(24 EA per 28 days)
<b>Prophylactic</b>	
<i>AIMOVIG INJECTION 140MG/ML</i>	QL(1 ML per 28 days); PA
<i>AIMOVIG INJECTION 70MG/ML</i>	QL(2 ML per 28 days); PA
<i>EMGALITY INJECTION 120MG/ML</i>	QL(2 ML per 28 days); PA
<i>EMGALITY INJECTION 100MG/ML</i>	QL(3 ML per 28 days); PA
<i>NURTEC</i>	QL(18 EA per 30 days); PA
<i>QULIPTA</i>	QL(30 EA per 30 days); PA
<i>UBRELVY</i>	QL(16 EA per 30 days); PA
<b>Serotonin (5-HT) Receptor Agonist</b>	
<i>naratriptan hcl</i>	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>	
<b>Parasympathomimetics</b>	
<i>GUANIDINE HCL</i>	
<i>pyridostigmine bromide tablet 60mg</i>	
<b>Antimycobacterials</b>	
<b>Antimycobacterials, Other</b>	
<i>dapsone tablet</i>	
<i>rifabutin</i>	
<b>Antituberculars</b>	
<i>cycloserine</i>	
<i>ethambutol hydrochloride</i>	
<i>ISONIAZID INJECTION</i>	
<i>isoniazid tablet</i>	
<i>isoniazid syrup</i>	
<i>PASER</i>	
<i>PRIFTIN</i>	
<i>pyrazinamide tablet</i>	
<i>rifampin capsule</i>	
<i>rifampin injection</i>	
<i>SIRTURO</i>	
<i>TRECATOR</i>	
<b>Antineoplastics</b>	
<b>Alkylating Agents</b>	
<i>cisplatin injection 100mg/100ml</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>cyclophosphamide capsule</i>	B/D
<i>cyclophosphamide injection 500mg/ml</i>	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	
LEUKERAN	
MATULANE	
VALCHLOR	PA NSO
<b><i>Antiandrogens</i></b>	
<i>abiraterone acetate tablet 250mg</i>	PA NSO
<i>abiraterone acetate tablet 500mg</i>	PA NSO
<i>bicalutamide</i>	
ERLEADA	PA NSO
<i>flutamide</i>	
<i>nilutamide</i>	
NUBEQA	PA NSO
XTANDI	PA NSO
<b><i>Antiangiogenic Agents</i></b>	
FOTIVDA	PA NSO
<i>lenalidomide</i>	PA NSO
POMALYST	PA NSO
QINLOCK	PA NSO
REVLIMID	PA NSO
TABRECTA	QL(120 EA per 30 days); PA NSO
THALOMID	PA NSO
<b><i>Antiestrogens/Modifiers</i></b>	
EMCYT	
SOLTAMOX	
<i>tamoxifen citrate tablet</i>	
<i>toremifene citrate</i>	
<b><i>Antimetabolites</i></b>	
DROXIA	
<i>hydroxyurea capsule</i>	
<i>mercaptopurine tablet</i>	
PURIXAN	
TABLOID	
<b><i>Antineoplastics, Other</i></b>	
AKEEGA	PA NSO
BESREMI	PA NSO
COLUMVI	PA NSO
EPKINLY	PA NSO
GAVRETO	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	PA NSO
IDHIFA	QL(30 EA per 30 days); PA NSO
INREBIC	PA NSO
ITOVEBI TABLET 9MG	PA NSO
ITOVEBI TABLET 3MG	QL(60 EA per 30 days); PA NSO

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
IWILFIN	PA NSO
KISQALI FEMARA 200 DOSE	PA NSO
KISQALI FEMARA 400 DOSE	PA NSO
KISQALI FEMARA 600 DOSE	PA NSO
KRAZATI	PA NSO
LAZCLUZE TABLET 240MG	PA NSO
LAZCLUZE TABLET 80MG	QL(60 EA per 30 days); PA NSO
LONSURF	PA NSO
LUMAKRAS TABLET 120MG, 320MG	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 20 MG DAILY DOSE
NINLARO	PA NSO
OGSIVEO	PA NSO
ONUREG	PA NSO
ORSERDU	PA NSO
PEMAZYRE	QL(30 EA per 30 days); PA NSO
PHESGO	PA NSO
RETEVMO CAPSULE	PA NSO
RETEVMO TABLET 120MG, 160MG	PA NSO
RETEVMO TABLET 80MG	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	QL(90 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	PA NSO
SCEMBLIX TABLET 100MG	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	QL(60 EA per 30 days); PA NSO
SYNRIBO	
TAZVERIK	PA NSO
TRUSELTIQ	PA NSO
TUKYSA	PA NSO
VONJO	PA NSO
XPOVIO	PA NSO
XPOVIO 100 MG ONCE WEEKLY	PA NSO
XPOVIO 40 MG ONCE WEEKLY	PA NSO
XPOVIO 40 MG TWICE WEEKLY	PA NSO
XPOVIO 60 MG ONCE WEEKLY	PA NSO
XPOVIO 60 MG TWICE WEEKLY	PA NSO
XPOVIO 80 MG ONCE WEEKLY	PA NSO
XPOVIO 80 MG TWICE WEEKLY	PA NSO
ZOLINZA	PA NSO
<b>Antineoplastics</b>	
OPDUALAG	PA NSO
<b>Aromatase Inhibitors, 3rd Generation</b>	
<i>anastrozole tablet</i>	
<i>exemestane</i>	
<i>letrozole</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>Enzyme Inhibitors</b>	
<i>topotecan hcl injection 4mg</i>	
<i>topotecan hydrochloride</i>	
<b>Molecular Target Inhibitors</b>	
ALECENSA	PA NSO
ALUNBRIG TABLET THERAPY PACK	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	QL(30 EA per 30 days); PA NSO
AYVAKIT	QL(30 EA per 30 days); PA NSO
BALVERSA	PA NSO
BOSULIF	PA NSO
BRAFTOVI CAPSULE 75MG	PA NSO
BRUKINSA	PA NSO
CABOMETYX	PA NSO
CALQUENCE	PA NSO
CAPRELSA TABLET 300MG	PA NSO
CAPRELSA TABLET 100MG	QL(60 EA per 30 days); PA NSO
COMETRIQ	PA NSO
COPIKTRA	PA NSO
COTELLIC	PA NSO
<i>dasatinib</i>	PA NSO
DAURISMO	PA NSO
ERIVEDGE	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL(30 EA per 30 days); PA NSO
EXKIVITY	
FARYDAK	
FRUZAQLA	PA NSO
<i>gefitinib</i>	PA NSO
GILOTrif	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	PA NSO
ICLUSIG TABLET 30MG, 45MG	PA NSO
ICLUSIG TABLET 10MG, 15MG	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	PA NSO
<i>imatinib mesylate tablet 400mg</i>	PA NSO
IMBRUVICA	PA NSO
INLYTA	PA NSO
INQOVI	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	PA NSO
JAKAFI TABLET 10MG	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	PA NSO
JAYPIRCA TABLET 50MG	QL(30 EA per 30 days); PA NSO
KISQALI	PA NSO

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
KOSELUGO	PA NSO
<i>lapatinib ditosylate</i>	PA NSO
LENVIMA 10 MG DAILY DOSE	PA NSO
LENVIMA 12MG DAILY DOSE	PA NSO
LENVIMA 14 MG DAILY DOSE	PA NSO
LENVIMA 18 MG DAILY DOSE	PA NSO
LENVIMA 20 MG DAILY DOSE	PA NSO
LENVIMA 24 MG DAILY DOSE	PA NSO
LENVIMA 4 MG DAILY DOSE	PA NSO
LENVIMA 8 MG DAILY DOSE	PA NSO
LORBRENA	PA NSO
LYNPARZA TABLET	PA NSO
MEKINIST	PA NSO
MEKTOVI	PA NSO
NERLYNX	QL(180 EA per 30 days); PA NSO
ODOMZO	PA NSO
OJEMDA	PA NSO
OJJAARA	PA NSO
<i>pazopanib hydrochloride</i>	PA NSO
PIQRAY 200MG DAILY DOSE	PA NSO
PIQRAY 250MG DAILY DOSE	PA NSO
PIQRAY 300MG DAILY DOSE	PA NSO
REZLIDHIA	PA NSO
ROZLYTREK	PA NSO
RUBRACA	PA NSO
RYDAPT	PA NSO
<i>sorafenib</i>	PA NSO
<i>sorafenib tosylate</i>	PA NSO
SPRYCEL	PA NSO
STIVARGA	PA NSO
<i>sunitinib malate</i>	PA NSO
TAFINLAR	PA NSO
TAGRISSO TABLET 80MG	PA NSO
TAGRISSO TABLET 40MG	QL(30 EA per 30 days); PA NSO
TALZENNA	PA NSO
TASIGNA	PA NSO
TEPMETKO	PA NSO
TIBSOVO	PA NSO
<i>torpez</i>	QL(30 EA per 30 days); PA NSO
TRUQAP	PA NSO
TURALIO	PA NSO
VANFLYTA	PA NSO
VENCLEXTA STARTING PACK	PA NSO
VENCLEXTA TABLET 10MG	PA NSO
VENCLEXTA TABLET 100MG, 50MG	PA NSO

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
VERZENIO	PA NSO
VITRAKVI	PA NSO
VIZIMPRO	PA NSO
VORANIGO TABLET 40MG	PA NSO
VORANIGO TABLET 10MG	QL(60 EA per 30 days); PA NSO
VOTRIENT	PA NSO
WELIREG	PA NSO
XALKORI	PA NSO
XOSPATA	PA NSO
ZEJULA CAPSULE	PA NSO
ZEJULA TABLET 200MG, 300MG	PA NSO
ZEJULA TABLET 100MG	QL(30 EA per 30 days); PA NSO
ZELBORA F	PA NSO
ZYDELIG	PA NSO
ZYKADIA TABLET	PA NSO
<b><i>Monoclonal Antibody/Antibody-Drug Conjugate</i></b>	
DARZALEX FASPRO	PA NSO
KANJINTI	PA NSO
LOQTORZI	PA NSO
RUXIENCE	PA NSO
TEVIMBRA	PA NSO
TRAZIMERA	PA NSO
<b><i>Retinoids</i></b>	
<i>bexarotene</i>	PA NSO
PANRETIN	
<i>tretinoi n capsule 10mg</i>	
<b><i>Treatment Adjuncts</i></b>	
<i>leucovorin calcium tablet</i>	
MESNEX TABLET	
<b>Antiparasitics</b>	
<b><i>Anthelmintics</i></b>	
<i>albendazole tablet</i>	
<i>ivermectin tablet</i>	PA
<i>praziquantel tablet</i>	
<b><i>Antiprotozoals</i></b>	
ALINIA SUSPENSION RECONSTITUTED	
<i>atovaquone</i>	
<i>atovaquone/proguanil hcl</i>	
<i>benznidazole</i>	
<i>chloroquine phosphate tablet</i>	
COARTEM	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	
<i>mefloquine hcl</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate injection</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D
<i>primaquine phosphate tablet</i>	
<i>pyrimethamine tablet</i>	PA
<i>quinine sulfate capsule 324mg</i>	PA
<b>Antiparkinson Agents</b>	
<b>Anticholinergics</b>	
<i>benztropine mesylate tablet</i>	
<i>trihexyphenidyl hydrochloride</i>	
<b>Antiparkinson Agents, Other</b>	
<i>entacapone</i>	
<i>OSMOLEX ER</i>	PA
<b>Dopamine Agonists</b>	
<i>bromocriptine mesylate capsule, tablet</i>	
<i>KYNMOBI</i>	QL(150 EA per 30 days); PA
<i>KYNMOBI TITRATION KIT</i>	QL(20 EA per 365 days); PA
<i>NEUPRO</i>	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole er</i>	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>	
<i>carbidopa/levodopa</i>	
<i>carbidopa/levodopa er</i>	
<i>carbidopa/levodopa odt</i>	
<i>carbidopa tablet</i>	
<i>INBRIJA</i>	PA
<i>RYTARY</i>	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>	
<i>rasagiline mesylate tablet</i>	
<i>selegiline hcl capsule, tablet</i>	
<b>Antipsychotics</b>	
<b>1st Generation/Typical</b>	
<i>chlorpromazine hcl tablet</i>	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	
<i>fluphenazine decanoate injection</i>	
<i>fluphenazine hcl concentrate</i>	
<i>fluphenazine hcl tablet 1mg</i>	
<i>fluphenazine hydrochloride elixir, injection</i>	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	
<i>haloperidol decanoate injection</i>	
<i>haloperidol lactate</i>	
<i>haloperidol concentrate</i>	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	
<i>haloperidol tablet 20mg</i>	
<i>loxapine</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>molindone hydrochloride</i>	
<i>perphenazine tablet 2mg, 4mg</i>	
<i>perphenazine tablet 16mg, 8mg</i>	
<i>pimozide</i>	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 10mg</i>	
<i>trifluoperazine hydrochloride tablet 1mg</i>	
<b>2nd Generation/Atypical</b>	
ABILIFY MAINTENA	
<i>aripiprazole odt</i>	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	QL(750 ML per 30 days)
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate sl</i>	QL(60 EA per 30 days)
CAPLYTA	QL(30 EA per 30 days); PA NSO
FANAPT	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	QL(8 EA per 180 days); ST NSO
INVEGA HAFYERA	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	
INVEGA TRINZA	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	QL(60 EA per 30 days)
LYBALVI	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	PA NSO
NUPLAZID TABLET 10MG	PA NSO
<i>olanzapine odt</i>	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	QL(30 EA per 30 days)
<i>olanzapine injection</i>	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL(60 EA per 30 days)
PERSERIS	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	QL(90 EA per 30 days)
REXULTI	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	
<i>risperidone er injection 12.5mg</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	
<i>risperidone odt</i>	QL(60 EA per 30 days)
<i>risperidone tablet</i>	QL(60 EA per 30 days)
<i>risperidone solution</i>	QL(240 ML per 30 days)
SECUADO	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	QL(14 EA per 365 days)
VRAYLAR CAPSULE	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	
<b>Treatment-Resistant</b>	
<i>clozapine odt tablet disintegrating 150mg</i>	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	QL(270 EA per 30 days)
VERSACLOZ	QL(540 ML per 30 days)
<b>Antispasticity Agents</b>	
<b>Antispasticity Agents</b>	
<i>baclofen tablet 10mg, 20mg</i>	
<i>baclofen tablet 5mg</i>	
<i>dantrolene sodium capsule</i>	
<i>tizanidine hcl tablet 2mg</i>	
<i>tizanidine hydrochloride tablet 4mg</i>	
<b>Antivirals</b>	
<b>Anti-cytomegalovirus (CMV) Agents</b>	
<i>cidofovir</i>	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	B/D
LIVTENCITY	
PREVYMIS TABLET	
<i>valganciclovir</i>	
<i>valganciclovir hydrochloride</i>	
<b>Anti-hepatitis B (HBV) Agents</b>	
<i>adefovir dipivoxil</i>	
BARACLUDE SOLUTION	QL(600 ML per 30 days)
<i>entecavir</i>	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	
<b>Anti-hepatitis C (HCV) Agents</b>	
MAVYRET TABLET	QL(336 EA per 365 days); PA
MAVYRET PACKET	QL(560 EA per 365 days); PA
REBETOL SOLUTION	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ribavirin tablet 200mg</i>	
<i>sofosbuvir/velpatasvir</i>	QL(84 EA per 365 days); PA
<b>VOSEVI</b>	QL(84 EA per 365 days); PA
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>	
<b>BIKTARVY</b>	QL(30 EA per 30 days)
<b>CABENUVA</b>	
<b>DOVATO</b>	QL(30 EA per 30 days)
<b>GENVOYA</b>	QL(30 EA per 30 days)
<b>ISENTRESS HD</b>	
<b>ISENTRESS PACKET, TABLET</b>	
<b>ISENTRESS TABLET CHEWABLE 25MG</b>	
<b>ISENTRESS TABLET CHEWABLE 100MG</b>	
<b>JULUCA</b>	QL(30 EA per 30 days)
<b>STRIBILD</b>	QL(30 EA per 30 days)
<b>TIVICAY PD</b>	
<b>TIVICAY TABLET 10MG</b>	
<b>TIVICAY TABLET 25MG, 50MG</b>	
<b>VOCABRIA</b>	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>	
<b>COMPLERA</b>	QL(30 EA per 30 days)
<b>DELSTRIGO</b>	QL(30 EA per 30 days)
<b>EDURANT</b>	
<b>efavirenz</b>	
<b>efavirenz/emtricitabine/tenofovir disoproxil fumarate</b>	QL(30 EA per 30 days)
<b>efavirenz/lamivudine/tenofovir disoproxil fumarate</b>	QL(30 EA per 30 days)
<b>etravirine tablet 100mg</b>	
<b>etravirine tablet 200mg</b>	
<b>INTELENCE TABLET 25MG</b>	
<b>nevirapine</b>	
<b>nevirapine er</b>	
<b>PIFELTRO</b>	
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>	
<b>abacavir</b>	
<b>abacavir sulfate/lamivudine</b>	QL(30 EA per 30 days)
<b>abacavir sulfate/lamivudine/zidovudine</b>	QL(60 EA per 30 days)
<b>CIMDUO</b>	QL(30 EA per 30 days)
<b>DESCOVY</b>	QL(30 EA per 30 days)
<b>emtricitabine</b>	
<b>emtricitabine/tenofovir disoproxil</b>	QL(30 EA per 30 days)
<b>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</b>	QL(30 EA per 30 days)
<b>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</b>	QL(30 EA per 30 days)
<b>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</b>	QL(30 EA per 30 days)
<b>EMTRIVA SOLUTION</b>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lamivudine/zidovudine</i>	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	
<i>lamivudine tablet 150mg, 300mg</i>	
ODEFSEY	QL(30 EA per 30 days)
RETROVIR IV INFUSION	
<i>stavudine capsule</i>	
TEMIXYS	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	QL(30 EA per 30 days)
TRIUMEQ PD	QL(180 EA per 30 days)
TRIZIVIR	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	
VIDEX PEDIATRIC	
VIREAD POWDER	
VIREAD TABLET 150MG, 200MG, 250MG	
<i>zidovudine</i>	
<b><i>Anti-HIV Agents, Other</i></b>	
FUZEON	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY SOLUTION	
SELZENTRY TABLET 25MG	
SELZENTRY TABLET 75MG	
SUNLENCA	
TROGARZO	
TYBOST	
<b><i>Anti-HIV Agents, Protease Inhibitors (PI)</i></b>	
APTIVUS	
<i>atazanavir</i>	
<i>atazanavir sulfate capsule 300mg</i>	
<i>darunavir</i>	
EVOTAZ	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	
INVIRASE TABLET	
LEXIVA SUSPENSION	
<i>lopinavir/ritonavir</i>	
NORVIR PACKET, SOLUTION	
PREZCOBIX	QL(30 EA per 30 days)
PREZISTA SUSPENSION	
PREZISTA TABLET 150MG, 75MG	
REYATAZ PACKET	
<i>ritonavir</i>	
SYMTUZA	QL(30 EA per 30 days)
VIRACEPT	
<b><i>Anti-influenza Agents</i></b>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amantadine hcl capsule, solution</i>	
<i>oseltamivir phosphate capsule 75mg</i>	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	QL(1080 ML per 365 days)
<b>RELENZA DISKHALER</b>	QL(240 EA per 365 days)
<b>XOFLUZA TABLET THERAPY PACK 80MG</b>	QL(2 EA per 365 days)
<b>XOFLUZA TABLET THERAPY PACK 20MG, 40MG</b>	QL(4 EA per 365 days)
<b>Antiherpetic Agents</b>	
<i>acyclovir sodium injection 50mg/ml</i>	B/D
<i>acyclovir capsule 200mg</i>	
<i>acyclovir suspension 200mg/5ml</i>	
<i>acyclovir tablet 400mg, 800mg</i>	
<i>famciclovir tablet</i>	
<i>valacyclovir hydrochloride</i>	QL(120 EA per 30 days)
<b>Anxiolytics</b>	
<b>Anxiolytics, Other</b>	
<i>buspirone hcl tablet 15mg</i>	
<i>buspirone hydrochloride tablet 10mg, 5mg</i>	
<i>buspirone hydrochloride tablet 30mg, 7.5mg</i>	
<i>hydroxyzine pamoate capsule</i>	
<b>Benzodiazepines</b>	
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	QL(720 EA per 30 days)
<i>diazepam intensol</i>	
<i>diazepam concentrate, oral solution</i>	
<i>diazepam injection 5mg/ml</i>	
<i>diazepam tablet 10mg</i>	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	
<i>lorazepam tablet 2mg</i>	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	QL(90 EA per 30 days)
<b>Bipolar Agents</b>	
<b>Mood Stabilizers</b>	
<i>lithium</i>	
<i>lithium carbonate er</i>	
<i>lithium carbonate capsule, tablet</i>	
<i>valproic acid capsule, solution</i>	
<b>Blood Glucose Regulators</b>	
<b>Antidiabetic Agents</b>	
<i>acarbose tablet</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
BYDUREON BCISE	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	QL(4.8 ML per 28 days); PA
FARXIGA	
glimepiride tablet 1mg, 2mg, 4mg	
glipizide er	
glipizide xl	
glipizide/metformin hydrochloride	
glipizide tablet	
glyburide/metformin hydrochloride	
glyburide tablet 1.25mg, 2.5mg, 5mg	
GLYXAMBI	
JANUMET	
JANUMET XR	
JANUVIA	QL(30 EA per 30 days)
JARDIANCE	
JENTADUETO	
JENTADUETO XR	
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	
MOUNJARO	QL(2 ML per 28 days); PA
nateglinide	
OZEMPIC INJECTION 2MG/1.5ML	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	QL(3 ML per 28 days); PA
pioglitazone hcl/metformin hcl	
pioglitazone hcl tablet 45mg	
pioglitazone hydrochloride tablet 15mg, 30mg	
repaglinide	
RYBELSUS TABLET 14MG, 7MG	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	QL(60 EA per 365 days); PA
SOLIQUA 100/33	
SYNJARDY	
SYNJARDY XR	
tolazamide tablet 250mg, 500mg	
TRADJENTA	QL(30 EA per 30 days)
TRIJARDY XR	
TRULICITY	QL(2 ML per 28 days); PA
XIGDUO XR	
<b>Glycemic Agents</b>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
diazoxide suspension	
GLUCAGEN HYPOKIT	ST

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>glucagon emergency kit</i>	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	
GVOKE HYPOOPEN 1-PACK	
GVOKE HYPOOPEN 2-PACK	
GVOKE KIT	
GVOKE PFS	
<b><i>Insulins</i></b>	
HUMALOG	
HUMALOG JUNIOR KWIKPEN	
HUMALOG KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
<i>insulin lispro</i>	
LANTUS	
LANTUS SOLOSTAR	
LEVEMIR	
LEVEMIR FLEXPEN	
LEVEMIR FLEXTOUCH	
LYUMJEV	
LYUMJEV KWIKPEN	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLOG	
NOVOLOG FLEXPEN	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
NOVOLOG FLEXPEN RELION	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	
NOVOLOG MIX 70/30 RELION	
NOVOLOG PENFILL	
NOVOLOG RELION	
TOUJEO MAX SOLOSTAR	
TOUJEO SOLOSTAR	
TRESIBA	
TRESIBA FLEXTOUCH	
<b>Blood Products and Modifiers</b>	
<b>Anticoagulants</b>	
ELIQUIS STARTER PACK	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	
FRAGMIN INJECTION 2500UNIT/0.2ML	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	
<i>heparin sodium injection 5000unit/ml</i>	
<i>jantoven</i>	
<i>warfarin sodium tablet</i>	
XARELTO STARTER PACK	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	QL(60 EA per 30 days)
<b>Blood Products and Modifiers, Other</b>	
<i>anagrelide hydrochloride</i>	
NEULASTA	PA
NEULASTA ONPRO KIT	PA
OXBRYTA TABLET 300MG	QL(240 EA per 30 days); PA
PROCIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCIT INJECTION 40000UNIT/ML	PA
PROMACTA	PA
PYRUKYND TAPER PACK	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
RETACRIT INJECTION 40000UNIT/ML	PA
ROLVEDON	PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
UDENYCA	PA
UDENYCA ONBODY	PA
XOLREMDI	QL(120 EA per 30 days); PA
ZARXIO	
<b>Hemostasis Agents</b>	
<i>tranexamic acid tablet</i>	
<b>Platelet Modifying Agents</b>	
<i>aspirin/dipyridamole</i>	
<i>aspirin/dipyridamole er</i>	
BRILINTA	
CABLIVI	QL(30 EA per 30 days); PA
<i>cilostazol</i>	
<i>clopidogrel tablet 75mg</i>	
<i>clopidogrel tablet 300mg</i>	
DOPTELET	PA
<i>prasugrel hydrochloride</i>	
<b>Cardiovascular Agents</b>	
<b>Alpha-adrenergic Agonists</b>	
<i>clonidine</i>	
<i>clonidine hydrochloride tablet</i>	
<i>droxidopa</i>	PA
<i>guanfacine hydrochloride</i>	
<i>methyldopa tablet 250mg, 500mg</i>	
<i>midodrine hcl</i>	
<b>Alpha-adrenergic Blocking Agents</b>	
<i>prazosin hydrochloride capsule</i>	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	
<i>terazosin hydrochloride capsule 2mg</i>	
<b>Angiotensin II Receptor Antagonists</b>	
<i>candesartan cilexetil</i>	
<i>EDARBI</i>	
<i>irbesartan</i>	
<i>losartan potassium tablet</i>	
<i>olmesartan medoxomil tablet</i>	
<i>telmisartan</i>	
<i>valsartan tablet</i>	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>	
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	
<i>benazepril hydrochloride tablet 20mg</i>	
<i>captopril tablet</i>	
<i>enalapril maleate tablet</i>	
<i>fosinopril sodium</i>	
<i>lisinopril tablet</i>	
<i>moexipril hcl</i>	
<i>perindopril erbumine</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>quinapril hydrochloride</i>	
<i>ramipril</i>	
<i>trandolapril</i>	
<b>Antiarrhythmics</b>	
<i>amiodarone hydrochloride tablet 200mg</i>	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	
<i>digatek tablet 0.125mg, 0.25mg</i>	
<i>digox</i>	
<i>digoxin solution</i>	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl capsule 150mg</i>	
<i>mexiletine hcl capsule 200mg, 250mg</i>	
<b>MULTAQ</b>	
<b>PACERONE TABLET 200MG</b>	
<b>PACERONE TABLET 100MG, 400MG</b>	
<i>propafenone hcl</i>	
<i>propafenone hydrochloride er</i>	
<i>propafenone hydrochloride tablet 300mg</i>	
<i>quinidine sulfate tablet</i>	
<i>sorine</i>	
<i>sotalol hcl</i>	
<i>sotalol hydrochloride (af)</i>	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	
<b>Beta-adrenergic Blocking Agents</b>	
<i>acebutolol hcl capsule 400mg</i>	
<i>acebutolol hydrochloride</i>	
<i>atenolol tablet</i>	
<i>betaxolol hcl tablet 10mg, 20mg</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hydrochloride tablet</i>	
<i>metoprolol succinate er</i>	
<i>metoprolol tartrate tablet</i>	
<i>nadolol tablet 20mg, 40mg</i>	
<i>nadolol tablet 80mg</i>	
<i>nebivolol hydrochloride</i>	
<i>nebivolol tablet 5mg</i>	
<i>pindolol tablet</i>	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	
<i>propranolol hcl tablet 40mg</i>	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	
amlodipine besylate tablet	
felodipine er	
isradipine	
nifedipine er	
nimodipine capsule	
NYMALIZE SOLUTION 60MG/20ML	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>	
cartia xt	
dilt-xr	
diltiazem hcl cd	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	
diltiazem hcl er capsule extended release 12 hour	
diltiazem hcl er tablet extended release 24 hour 420mg	
diltiazem hcl tablet 30mg, 60mg, 90mg	
diltiazem hydrochloride er capsule extended release 24 hour	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	
diltiazem hydrochloride tablet 120mg	
matzim la	
taztia xt	
tiadylt er	
verapamil hcl er tablet extended release 120mg, 240mg	
verapamil hcl sr capsule extended release 24 hour	
verapamil hcl tablet 40mg, 80mg	
verapamil hydrochloride er tablet extended release 180mg	
verapamil hydrochloride tablet 120mg	
<b>Cardiovascular Agents, Other</b>	
acetazolamide	
aliskiren	
amiloride/hydrochlorothiazide	
amlodipine besylate/benazepril hydrochloride	
amlodipine besylate/valsartan	
amlodipine/olmesartan medoxomil	
atenolol/chlorthalidone	
benazepril hydrochloride/hydrochlorothiazide	
bisoprolol fumarate/hydrochlorothiazide	
candesartan cilexetil/hydrochlorothiazide	
captopril/hydrochlorothiazide	
CORLANOR TABLET	QL(60 EA per 30 days); PA
EDARBYCLOR	
enalapril maleate/hydrochlorothiazide	
ENTRESTO CAPSULE SPRINKLE	QL(240 EA per 30 days)
ENTRESTO TABLET	QL(60 EA per 30 days)

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>epinephrine injection 1mg/ml</i>	
<i>fosinopril sodium/hydrochlorothiazide</i>	
<i>irbesartan/hydrochlorothiazide</i>	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	
<i>ivabradine hydrochloride</i>	QL(60 EA per 30 days); PA
<b>KERENDIA</b>	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	
<i>losartan potassium/hydrochlorothiazide</i>	
<i>metyrosine</i>	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	
<i>pentoxifylline er</i>	
<i>quinapril/hydrochlorothiazide</i>	
<i>ranolazine er</i>	
<i>spironolactone/hydrochlorothiazide</i>	
<i>telmisartan/hydrochlorothiazide</i>	
<i>trandolapril/verapamil hcl er</i>	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	
<i>triamterene/hydrochlorothiazide tablet</i>	
<i>valsartan/hydrochlorothiazide</i>	
<b>VYNDAMAX</b>	QL(30 EA per 30 days); PA
<b>Diuretics, Loop</b>	
<i>bumetanide injection, tablet</i>	
<i>furosemide tablet</i>	
<i>furosemide injection</i>	
<i>torsemide tablet</i>	
<b>Diuretics, Potassium-sparing</b>	
<i>amiloride hcl tablet</i>	
<i>eplerenone</i>	
<i>spironolactone tablet</i>	
<b>Diuretics, Thiazide</b>	
<i>chlorothiazide tablet</i>	
<i>chlorthalidone tablet 25mg, 50mg</i>	
<i>hydrochlorothiazide capsule, tablet</i>	
<i>indapamide tablet</i>	
<i>metolazone</i>	
<b>Dyslipidemics, Fibric Acid Derivatives</b>	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	
<i>fenofibric acid dr</i>	
<i>gemfibrozil tablet</i>	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>	
<i>atorvastatin calcium</i>	
<i>fluvastatin</i>	
<i>fluvastatin sodium er</i>	
<b>LIVALO</b>	ST

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lovastatin tablet</i>	
<i>pitavastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium tablet</i>	
<i>simvastatin tablet</i>	
<b>Dyslipidemics, Other</b>	
<i>cholestyramine light</i>	
<i>cholestyramine packet, powder</i>	
<i>colesevelam hydrochloride tablet</i>	
<i>colestipol hcl tablet</i>	
<i>colestipol hcl granules, packet</i>	
<i>ezetimibe</i>	
<i>ezetimibe/simvastatin</i>	
<i>icosapent ethyl</i>	
NEXLETOL	QL(30 EA per 30 days); PA
NEXLIZET	QL(30 EA per 30 days); PA
niacin er	
<i>omega-3-acid ethyl esters</i>	
PRALUENT	QL(2 ML per 28 days); PA
<i>prevalite</i>	
REPATHA	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	QL(7 ML per 28 days); PA
REPATHA SURECLICK	QL(3 ML per 28 days); PA
<b>Vasodilators, Direct-acting Arterial/Venous</b>	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
NITRO-BID	
<i>nitroglycerin transdermal</i>	
<i>nitroglycerin solution 0.4mg/spray</i>	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	
VERQUVO	QL(30 EA per 30 days); PA
<b>Vasodilators, Direct-acting Arterial</b>	
<i>hydralazine hcl tablet 10mg</i>	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	
<i>hydralazine hydrochloride tablet 100mg</i>	
<i>minoxidil tablet</i>	
<b>Central Nervous System Agents</b>	
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	QL(60 EA per 30 days); Extended-release capsule 20mg

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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<b>Drug Name</b>	<b>Requirements/Limits</b>
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	QL(60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	QL(60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	QL(60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine tablet	QL(90 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	QL(120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	QL(180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	QL(60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	QL(180 EA per 30 days)
dextroamphetamine sulfate tablet 30mg	QL(60 EA per 30 days)
dextroamphetamine sulfate tablet 15mg, 20mg, 5mg	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>	
atomoxetine hydrochloride capsule 25mg	QL(30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	QL(60 EA per 30 days)
atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg	QL(30 EA per 30 days)
guanfacine hydrochloride er	
methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg	QL(30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 36mg	QL(60 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg	QL(30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 36mg	QL(60 EA per 30 days)
methylphenidate hydrochloride tablet	QL(90 EA per 30 days)
methylphenidate hydrochloride solution 5mg/5ml	
<b>Central Nervous System, Other</b>	
AUSTEDO	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	QL(90 EA per 30 days); PA
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	
COBENFY	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	QL(112 EA per 365 days); PA NSO
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	QL(60 EA per 30 days); PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
NUDEXTA	PA
<i>riluzole</i>	
tetrabenazine	PA
ZTALMY	PA NSO
<b>Fibromyalgia Agents</b>	
<i>pregabalin capsule 300mg</i>	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	QL(90 EA per 30 days)
<i>pregabalin solution</i>	QL(900 ML per 30 days)
SAVELLA	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	QL(110 EA per 365 days)
<b>Multiple Sclerosis Agents</b>	
AVONEX PEN	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	QL(4 EA per 28 days); PA
BAFIERTAM	QL(120 EA per 30 days); PA
BETASERON	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	QL(30 ML per 30 days); PA
KESIMPTA	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	QL(30 EA per 30 days); PA
OCREVUS	PA
OCREVUS ZUNOVO	QL(23 ML per 168 days); PA
REBIF	QL(6 ML per 28 days); PA
REBIF REBIDOSE	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	QL(8.4 ML per 365 days); PA
TYSabRI	PA
VUMERITY	QL(120 EA per 30 days); PA
ZEPOSIA	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(74 EA per 365 days); PA; (37 Capsules Pack)
<b>Dental and Oral Agents</b>	
<b>Dental and Oral Agents</b>	
<i>chlorhexidine gluconate solution</i>	
<i>doxycycline hyclate tablet 20mg</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
KEPIVANCE	
<i>kourzeq</i>	
<i>lidocaine hydrochloride viscous</i>	
<i>lidocaine viscous</i>	
<i>oralone dental paste</i>	
<i>paroex</i>	
<i>pilocarpine hydrochloride</i>	
<i>triamcinolone acetonide dental paste</i>	
<b>Dermatological Agents</b>	
<b><i>Acne and Rosacea Agents</i></b>	
ACCUTANE	
<i>acitretin</i>	
<i>amnesteem</i>	
<i>azelaic acid</i>	
<i>claravis</i>	
<i>erythromycin/benzoyl peroxide</i>	
FINACEA FOAM	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	
<i>metronidazole cream 0.75%</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole gel 1%</i>	
<i>myorisan</i>	
<i>rosadan</i>	
<i>tazarotene cream 0.1%</i>	
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>zenatane</i>	
<b><i>Dermatitis and Pruritus Agents</i></b>	
ALA-CORT CREAM 2.5%	
<i>alclometasone dipropionate</i>	
<i>ammonium lactate cream, lotion</i>	
<i>betamethasone dipropionate augmented cream</i>	
<i>betamethasone dipropionate augmented ointment</i>	
<i>betamethasone dipropionate augmented gel</i>	
<i>betamethasone dipropionate cream, lotion</i>	
<i>betamethasone dipropionate ointment</i>	
<i>betamethasone valerate ointment</i>	
<i>betamethasone valerate cream, lotion</i>	
<i>clobetasol propionate e</i>	
<i>clobetasol propionate cream, ointment</i>	
<i>clobetasol propionate gel, solution</i>	
<i>clobetasol propionate shampoo</i>	
<i>desonide cream</i>	
<i>desonide ointment</i>	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	QL(100 GM per 30 days)

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>desoximetasone ointment 0.25%</i>	
<i>EUCRISA</i>	PA
<i>fluocinolone acetonide</i>	
<i>fluocinolone acetonide body</i>	
<i>fluocinolone acetonide scalp</i>	
<i>fluocinolone acetonide topical</i>	
<i>fluocinonide cream 0.05%</i>	
<i>fluocinonide cream 0.1%</i>	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate ointment 0.005%</i>	
<i>halobetasol propionate cream</i>	
<i>halobetasol propionate ointment</i>	
<i>hydrocortisone valerate cream</i>	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone ointment 2.5%</i>	
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate ointment 0.1%</i>	
<i>mometasone furoate solution 0.1%</i>	
<i>selenium sulfide</i>	
<i>SPEVIGO INJECTION 150MG/ML</i>	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	
<i>triderm</i>	
<b>Dermatological Agents, Other</b>	
<i>calcipotriene solution</i>	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	
<i>diclofenac sodium gel 3%</i>	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	
<i>imiquimod cream 5%</i>	
<i>KLISYRI</i>	ST
<i>nystatin/triamcinolone</i>	
<i>nystatin/triamcinolone acetonide ointment</i>	
<i>OTEZLA TABLET 20MG, 30MG</i>	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	
<i>SANTYL</i>	
<i>silver sulfadiazine</i>	
<i>SOTYKTU</i>	QL(30 EA per 30 days); PA
<i>ssd</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>urea lotion 40%</i>	
<b>Pediculicides/Scabicides</b>	
<i>malathion</i>	
<i>permethrin cream</i>	
<b>Topical Anti-infectives</b>	
<i>acyclovir ointment 5%</i>	
<b>BACTROBAN NASAL</b>	
<i>ciclodan solution</i>	PA
<i>ciclopirox nail lacquer</i>	PA
<i>ciclopirox olamine</i>	
<i>ciclopirox gel</i>	
<i>ciclopirox shampoo, suspension</i>	
<i>clindamycin phosphate lotion 1%</i>	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	QL(60 ML per 30 days)
<i>ery</i>	
<i>erythromycin gel 2%</i>	
<i>erythromycin pad 2%</i>	
<i>erythromycin solution 2%</i>	
<i>mupirocin ointment</i>	QL(110 GM per 30 days)
<i>mupirocin cream</i>	
<b>Electrolytes/Minerals/Metals/Vitamins</b>	
<b>Electrolyte/Mineral Replacement</b>	
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D
<i>carglumic acid</i>	
<i>dextrose 5%</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>dextrose 5%/sodium chloride 0.45%</i>	
<i>dextrose 5%/sodium chloride 0.9%</i>	
<i>effer-k tablet effervescent 25meq</i>	
<i>klor-con</i>	
<i>klor-con 10</i>	
<i>klor-con 8</i>	
<i>klor-con m10</i>	
<i>klor-con m15</i>	
<i>klor-con m20</i>	
<i>klor-con sprinkle</i>	
<i>klor-con/ef</i>	
<i>magnesium sulfate injection 50%</i>	
<b>PLENAMINE</b>	B/D
<i>potassium chloride er capsule extended release</i>	
<i>potassium chloride er tablet extended release 15meq</i>	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	
<i>potassium chloride er tablet extended release 15meq</i>	
<i>potassium chloride sr tablet extended release 8meq</i>	
<i>potassium chloride packet, solution</i>	
<i>potassium citrate er</i>	
<i>sodium chloride 0.45% injection</i>	
<i>sodium chloride injection 0.45%, 0.9%</i>	
<b>Electrolyte/Mineral/Metal Modifiers</b>	
<b>CHEMET</b>	
<b>CLOVIQUE</b>	PA
<i>deferasirox packet</i>	PA
<i>deferasirox tablet soluble 125mg</i>	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	PA
<i>deferasirox tablet 180mg</i>	PA
<i>deferasirox tablet 90mg</i>	PA
<i>deferasirox tablet 360mg</i>	PA
<i>trientine hydrochloride capsule 250mg</i>	PA
<b>Phosphate Binders</b>	
<i>calcium acetate capsule</i>	
<i>calcium acetate tablet 667mg</i>	
<i>sevelamer carbonate</i>	
<b>VELPHORO</b>	
<b>Potassium Binders</b>	
<i>kionex suspension</i>	
<b>LOKELMA</b>	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate</i>	
<i>sps</i>	
<b>VELTASSA</b>	
<b>Vitamins</b>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	
<b>Gastrointestinal Agents</b>	
<b>Anti-Constipation Agents</b>	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose solution 10gm/15ml</i>	
LINZESS	QL(30 EA per 30 days)
<i>lubiprostone</i>	QL(60 EA per 30 days)
MOTEGRITY	QL(30 EA per 30 days)
<i>peglax</i>	
RELISTOR TABLET	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	QL(18 ML per 30 days); ST
<b>Anti-Diarrheal Agents</b>	
<i>alosetron hydrochloride tablet 0.5mg</i>	PA
<i>alosetron hydrochloride tablet 1mg</i>	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	
<i>loperamide hcl capsule</i>	
XERMELO	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>	
<i>dicyclomine hcl solution</i>	
<i>dicyclomine hydrochloride capsule, tablet</i>	
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	
<i>glycopyrrolate tablet 1mg, 2mg</i>	PA
<b>Gastrointestinal Agents, Other</b>	
CLENPIQ	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-h</i>	
<i>gavilyte-n/flavor pack</i>	
<i>metoclopramide hcl solution</i>	
<i>metoclopramide hcl tablet 5mg</i>	
<i>metoclopramide hydrochloride injection</i>	
<i>metoclopramide hydrochloride tablet 10mg</i>	
<i>nitroglycerin ointment 0.4%</i>	
<i>peg 3350/electrolytes</i>	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	
RECTIV	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	
SUTAB	
<i>trilyte</i>	
<i>ursodiol capsule 300mg</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ursodiol tablet</i>	
VOWST	PA
XIFAXAN TABLET 200MG	PA
XIFAXAN TABLET 550MG	PA
<b>Histamine2 (H2) Receptor Antagonists</b>	
<i>famotidine suspension reconstituted</i>	
<i>famotidine tablet 20mg, 40mg</i>	
<i>nizatidine</i>	
<b>Protectants</b>	
<i>misoprostol</i>	
<i>sucralfate tablet</i>	
<i>sucralfate suspension</i>	
<b>Proton Pump Inhibitors</b>	
DEXILANT	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	QL(60 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>	
ALDURAZYME	PA
<i>betaine anhydrous</i>	
CERDELGA	PA
CHOLBAM	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	
<i>cromolyn sodium concentrate 100mg/5ml</i>	
CYSTAGON	
ELAPRASE	PA
ENDARI	PA
EVRYSDI	QL(240 ML per 30 days); PA
FABRAZYME	PA
JAVYGTOR	PA
KANUMA	PA
<i>l-glutamine</i>	PA
LUMIZYME	PA
<i>miglustat</i>	PA
NAGLAZYME	PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>nitisinone</i>	
PROLASTIN-C	PA
REVCORI	PA
<i>sapropterin dihydrochloride</i>	PA
<i>sodium phenylbutyrate powder, tablet</i>	
STRENSIQ	PA
SUCRAID	PA
TEGSEDI	PA
VIMIZIM	PA
<i>yargesa</i>	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	
ZOKINVY	QL(120 EA per 30 days); PA
<b>Genitourinary Agents</b>	
<b><i>Antispasmodics, Urinary</i></b>	
GELNIQUE PUMP	
GEMTESA	
MYRBETRIQ	
<i>oxybutynin chloride er</i>	
<i>oxybutynin chloride solution</i>	
<i>oxybutynin chloride tablet 5mg</i>	
<i>solifenacain succinate</i>	
<i>tolterodine tartrate</i>	
<i>tolterodine tartrate er</i>	
<i>trospium chloride</i>	
<i>trospium chloride er</i>	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>	
<i>alfuzosin hcl er</i>	
<i>doxazosin mesylate</i>	
<i>dutasteride/tamsulosin hydrochloride</i>	
<i>dutasteride capsule</i>	
<i>finasteride tablet</i>	
<i>silodosin</i>	
<i>tadalafil tablet 2.5mg, 5mg</i>	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	
<b><i>Genitourinary Agents, Other</i></b>	
<i>acetic acid 0.25%</i>	
<i>bethanechol chloride tablet</i>	
<i>d-penamine</i>	
ELMIRON	
<i>penicillamine tablet</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>	
cortisone acetate tablet 25mg	
dexamethasone solution	
dexamethasone elixir	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	
fludrocortisone acetate tablet	
hydrocortisone tablet 10mg, 20mg, 5mg	
methylprednisolone dose pack tablet therapy pack	
methylprednisolone tablet	
prednisolone sodium phosphate solution 15mg/5ml	
prednisolone solution	
prednisone tablet therapy pack	
prednisone solution	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	
triamcinolone acetonide injection 10mg/ml	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>	
desmopressin acetate tablet	
desmopressin acetate injection	
desmopressin acetate nasal solution 0.01%	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
INCRELEX	PA
LUPRON DEPOT-PED (6-MONTH)	QL(1 EA per 168 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>	
KORLYM	QL(120 EA per 30 days); PA
mifepristone tablet 200mg	
mifepristone tablet 300mg	QL(120 EA per 30 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>	
<i>Androgens</i>	
danazol capsule	
testosterone cypionate injection 100mg/ml, 200mg/ml	PA
testosterone enanthate injection	PA
testosterone pump	PA
testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	PA
<i>Estrogens</i>	
afirmelle	
altavera	
alyacen 1/35	
alyacen 7/7/7	
amabelz	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amethia</i>	QL(91 EA per 91 days)
<i>amethia lo</i>	QL(91 EA per 91 days)
<i>amethyst</i>	
<i>ashlyna</i>	QL(91 EA per 91 days)
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>bekyree</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camrese</i>	QL(91 EA per 91 days)
<i>camrese lo</i>	QL(91 EA per 91 days)
<i>chateal</i>	
<i>chateal eq</i>	
<b>CLIMARA PRO</b>	
<i>cryselle-28</i>	
<i>cyclafem 1/35</i>	
<i>cyclafem 7/7/7</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	QL(91 EA per 91 days)
<i>delyla</i>	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	
<i>dolishale</i>	
<b>DOTTI</b>	
<i>elonest</i>	
<i>eluryng</i>	
<i>enilloring</i>	
<i>enpresse-28</i>	
<i>estarrylla</i>	
<i>estradiol/norethindrone acetate</i>	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	
<i>estradiol cream, oral tablet</i>	
<i>estradiol patch twice weekly, patch weekly, vaginal tablet</i>	
<b>ESTRING</b>	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	
<i>etonogestrel/ethinyl estradiol</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>falmina</i>	
<i>fayosim</i>	QL(91 EA per 91 days)
<i>femynor</i>	
<b>FYAVOLV</b>	
<i>hailey 1.5/30</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>haloette</i>	
<i>iclevia</i>	QL(91 EA per 91 days)
<i>introvale</i>	QL(91 EA per 91 days)
<i>jaimiess</i>	QL(91 EA per 91 days)
<i>jinteli</i>	
<i>jolessa</i>	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kimidess</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>larissia</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	
<i>lillow</i>	
<i>lojaimiess</i>	QL(91 EA per 91 days)
<i>lopreeza</i>	
<i>low-ogestrel</i>	
<i>lutera</i>	
<i>lyllana</i>	
<i>marlissa</i>	
<b>MENEST TABLET 2.5MG</b>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mimvey</i>	
<i>mimvey lo</i>	
<i>mono-linyah</i>	
<i>mononessa</i>	
<i>necon 0.5/35-28</i>	
<i>necon 7/7/7</i>	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	
<i>norgestimate/ethinyl estradiol</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>orsythia</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>pirmella 1/35</i>	
<i>pirmella 7/7/7</i>	
<i>portia-28</i>	
<b>PREMARIN CREAM</b>	
<b>PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG</b>	
<b>PREMPHASE</b>	
<b>PREMPRO</b>	
<i>previfem</i>	
<i>rivelsa</i>	QL(91 EA per 91 days)
<i>setlakin</i>	QL(91 EA per 91 days)
<i>simliya</i>	
<i>simpesse</i>	QL(91 EA per 91 days)
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>tarina fe 1/20</i>	
<i>tarina fe 1/20 eq</i>	
<i>tri femynor</i>	
<i>tri-estarrylla</i>	
<i>tri-linyah</i>	
<i>tri-mili</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>trinymyo</i>	
<i>tri-previfem</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>trinessa</i>	
<i>trivora-28</i>	
<i>turqoz</i>	
<i>vienna</i>	
<i>viovere</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>yuvafem</i>	
<i>zovia 1/35</i>	
<i>zovia 1/35e</i>	
<b>Progestins</b>	
<i>camila</i>	
<i>deblitane</i>	
<b>DEPO-PROVERA INJECTION 400MG/ML</b>	<b>QL(10 ML per 28 days)</b>
<b>DEPO-SUBQ PROVERA 104</b>	<b>QL(0.65 ML per 90 days)</b>
<i>emzahh</i>	
<i>errin</i>	
<i>gallifrey</i>	
<i>heather</i>	
<i>incassia</i>	
<i>jencycla</i>	
<i>jolivette</i>	
<i>lyleq</i>	
<i>lyza</i>	
<i>medroxyprogesterone acetate tablet</i>	
<i>medroxyprogesterone acetate injection</i>	<b>QL(1 ML per 90 days)</b>
<i>megestrol acetate tablet</i>	<b>PA NSO</b>
<i>megestrol acetate suspension 40mg/ml</i>	<b>PA</b>
<i>megestrol acetate suspension 625mg/5ml</i>	<b>PA</b>
<i>nora-be</i>	
<i>norethindrone acetate tablet</i>	
<i>norethindrone tablet</i>	
<i>norlyda</i>	
<i>norlyroc</i>	
<i>progesterone capsule</i>	
<i>sharobel</i>	
<i>tulana</i>	
<b>Selective Estrogen Receptor Modifying Agents</b>	
<b>OSPHENA</b>	<b>QL(30 EA per 30 days); PA</b>

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Requirements/Limits
<i>raloxifene hydrochloride</i>	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>	
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
ARMOUR THYROID	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
LEVO-T	
<i>levothyroxine sodium tablet</i>	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
<i>liothyronine sodium tablet</i>	
NIVA THYROID	
<i>np thyroid 120</i>	
<i>np thyroid 15</i>	
<i>np thyroid 30</i>	
<i>np thyroid 60</i>	
<i>np thyroid 90</i>	
SYNTHROID TABLET	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
THYROLAR-1	
THYROLAR-1/2	
THYROLAR-1/4	
THYROLAR-2	
THYROLAR-3	
UNITHROID	
<b>Hormonal Agents, Suppressant (Adrenal)</b>	
<i>Hormonal Agents, Suppressant (Adrenal)</i>	
ISTURISA TABLET 10MG	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	QL(360 EA per 30 days); PA
LYSODREN	
<b>Hormonal Agents, Suppressant (Pituitary)</b>	
<i>Hormonal Agents, Suppressant (Pituitary)</i>	
<i>cabergoline</i>	
FIRMAGON INJECTION 80MG	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	QL(4 EA per 365 days); PA NSO
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	PA NSO
<i>lanreotide acetate injection 120mg/0.5ml</i>	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	PA NSO
LUPRON DEPOT (1-MONTH)	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	QL(1 EA per 28 days); PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
LUPRON DEPOT-PED (3-MONTH)	QL(1 EA per 84 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	PA
ORGOVYX	PA NSO
SIGNIFOR	QL(60 ML per 30 days); PA
SIGNIFOR LAR	QL(1 EA per 28 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	PA
SOMAVERT	PA
TRELSTAR MIXJECT INJECTION 22.5MG	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	QL(1 EA per 84 days); PA NSO
TRIPTODUR	QL(1 EA per 168 days); PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>	
<i>Antithyroid Agents</i>	
<i>methimazole tablet 10mg, 5mg</i>	
<i>propylthiouracil tablet</i>	
<b>Immunological Agents</b>	
<i>Angioedema Agents</i>	
CINRYZE	PA
<i>icatibant acetate</i>	PA
<i>sajazir</i>	PA
<i>Immunoglobulins</i>	
ASCENIV	PA
BIVIGAM INJECTION 10%, 5GM/50ML	PA
CUTAQUIG	PA
CUVITRU	PA
GAMASTAN	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	PA
GAMUNEX-C	PA
HEPAGAM B INJECTION 312UNIT/ML	B/D
HIZENTRA	PA
HYPERHEP B	B/D
NABI-HB INJECTION 312UNIT/ML	B/D
PANZYGA	PA
PRIVIGEN	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	
VARIZIG INJECTION 125UNIT/1.2ML	PA
XEMBIFY	PA
<i>Immunological Agents, Other</i>	
ADBRY INJECTION 150MG/ML	QL(4 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	QL(6 ML per 28 days); PA
BENLYSTA	PA
COSENTYX SENSOREADY PEN	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	QL(10 ML per 28 days); PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
COSENTYX INJECTION 125MG/5ML	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	QL(8 ML per 28 days); PA
EMPAVELI	PA
ENJAYMO	PA
ILARIS INJECTION 150MG/ML	QL(2 ML per 28 days); PA
KINERET	PA
ORENCIA CLICKJECT	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	QL(110 EA per 365 days); PA
RINVOQ	QL(30 EA per 30 days); PA
RINVOQ LQ	QL(360 ML per 30 days); PA
SAPHNELO	PA
SKYRIZI PEN	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	PA
SKYRIZI INJECTION 150MG/ML	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
VEOPOZ	PA
VYVGART HYTRULO	PA
XELJANZ XR	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	QL(300 ML per 30 days); PA
XELJANZ TABLET	QL(60 EA per 30 days); PA
XOLAIR	PA
<b>Immunostimulants</b>	
ACTIMMUNE	PA NSO
INTRON A	PA NSO
PEGASYS	PA
<b>Immunosuppressants</b>	
ASTAGRAF XL	B/D
<i>azathioprine tablet 50mg</i>	B/D
<i>cyclosporine modified</i>	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	QL(6 EA per 28 days); PA
ENBREL MINI	QL(8 ML per 28 days); PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
ENBREL SURECLICK	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	PA
ENBREL INJECTION 25MG/0.5ML	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	QL(8 ML per 28 days); PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG <i>everolimus tablet 0.25mg</i>	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	B/D
<i>gengraf capsule 100mg, 25mg</i>	B/D
<i>gengraf solution</i>	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	QL(2 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	QL(4 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	PA
INFLIXIMAB	PA
JYLAMVO <i>leflunomide</i>	
<i>methotrexate sodium tablet</i>	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	
<i>methotrexate injection 50mg/2ml</i>	
<i>mycophenolate mofetil capsule, tablet</i>	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	B/D
<i>mycophenolic acid dr</i>	B/D
ORENCIA INJECTION 250MG	PA
PROGRAF PACKET	B/D
REMICADE	PA
RENFLEXIS	PA
REZUROCK	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	B/D
<i>sirolimus solution, tablet</i>	B/D

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D
XATMEP	
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	QL(3 EA per 28 days); PA
<b>Vaccines</b>	
ABRYSVO	
ACTHIB INJECTION 0	
ADACEL	
AREXVY	
<i>bcg vaccine injection 50mg</i>	
BEXSERO	
BOOSTRIX	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DENGVAXIA	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	
ENGERIX-B	B/D
GARDASIL 9	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	
HEPLISAV-B	B/D
HIBERIX	
IMOVAX RABIES (H.D.C.V.)	B/D
INFANRIX	
IPOP INACTIVATED IPV	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
MRESVIA	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	
PENBRAYA	
PENTACEL	
PREHEVBRIOS	B/D
PRIORIX	
PROQUAD	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial; any pack size
RABAVERT	B/D
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ SOLUTION	
SHINGRIX	
STAMARIL	
TDVAX	
TENIVAC	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
VAXELIS	
YF-VAX	
<b>Inflammatory Bowel Disease Agents</b>	
<b>Aminosalicylates</b>	
<i>balsalazide disodium</i>	
<i>mesalamine dr tablet delayed release 1.2gm</i>	
<i>mesalamine er capsule extended release 24 hour</i>	
<i>mesalamine enema, kit, suppository</i>	
<b>SFROWASA</b>	
<i>sulfasalazine tablet, tablet delayed release</i>	
<b>Glucocorticoids</b>	
<i>budesonide er</i>	
<i>budesonide capsule delayed release particles 3mg</i>	
<i>colocort</i>	
<i>hydrocortisone enema 100mg/60ml</i>	
<i>procto-med hc</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<b>Metabolic Bone Disease Agents</b>	
<b>Metabolic Bone Disease Agents</b>	
<i>alendronate sodium solution</i>	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	
<i>alendronate sodium tablet 70mg</i>	QL(4 EA per 28 days)

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>calcitonin-salmon solution</i>	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	
<i>cinacalcet hydrochloride</i>	
FORTEO INJECTION 600MCG/2.4ML	PA
<i>ibandronate sodium tablet</i>	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	
PROLIA	QL(2 ML per 365 days)
RAYALDEE	
<i>risedronate sodium dr</i>	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	
<i>risedronate sodium tablet 150mg</i>	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	QL(4 EA per 28 days)
<i>teriparatide</i>	PA
TYMLOS	PA
XGEVA	PA
<b>Miscellaneous Therapeutic Agents</b>	
<b>Miscellaneous Therapeutic Agents</b>	
ALCOHOL PREP PADS	
AUGTYRO CAPSULE 40MG	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	QL(200 EA per 30 days)
ELLA	
IGALMI	PA NSO
LAGEVRIO	QL(40 EA per 5 days)
LIVMARLI SOLUTION 19MG/ML	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	QL(90 ML per 30 days); PA
NUTRILIPID	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	QL(30 EA per 30 days)
OXLUMO	PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
SKYCLARYS	QL(90 EA per 30 days); PA
sodium chloride 0.9%	
TYRVAYA	QL(8.4 ML per 30 days)
ulticare micro pen needles/32g x 5/32"	QL(200 EA per 30 days)
unifine pentips 32gx6mm	QL(200 EA per 30 days)
V-GO 20	
V-GO 30	
V-GO 40	
VISTOGARD	
VYJUVEK	PA
<b>Ophthalmic Agents</b>	
<b><i>Ophthalmic Agents, Other</i></b>	
atropine sulfate solution 1%	
bacitracin/polymyxin b	
brimonidine tartrate/timolol maleate	
COMBIGAN	
cyclosporine emulsion 0.05%	
CYSTARAN	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	
neo-polycin	
neo-polycin hc	
neomycin/bacitracin/polymyxin	
neomycin/polymyxin/bacitracin/hydrocortisone	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	
neomycin/polymyxin/dexamethasone	
neomycin/polymyxin/gramicidin	
polycin	
polymyxin b sulfate(trimethoprim sulfate	
RESTASIS	
RESTASIS MULTIDOSE	
ROCKLATAN	QL(2.5 ML per 25 days)
SIMBRINZA	
sulfacetamide sodium/prednisolone sodium phosphate	
TOBRADEX ST	
TOBRADEX OINTMENT	
tobramycin/dexamethasone	
IIDRA	QL(60 EA per 30 days)
ZYLET	
<b><i>Ophthalmic Anti-allergy Agents</i></b>	
azelastine hcl ophthalmic solution 0.05%	
cromolyn sodium solution 4%	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>olopatadine hcl</i>	
<i>olopatadine hydrochloride solution 0.2%</i>	
<b>Ophthalmic Anti-Infectives</b>	
<i>bacitracin</i>	
<b>BESIVANCE</b>	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	
<i>erythromycin ointment 5mg/gm</i>	
<i>gatifloxacin</i>	
<i>gentak ointment</i>	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	
<i>levofloxacin ophthalmic solution 0.5%</i>	
<i>moxifloxacin hydrochloride solution 0.5%</i>	
<b>NATACYN</b>	
<i>ofloxacin ophthalmic solution 0.3%</i>	
<i>sulfacetamide sodium solution</i>	
<i>sulfacetamide sodium ointment</i>	
<i>tobramycin solution 0.3%</i>	
<i>trifluridine</i>	
<b>ZIRGAN</b>	
<b>Ophthalmic Anti-inflammatories</b>	
<i>bromfenac sodium solution 0.07%</i>	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	
<i>diclofenac sodium solution 0.1%</i>	
<b>FLAREX</b>	
<i>fluorometholone</i>	
<i>flurbiprofen sodium</i>	
<b>ILEVRO</b>	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	
<b>LOTEMAX SM</b>	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	
<b>PROLENSA</b>	QL(12 ML per 365 days)
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>	
<i>betaxolol hcl solution 0.5%</i>	
<i>carteolol hcl</i>	
<i>levobunolol hcl solution 0.5%</i>	
<i>timolol maleate solution</i>	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>	
<i>acetazolamide er</i>	
<b>ALPHAGAN P SOLUTION 0.1%</b>	
<b>BRIMONIDINE TARTRATE SOLUTION 0.1%</b>	
<i>brimonidine tartrate solution 0.2%</i>	
<i>brinzolamide</i>	
<i>dorzolamide hydrochloride</i>	
<i>methazolamide tablet</i>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	
RHOPRESSA	QL(2.5 ML per 25 days)
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>	
<i>latanoprost solution</i>	
LUMIGAN	QL(2.5 ML per 25 days)
VYZULTA	QL(5 ML per 25 days)
<b>Otic Agents</b>	
<b>Otic Agents</b>	
<i>acetic acid</i>	
<i>ciprofloxacin/dexamethasone</i>	
<i>ciprofloxacin solution 0.2%</i>	
<i>hydrocortisone/acetic acid</i>	
<i>neomycin/polymyxin/hc</i>	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	
<i>ofloxacin otic solution 0.3%</i>	
<b>Respiratory Tract/Pulmonary Agents</b>	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>	
ARNUITY ELLIPTA	QL(30 EA per 30 days)
ASMANEX HFA	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	
<i>mometasone furoate suspension 50mcg/act</i>	QL(34 GM per 30 days)
QVAR REDIHALER	QL(21.2 GM per 30 days)
<b>Antihistamines</b>	
<i>azelastine hcl nasal solution 0.15%</i>	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	QL(60 ML per 30 days)
<i>ciproheptadine hydrochloride tablet</i>	
<i>diphenhydramine hcl injection 50mg/ml</i>	
<i>diphenhydramine hydrochloride injection</i>	
<i>hydroxyzine hcl tablet 50mg</i>	
<i>hydroxyzine hydrochloride syrup</i>	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	
<i>levocetirizine dihydrochloride tablet</i>	
<b>Antileukotrienes</b>	
<i>montelukast sodium tablet</i>	
<i>montelukast sodium tablet chewable, packet</i>	
<i>zafirlukast</i>	
<b>Bronchodilators, Anticholinergic</b>	

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
ATROVENT HFA	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	
<i>ipratropium bromide inhalation solution</i>	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	QL(30 EA per 30 days)
YUPELRI	QL(90 ML per 30 days); B/D
<b>Bronchodilators, Sympathomimetic</b>	
<i>albuterol sulfate er</i>	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	
<i>formoterol fumarate nebulization solution</i>	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	QL(2 EA per 30 days)
SEREVENT DISKUS	QL(60 EA per 30 days)
<b>Cystic Fibrosis Agents</b>	
CAYSTON	PA
KALYDECO	PA
ORKAMBI TABLET	QL(112 EA per 28 days); PA
PULMOZYME	PA
TOBI PODHALER	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	B/D
TRIKAFTA TABLET THERAPY PACK	QL(84 EA per 28 days); PA
<b>Mast Cell Stabilizers</b>	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>	
<i>roflumilast</i>	PA
<i>theophylline er tablet extended release 24 hour</i>	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	
<b>Pulmonary Antihypertensives</b>	
ADEMPAS	QL(90 EA per 30 days); PA
<i>alyq</i>	QL(60 EA per 30 days); PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>ambrisentan</i>	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	PA
<i>epoprostenol sodium injection 1.5mg</i>	PA
<i>OPSUMIT</i>	QL(30 EA per 30 days); PA
<i>ORENITRAM TITRATION KIT MONTH 1</i>	QL(336 EA per 365 days); PA
<i>ORENITRAM TITRATION KIT MONTH 2</i>	QL(672 EA per 365 days); PA
<i>ORENITRAM TITRATION KIT MONTH 3</i>	QL(504 EA per 365 days); PA
<i>ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG</i>	PA
<i>sildenafil citrate tablet</i>	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	QL(60 EA per 30 days); PA
<i>VENTAVIS</i>	QL(270 ML per 30 days); PA
<b>Pulmonary Fibrosis Agents</b>	
<i>OFEV</i>	PA
<i>pirfenidone</i>	PA
<b>Respiratory Tract Agents, Other</b>	
<i>ADVAIR HFA</i>	QL(24 GM per 30 days)
<i>ANORO ELLIPTA</i>	QL(60 EA per 30 days)
<i>BREO ELLIPTA</i>	QL(60 EA per 30 days)
<i>BRONCHITOL</i>	QL(560 EA per 28 days); PA
<i>COMBIVENT RESPIMAT</i>	QL(8 GM per 30 days)
<i>DULERA AEROSOL 5MCG/ACT; 50MCG/ACT</i>	QL(13 GM per 30 days); PA
<i>DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT</i>	QL(17.6 GM per 30 days); PA
<i>FASENRA PEN</i>	PA
<i>FASENRA INJECTION 10MG/0.5ML</i>	PA
<i>FASENRA INJECTION 30MG/ML</i>	PA
<i>fluticasone propionate/salmeterol diskus</i>	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	QL(540 ML per 30 days); B/D
<i>NUCALA INJECTION 40MG/0.4ML</i>	QL(0.4 ML per 28 days); PA
<i>NUCALA INJECTION 100MG</i>	QL(3 EA per 28 days); PA
<i>NUCALA INJECTION 100MG/ML</i>	QL(3 ML per 28 days); PA
<i>STIOLTO RESPIMAT</i>	QL(24 GM per 30 days)
<i>TRELEGY ELLIPTA</i>	QL(60 EA per 30 days)
<i>wixela inhub</i>	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>	
<b>Skeletal Muscle Relaxants</b>	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	
<i>methocarbamol tablet 500mg, 750mg</i>	
<i>orphenadrine citrate er</i>	
<b>Sleep Disorder Agents</b>	
<b>Sleep Promoting Agents</b>	
<i>BELSOMRA</i>	QL(30 EA per 30 days)

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>eszopiclone</i>	QL(30 EA per 30 days)
<i>ramelteon</i>	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	QL(30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>	
<i>armodafinil tablet 150mg, 200mg</i>	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	QL(60 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	QL(30 EA per 30 days); PA
<i>modafinil tablet</i>	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	QL(540 ML per 30 days); PA

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

# Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	31	<i>aliskiren</i>	39
<i>abacavir sulfate/lamivudine</i>	31	<i>allopurinol</i>	21
<i>abacavir sulfate/lamivudine/zidovudine</i>	31	<i>alosetron hydrochloride</i>	48
<i>ABELCET</i>	21	<i>ALPHAGAN P</i>	64
<i>ABILITY MAINTENA</i>	29	<i>alprazolam</i>	33
<i>abiraterone acetate</i>	23	<i>altavera</i>	51
<i>ABRYSVO</i>	60	<i>ALUNBRIG</i>	25
<i>acamprosate calcium dr</i>	12	<i>alyacen 1/35</i>	51
<i>acarbose</i>	33	<i>alyacen 7/7/7</i>	51
<i>ACCUTANE</i>	44	<i>alyq</i>	66
<i>acebutolol hcl</i>	38	<i>amabelz</i>	51
<i>acebutolol hydrochloride</i>	38	<i>amantadine hcl</i>	33
<i>acetaminophen/codeine</i>	11	<i>ambrisentan</i>	67
<i>acetazolamide</i>	39	<i>amethia</i>	52
<i>acetazolamide er</i>	64	<i>amethia lo</i>	52
<i>acetic acid</i>	65	<i>amethyst</i>	52
<i>acetic acid 0.25%</i>	50	<i>amikacin sulfate</i>	13
<i>acitretin</i>	44	<i>amiloride hcl</i>	40
<i>ACTHIB</i>	60	<i>amiloride/hydrochlorothiazide</i>	39
<i>ACTIMMUNE</i>	58	<i>AMINOSYN II</i>	46
<i>acyclovir</i>	33	<i>AMINOSYN-PF</i>	46
<i>acyclovir</i>	46	<i>amiodarone hydrochloride</i>	38
<i>acyclovir sodium</i>	33	<i>amitriptyline hcl</i>	20
<i>ADACEL</i>	60	<i>amitriptyline hydrochloride</i>	20
<i>ADBRY</i>	57	<i>amlodipine besylate</i>	39
<i>adefovir dipivoxil</i>	30	<i>amlodipine besylate/benazepril</i>	39
<i>ADEMPAS</i>	66	<i>hydrochloride</i>	
<i>ADTHYZA</i>	56	<i>amlodipine besylate/valsartan</i>	39
<i>ADVAIR HFA</i>	67	<i>amlodipine/olmesartan medoxomil</i>	39
<i>afirmelle</i>	51	<i>ammonium lactate</i>	44
<i>AIMOVIG</i>	22	<i>amnesteem</i>	44
<i>AKEEGA</i>	23	<i>amoxapine</i>	20
<i>ALA-CORT</i>	44	<i>amoxicillin</i>	15
<i>albendazole</i>	27	<i>amoxicillin/clavulanate potassium</i>	14
<i>albuterol sulfate</i>	66	<i>amoxicillin/clavulanate potassium er</i>	14
<i>albuterol sulfate er</i>	66	<i>amphetamine/dextroamphetamine</i>	41
<i>albuterol sulfate hfa</i>	66	<i>amphotericin b</i>	21
<i>alclometasone dipropionate</i>	44	<i>amphotericin b liposome</i>	21
<i>ALCOHOL PREP PADS</i>	62	<i>ampicillin</i>	15
<i>ALDURAZYME</i>	49	<i>ampicillin sodium</i>	15
<i>ALECENSA</i>	25	<i>ampicillin/sulbactam</i>	15
<i>alendronate sodium</i>	61	<i>ampicillin-sulbactam</i>	15
<i>alfuzosin hcl er</i>	50	<i>anagrelide hydrochloride</i>	36
<i>ALINIA</i>	27	<i>anastrozole</i>	24
		<i>ANORO ELLIPTA</i>	67
		<i>aprepitant</i>	20
		<i>APTIOM</i>	18

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
APTIVUS	32	AUSTEDO XR PATIENT TITRATION	42
AREXVY	60	KIT	
<i>arformoterol tartrate</i>	66	AUVELITY	18
<i>ariPIPrazole</i>	29	<i>aviane</i>	52
<i>ariPIPrazole odt</i>	29	AVONEX	43
ARISTADA	29	AVONEX PEN	43
ARISTADA INITIO	29	<i>ayuna</i>	52
<i>armodafinil</i>	68	AYVAKIT	25
ARMOUR THYROID	56	<i>azathioprine</i>	58
ARNURITY ELLIPTA	65	<i>azelaic acid</i>	44
ASCENIV	57	<i>azelastine hcl</i>	63
<i>asenapine maleate sl</i>	29	<i>azelastine hcl</i>	65
<i>ashlyna</i>	52	<i>azelastine hydrochloride</i>	65
ASMANEX HFA	65	<i>azithromycin</i>	15
ASMANEX TWISTHALER 120 METERED DOSES	65	<i>aztreonam</i>	13
ASMANEX TWISTHALER 14 METERED DOSES	65	<i>azurette</i>	52
ASMANEX TWISTHALER 30 METERED DOSES	65	<i>bacitracin</i>	64
ASMANEX TWISTHALER 60 METERED DOSES	65	<i>bacitracin/polymyxin b</i>	63
ASMANEX TWISTHALER 7 METERED DOSES	65	<i>baclofen</i>	30
<i>aspirin/dipyridamole</i>	37	BACTROBAN NASAL	46
<i>aspirin/dipyridamole er</i>	37	BAFIERTAM	43
ASTAGRAF XL	58	<i>balsalazide disodium</i>	61
<i>atazanavir</i>	32	BALVERSA	25
<i>atazanavir sulfate</i>	32	<i>balziva</i>	52
<i>atenolol</i>	38	BAQSIMI ONE PACK	34
<i>atenolol/chlorthalidone</i>	39	BAQSIMI TWO PACK	34
<i>atomoxetine</i>	42	BARACLUDE	30
<i>atomoxetine hydrochloride</i>	42	<i>bcg vaccine</i>	60
<i>atorvastatin calcium</i>	40	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	62
<i>atovaquone</i>	27	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	62
<i>atovaquone/proguanil hcl</i>	27	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	62
<i>atropine sulfate</i>	63	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	62
ATROVENT HFA	66	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	62
<i>aubra eq</i>	52	<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	62
AUGMENTIN	15	<i>bekyree</i>	52
AUGTYRO	62	BELSOMRA	67
<i>aurovela 1.5/30</i>	52	<i>benazepril hcl</i>	37
<i>aurovela 1/20</i>	52	<i>benazepril hydrochloride</i>	37
<i>aurovela fe 1.5/30</i>	52	<i>benazepril</i>	39
<i>aurovela fe 1/20</i>	52	<i>hydrochloride/hydrochlorothiazide</i>	
AUSTEDO	42	BENLYSTA	57
AUSTEDO XR	42		

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>benznidazole</i>	27	<i>bupropion hydrochloride</i>	19
<i>benztropine mesylate</i>	28	<i>bupropion hydrochloride er (sr)</i>	13
BESIVANCE	64	<i>bupropion hydrochloride er (sr)</i>	19
BESREMI	23	<i>bupropion hydrochloride er (xl)</i>	19
<i>betaine anhydrous</i>	49	<i>buspirone hcl</i>	33
<i>betamethasone dipropionate</i>	44	<i>buspirone hydrochloride</i>	33
<i>betamethasone dipropionate augmented</i>	44	<i>butalbital/acetaminophen/caffeine</i>	42
<i>betamethasone valerate</i>	44	BYDUREON BCISE	34
BETASERON	43	BYETTA	34
<i>betaxolol hcl</i>	38	CABENUVA	31
<i>betaxolol hcl</i>	64	<i>cabergoline</i>	56
<i>bethanechol chloride</i>	50	CABLIVI	37
<i>bexarotene</i>	27	CABOMETYX	25
BEXSERO	60	<i>calcipotriene</i>	45
<i>bicalutamide</i>	23	<i>calcitonin-salmon</i>	62
BICILLIN L-A	15	<i>calcitriol</i>	62
BIKTARVY	31	<i>calcium acetate</i>	47
<i>bisoprolol fumarate</i>	38	CALQUENCE	25
<i>bisoprolol fumarate/hydrochlorothiazide</i>	39	<i>camila</i>	55
BIVIGAM	57	<i>camrese</i>	52
<i>blisovi fe 1.5/30</i>	52	<i>camrese lo</i>	52
<i>blisovi fe 1/20</i>	52	<i>candesartan cilexetil</i>	37
BOOSTRIX	60	<i>candesartan cilexetil/hydrochlorothiazide</i>	39
BOSULIF	25	CAPLYTA	29
BRAFTOVI	25	CAPRELSA	25
BREO ELLIPTA	67	<i>captopril</i>	37
BREZTRI AEROSPHERE	65	<i>captopril/hydrochlorothiazide</i>	39
<i>briellyn</i>	52	<i>carbamazepine</i>	18
BRILINTA	37	<i>carbamazepine er</i>	18
BRIMONIDINE TARTRATE	64	<i>carbidopa</i>	28
brimonidine tartrate/timolol maleate	63	<i>carbidopa/levodopa</i>	28
<i>brinzolamide</i>	64	<i>carbidopa/levodopa er</i>	28
BRIVIACT	16	<i>carbidopa/levodopa odt</i>	28
<i>bromfenac sodium</i>	64	<i>carglumic acid</i>	46
<i>bromocriptine mesylate</i>	28	<i>carteolol hcl</i>	64
BRONCHITOL	67	<i>cartia xt</i>	39
BRUKINSA	25	<i>carvedilol</i>	38
<i>budesonide</i>	61	<i>caspofungin acetate</i>	21
<i>budesonide</i>	65	CAYSTON	66
<i>budesonide er</i>	61	<i>cefaclor</i>	14
<i>bumetanide</i>	40	<i>cefadroxil</i>	14
<i>buprenorphine</i>	11	CEFAZOLIN	14
<i>buprenorphine hcl</i>	12	<i>cefazolin sodium</i>	14
<i>buprenorphine hcl/naloxone hcl</i>	12	<i>cefdinir</i>	14
<i>buprenorphine hydrochloride/naloxone</i>	12	<i>cefpime</i>	14
<i>hydrochloride</i>		<i>cefpime hydrochloride</i>	14
<i>bupropion hcl</i>	19	<i>cefixime</i>	14

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>cefotaxime sodium</i>	14	CLENPIQ	48
<i>cefotetan</i>	14	CLIMARA PRO	52
<i>cefoxitin sodium</i>	14	<i>clindacin etz pledges</i>	13
<i>cefpodoxime proxetil</i>	14	<i>clindamycin hcl</i>	13
<i>cefprozil</i>	14	<i>clindamycin hydrochloride</i>	13
<i>ceftazidime</i>	14	<i>clindamycin palmitate hydrochloride</i>	13
<i>ceftazidime/dextrose</i>	14	<i>clindamycin phosphate</i>	13
<i>ceftriaxone sodium</i>	14	<i>clindamycin phosphate</i>	46
<i>cefuroxime axetil</i>	14	<i>clobazam</i>	17
<i>cefuroxime sodium</i>	14	<i>clobetasol propionate</i>	44
<i>celecoxib</i>	11	<i>clobetasol propionate e</i>	44
<i>cephalexin</i>	14	<i>clomipramine hydrochloride</i>	20
<b>CERDELGA</b>	49	<i>clonazepam</i>	17
<i>chateal</i>	52	<i>clonazepam odt</i>	17
<i>chateal eq</i>	52	<i>clonidine</i>	37
<b>CHEMET</b>	47	<i>clonidine hydrochloride</i>	37
<i>chlorhexidine gluconate</i>	43	<i>clopidogrel</i>	37
<i>chloroquine phosphate</i>	27	<i>clorazepate dipotassium</i>	33
<i>chlorothiazide</i>	40	<i>clotrimazole</i>	21
<i>chlorpromazine hcl</i>	28	<i>clotrimazole/betamethasone dipropionate</i>	45
<i>chlorpromazine hydrochloride</i>	28	<b>CLOVIQUE</b>	47
<i>chlorthalidone</i>	40	<i>clozapine</i>	30
<b>CHOLBAM</b>	49	<i>clozapine odt</i>	30
<i>cholestyramine</i>	41	<b>COARTEM</b>	27
<i>cholestyramine light</i>	41	<b>COBENFY</b>	42
<i>ciclodan</i>	46	<b>COBENFY STARTER PACK</b>	42
<i>ciclopirox</i>	46	<i>colchicine</i>	21
<i>ciclopirox nail lacquer</i>	46	<i>colesevelam hydrochloride</i>	41
<i>ciclopirox olamine</i>	46	<i>colestipol hcl</i>	41
<i>cidofovir</i>	30	<i>colistimethate sodium</i>	13
<i>cilstostazol</i>	37	<i>colocort</i>	61
<b>CIMDUO</b>	31	<b>COLUMVI</b>	23
<i>cinacalcet hydrochloride</i>	62	<b>COMBIGAN</b>	63
<b>CINRYZE</b>	57	<b>COMBIVENT RESPIMAT</b>	67
<b>CIPRO</b>	15	<i>COMETRIQ</i>	25
<i>ciprofloxacin</i>	15	<b>COMPLERA</b>	31
<i>ciprofloxacin</i>	65	<i>compro</i>	20
<i>ciprofloxacin hcl</i>	15	<i>constulose</i>	48
<i>ciprofloxacin hydrochloride</i>	15	<b>COPIKTRA</b>	25
<i>ciprofloxacin hydrochloride</i>	64	<b>CORLANOR</b>	39
<i>ciprofloxacin i.v.-in d5w</i>	15	<i>cortisone acetate</i>	51
<i>ciprofloxacin/dexamethasone</i>	65	<b>COSENTYX</b>	58
<i>cisplatin</i>	22	<b>COSENTYX SENSOREADY PEN</b>	57
<i>citalopram hydrobromide</i>	19	<b>COSENTYX UNOREADY</b>	57
<i>claravis</i>	44	<i>COTELLIC</i>	25
<i>clarithromycin</i>	15	<i>CREON</i>	49
<i>clarithromycin er</i>	15	<i>cromolyn sodium</i>	49

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>cromolyn sodium</i>	63	DESCOZY	31
<i>cromolyn sodium</i>	66	<i>desipramine hydrochloride</i>	20
<i>cryselle-28</i>	52	<i>desmopressin acetate</i>	51
CURITY GAUZE PADS 2"X2" 12 PLY	62	<i>desogestrel/ethinyl estradiol</i>	52
CUTAQUIG	57	<i>desonide</i>	44
CUVITRU	57	<i>desoximetasone</i>	44
<i>cyclafem 1/35</i>	52	<i>desvenlafaxine er</i>	19
<i>cyclafem 7/7/7</i>	52	<i>dexamethasone</i>	51
cyclobenzaprine hydrochloride	67	<i>dexamethasone sodium phosphate</i>	64
cyclophosphamide	23	DEXILANT	49
<i>cycloserine</i>	22	<i>dexlansoprazole</i>	49
<i>cyclosporine</i>	58	<i>dextroamphetamine sulfate</i>	42
<i>cyclosporine</i>	63	<i>dextroamphetamine sulfate er</i>	42
<i>cyclosporine modified</i>	58	<i>dextrose 5%</i>	46
CYLTEZO	58	<i>dextrose 5%/sodium chloride 0.45%</i>	47
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	58	<i>dextrose 5%/sodium chloride 0.9%</i>	47
CYLTEZO STARTER PACKAGE FOR PSORIASIS	58	DIACOMIT	17
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	58	<i>diazepam</i>	33
<i>cyproheptadine hydrochloride</i>	65	<i>diazepam intensol</i>	33
CYSTAGON	49	<i>diazepam rectal gel</i>	17
CYSTARAN	63	<i>diazoxide</i>	34
<i>dalfampridine er</i>	43	<i>diclofenac potassium</i>	11
<i>danazol</i>	51	<i>diclofenac sodium</i>	11
<i>dantrolene sodium</i>	30	<i>diclofenac sodium</i>	45
<i>dapsone</i>	22	<i>diclofenac sodium</i>	64
DAPTACEL	60	<i>diclofenac sodium dr</i>	11
<i>daptomycin</i>	13	<i>diclofenac sodium er</i>	11
DAPTOMYCIN/SODIUM CHLORIDE	13	<i>dicloxacillin sodium</i>	15
<i>darunavir</i>	32	<i>dicyclomine hcl</i>	48
DARZALEX FASPRO	27	<i>dicyclomine hydrochloride</i>	48
<i>dasatinib</i>	25	DIFCID	15
<i>dasetta 1/35</i>	52	<i>diflunisal</i>	11
<i>dasetta 7/7/7</i>	52	<i>digitek</i>	38
DAURISMO	25	<i>digox</i>	38
<i>daysee</i>	52	<i>digoxin</i>	38
<i>deblitane</i>	55	<i>dihydroergotamine mesylate</i>	22
<i>deferasirox</i>	47	DILANTIN	18
DELSTRIGO	31	<i>diltiazem hcl</i>	39
<i>delyla</i>	52	<i>diltiazem hcl cd</i>	39
<i>demeclacycline hcl</i>	16	<i>diltiazem hcl er</i>	39
<i>demeclacycline hydrochloride</i>	16	<i>diltiazem hydrochloride</i>	39
DENGVAXIA	60	<i>diltiazem hydrochloride er</i>	39
DEPO-PROVERA	55	<i>dilt-xr</i>	39
DEPO-SUBQ PROVERA 104	55	<i>dimethyl fumarate</i>	43

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
diphenoxylate hydrochloride/atropine sulfate	48	effer-k	47
diphtheria/tetanus toxoids adsorbed pediatric	60	ELAPRASE	49
disulfiram	12	elinest	52
divalproex sodium	17	ELIQUIS	36
divalproex sodium dr	17	ELIQUIS STARTER PACK	36
divalproex sodium er	17	ELLA	62
dofetilide	38	ELMIRON	50
dolishale	52	eluryng	52
donepezil hcl	18	EMCYT	23
donepezil hydrochloride	18	EMGALITY	22
DOPTELET	37	EMPAVELI	58
dorzolamide hcl/timolol maleate	63	EMSAM	19
dorzolamide hydrochloride	64	emtricitabine	31
DOTTI	52	emtricitabine/tenofovir disoproxil	31
DOVATO	31	emtricitabine/tenofovir disoproxil fumarate	31
doxazosin mesylate	50	EMTRIVA	31
doxepin hcl	20	emzahh	55
doxepin hydrochloride	20	enalapril maleate	37
doxy 100	16	enalapril maleate/hydrochlorothiazide	39
doxycycline	16	ENBREL	59
doxycycline hyclate	16	ENBREL MINI	58
doxycycline hyclate	43	ENBREL SURECLICK	59
doxycycline monohydrate	16	ENDARI	49
d-penamine	50	endocet	11
DRIZALMA SPRINKLE	19	ENGERIX-B	60
dronabinol	21	enilloring	52
DROXIA	23	ENJAYMO	58
droxidopa	37	enoxaparin sodium	36
DULERA	67	enpresse-28	52
duloxetine hydrochloride	19	entacapone	28
DUPIXENT	58	entecavir	30
dutasteride	50	ENTRESTO	39
dutasteride/tamsulosin hydrochloride	50	enulose	48
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	62	ENVARSUS XR	59
ec-naproxen	11	EPIDIOLEX	16
econazole nitrate	21	epinephrine	40
EDARBI	37	epinephrine	66
EDARBYCLOR	39	epitol	18
EDURANT	31	EPKINLY	23
efavirenz	31	eplerenone	40
efavirenz/emtricitabine/tenofovir disoproxil fumarate	31	epoprostenol sodium	67
efavirenz/lamivudine/tenofovir disoproxil fumarate	31	EPRONTIA	16
		ergoloid mesylates	18
		ergotamine tartrate/caffeine	22
		ERIVEDGE	25
		ERLEADA	23
		erlotinib hydrochloride	25

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>errin</i>	55	<i>fenofibrate</i>	40
<i>ertapenem</i>	15	<i>fenofibrate micronized</i>	40
<i>ertapenem sodium</i>	15	<i>fenofibric acid dr</i>	40
<i>ery</i>	46	<i>fentanyl</i>	11
<i>erythromycin</i>	46	<i>fentanyl citrate oral transmucosal</i>	11
<i>erythromycin</i>	64	<i>FETZIMA</i>	19
<i>erythromycin dr</i>	15	<i>FETZIMA TITRATION PACK</i>	19
<i>erythromycin ethylsuccinate</i>	15	<i>FINACEA</i>	44
<i>erythromycin/benzoyl peroxide</i>	44	<i>finasteride</i>	50
<i>escitalopram oxalate</i>	19	<i>fingolimod hydrochloride</i>	43
<i>esomeprazole magnesium</i>	49	<i>FINTEPLA</i>	16
<i>estarrylla</i>	52	<i>FIRMAGON</i>	56
<i>estradiol</i>	52	<i>FLAREX</i>	64
<i>estradiol/norethindrone acetate</i>	52	<i>flecainide acetate</i>	38
<i>ESTRING</i>	52	<i>fluconazole</i>	21
<i>eszopiclone</i>	68	<i>fluconazole in dextrose</i>	21
<i>ethambutol hydrochloride</i>	22	<i>fluconazole in sodium chloride</i>	21
<i>ethosuximide</i>	17	<i>flucytosine</i>	21
<i>ethynodiol diacetate/ethinyl estradiol</i>	52	<i>fludrocortisone acetate</i>	51
<i>etodolac</i>	11	<i>flunisolide</i>	65
<i>etonogestrel/ethinyl estradiol</i>	52	<i>fluocinolone acetonide</i>	45
<i>etravirine</i>	31	<i>fluocinolone acetonide body</i>	45
<i>EUCRISA</i>	45	<i>fluocinolone acetonide scalp</i>	45
<i>EUTHYROX</i>	56	<i>fluocinolone acetonide topical</i>	45
<i>everolimus</i>	25	<i>fluocinonide</i>	45
<i>everolimus</i>	59	<i>fluorometholone</i>	64
<i>EVOTAZ</i>	32	<i>fluorouracil</i>	45
<i>EVRYSDI</i>	49	<i>fluoxetine hydrochloride</i>	19
<i>exemestane</i>	24	<i>fluphenazine decanoate</i>	28
<i>EXKIVITY</i>	25	<i>fluphenazine hcl</i>	28
<i>ezetimibe</i>	41	<i>fluphenazine hydrochloride</i>	28
<i>ezetimibe/simvastatin</i>	41	<i>flurbiprofen</i>	11
<i>FABRAZYME</i>	49	<i>flurbiprofen sodium</i>	64
<i>falmina</i>	53	<i>flutamide</i>	23
<i>famciclovir</i>	33	<i>fluticasone propionate</i>	45
<i>famotidine</i>	49	<i>fluticasone propionate</i>	65
<i>FANAPT</i>	29	<i>fluticasone propionate/salmeterol</i>	67
<i>FANAPT TITRATION PACK</i>	29	<i>fluticasone propionate/salmeterol diskus</i>	67
<i>FARXIGA</i>	34	<i>fluvastatin</i>	40
<i>FARYDAK</i>	25	<i>fluvastatin sodium er</i>	40
<i>FASENRA</i>	67	<i>fluvoxamine maleate</i>	19
<i>FASENRA PEN</i>	67	<i>fondaparinux sodium</i>	36
<i>fayosim</i>	53	<i>formoterol fumarate</i>	66
<i>febuxostat</i>	21	<i>FORTEO</i>	62
<i>felbamate</i>	16	<i>fosamprenavir calcium</i>	32
<i>felodipine er</i>	39	<i>fosinopril sodium</i>	37
<i>femynor</i>	53	<i>fosinopril sodium/hydrochlorothiazide</i>	40

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
FOTIVDA	23	glyburide	34
FRAGMIN	36	glyburide/metformin hydrochloride	34
FRUZAQLA	25	glycopyrrrolate	48
<i>furosemide</i>	40	GLYXAMBI	34
FUZEON	32	<i>griseofulvin microsize</i>	21
FYAVOLV	53	<i>griseofulvin ultramicrosize</i>	21
FYCOMPA	16	<i>guanfacine hydrochloride</i>	37
<i>gabapentin</i>	17	<i>guanfacine hydrochloride er</i>	42
<i>galantamine hydrobromide</i>	18	GUANIDINE HCL	22
<i>galantamine hydrobromide er</i>	18	GVOKE HYPOOPEN 1-PACK	35
<i>gallifrey</i>	55	GVOKE HYPOOPEN 2-PACK	35
GAMASTAN	57	GVOKE KIT	35
GAMMAKED	57	GVOKE PFS	35
GAMUNEX-C	57	<i>hailey 1.5/30</i>	53
<i>ganciclovir</i>	30	<i>hailey fe 1.5/30</i>	53
GARDASIL 9	60	<i>hailey fe 1/20</i>	53
<i>gatifloxacin</i>	64	halobetasol propionate	45
<i>gavilyte-c</i>	48	<i>haloette</i>	53
<i>gavilyte-g</i>	48	<i>haloperidol</i>	28
<i>gavilyte-h</i>	48	<i>haloperidol decanoate</i>	28
<i>gavilyte-n/flavor pack</i>	48	<i>haloperidol lactate</i>	28
GAVRETO	23	HAVRIX	60
<i>gefitinib</i>	25	<i>heather</i>	55
GELNIQUE PUMP	50	HEPAGAM B	57
<i>gemfibrozil</i>	40	<i>heparin sodium</i>	36
GEMTESA	50	HEPLISAV-B	60
<i>generlac</i>	48	HIBERIX	60
<i>gengraf</i>	59	HIZENTRA	57
GENOTROPIN	51	HUMALOG	35
GENOTROPIN MINIQUICK	51	HUMALOG JUNIOR KWIKPEN	35
<i>gentak</i>	64	HUMALOG KWIKPEN	35
<i>gentamicin sulfate</i>	13	HUMALOG MIX 50/50	35
<i>gentamicin sulfate</i>	64	HUMALOG MIX 50/50 KWIKPEN	35
<i>gentamicin sulfate pediatric</i>	13	HUMALOG MIX 75/25	35
GENVOYA	31	HUMALOG MIX 75/25 KWIKPEN	35
GILOTrif	25	HUMATIN	13
<i>glatiramer acetate</i>	43	HUMIRA	59
GLEOSTINE	23	HUMIRA PEDIATRIC CROHNS	59
<i>glimepiride</i>	34	DISEASE STARTER PACK	
<i>glipizide</i>	34	HUMIRA PEN	59
<i>glipizide er</i>	34	HUMIRA PEN-CD/UC/HS STARTER	59
<i>glipizide xl</i>	34	HUMIRA PEN-PEDIATRIC UC	59
<i>glipizide/metformin hydrochloride</i>	34	STARTER PACK	
GLUCAGEN HYPOKIT	34	HUMIRA PEN-PS/UV STARTER	59
<i>glucagon emergency kit</i>	35	HUMULIN 70/30	35
GLUCAGON EMERGENCY KIT FOR	35	HUMULIN 70/30 KWIKPEN	35
LOW BLOOD SUGAR		HUMULIN N	35

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
HUMULIN N KWIKPEN	35	INCRUSE ELLIPTA	66
HUMULIN R	35	<i>indapamide</i>	40
HUMULIN R U-500 (CONCENTRATED)	35	<i>indomethacin</i>	11
HUMULIN R U-500 KWIKPEN	35	<i>indomethacin er</i>	11
<i>hydralazine hcl</i>	41	INFANRIX	60
<i>hydralazine hydrochloride</i>	41	INFLECTRA	59
<i>hydrochlorothiazide</i>	40	INFLIXIMAB	59
<i>hydrocodone bitartrate/acetaminophen</i>	11	INGREZZA	42
<i>hydrocodone/acetaminophen</i>	12	INLYTA	25
<i>hydrocortisone</i>	45	INQOVI	25
<i>hydrocortisone</i>	51	INREBIC	23
<i>hydrocortisone</i>	61	<i>insulin lispro</i>	35
<i>hydrocortisone valerate</i>	45	INTELENCE	31
<i>hydrocortisone/acetic acid</i>	65	INTRON A	58
<i>hydromorphone hcl</i>	12	<i>introvale</i>	53
<i>hydromorphone hydrochloride</i>	12	INVEGA HAFYERA	29
<i>hydromorphone hydrochloride dosette</i>	12	INVEGA SUSTENNA	29
<i>hydroxychloroquine sulfate</i>	27	INVEGA TRINZA	29
<i>hydroxyurea</i>	23	INVIRASE	32
<i>hydroxyzine hcl</i>	65	IPOL INACTIVATED IPV	60
<i>hydroxyzine hydrochloride</i>	65	<i>ipratropium bromide</i>	66
<i>hydroxyzine pamoate</i>	33	<i>ipratropium bromide/albuterol sulfate</i>	67
HYPERHEP B	57	<i>irbesartan</i>	37
<i>ibandronate sodium</i>	62	<i>irbesartan/hydrochlorothiazide</i>	40
IBRANCE	23	ISENTRESS	31
IBRANCE	25	ISENTRESS HD	31
<i>ibu</i>	11	ISONIAZID	22
<i>ibuprofen</i>	11	<i>isosorbide dinitrate</i>	41
icatibant acetate	57	<i>isosorbide dinitrate/hydralazine</i>	40
<i>iclevia</i>	53	<i>hydrochloride</i>	
ICLUSIG	25	<i>isosorbide mononitrate</i>	41
icosapent ethyl	41	<i>isosorbide mononitrate er</i>	41
IDHIFA	23	<i>isotretinoin</i>	44
IGALMI	62	<i>isradipine</i>	39
ILARIS	58	ISTURISA	56
ILEVRO	64	ITOVEBI	23
imatinib mesylate	25	<i>itraconazole</i>	21
IMBRUVICA	25	ivabradine hydrochloride	40
imipenem/cilastatin	15	<i>ivermectin</i>	27
<i>imipramine hcl</i>	20	IWILFIN	24
imipramine hydrochloride	20	IXCHIQ	60
<i>imiquimod</i>	45	IXIARO	60
IMOVAX RABIES (H.D.C.V.)	60	jaimiess	53
IMPAVIDO	13	JAKAFI	25
INBRIJA	28	jantoven	36
<i>incassia</i>	55	JANUMET	34
INCRELEX	51	JANUMET XR	34

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
JANUVIA	34	<i>klor-con/ef</i>	47
JARDIANCE	34	KORLYM	51
JAVYGTOR	49	KOSELUGO	26
JAYPIRCA	25	<i>kourzeq</i>	44
<i>jencycla</i>	55	KRAZATI	24
JENTADUETO	34	<i>kurvelo</i>	53
JENTADUETO XR	34	KYNMOBI	28
<i>jinteli</i>	53	KYNMOBI TITRATION KIT	28
<i>jolessa</i>	53	<i>labetalol hydrochloride</i>	38
<i>jolivette</i>	55	<i>lacosamide</i>	18
JUBLIA	21	<i>lactulose</i>	48
JULUCA	31	LAGEVRIO	62
<i>junel 1.5/30</i>	53	<i>lamivudine</i>	30
<i>junel 1/20</i>	53	<i>lamivudine</i>	32
<i>junel fe 1.5/30</i>	53	<i>lamivudine/zidovudine</i>	32
<i>junel fe 1/20</i>	53	<i>lamotrigine</i>	16
JYLAMVO	59	<i>lamotrigine er</i>	16
JYNNEOS	60	<i>lamotrigine odt</i>	16
KALYDECO	66	<i>lamotrigine starter kit/blue</i>	16
KANJINTI	27	<i>lamotrigine starter kit/green</i>	16
KANUMA	49	<i>lamotrigine starter kit/orange</i>	16
<i>kariva</i>	53	<i>lamotrigine titration</i>	16
<i>kelnor 1/35</i>	53	LANREOTIDE ACETATE	56
<i>kelnor 1/50</i>	53	<i>lansoprazole</i>	49
KEPIVANCE	44	LANTUS	35
KERENDIA	40	LANTUS SOLOSTAR	35
KESIMPTA	43	<i>lapatinib ditosylate</i>	26
<i>ketoconazole</i>	21	<i>larin 1.5/30</i>	53
<i>ketorolac tromethamine</i>	11	<i>larin 1/20</i>	53
<i>ketorolac tromethamine</i>	64	<i>larin fe 1.5/30</i>	53
<i>kimidess</i>	53	<i>larin fe 1/20</i>	53
KINERET	58	<i>larissia</i>	53
KINRIX	60	<i>latanoprost</i>	65
<i>kionex</i>	47	LAZCLUZE	24
KISQALI	25	<i>leflunomide</i>	59
KISQALI FEMARA 200 DOSE	24	<i>lenalidomide</i>	23
KISQALI FEMARA 400 DOSE	24	LENVIMA 10 MG DAILY DOSE	26
KISQALI FEMARA 600 DOSE	24	LENVIMA 12MG DAILY DOSE	26
<i>klayesta</i>	21	LENVIMA 14 MG DAILY DOSE	26
KLISYRI	45	LENVIMA 18 MG DAILY DOSE	26
<i>klor-con</i>	47	LENVIMA 20 MG DAILY DOSE	26
<i>klor-con 10</i>	47	LENVIMA 24 MG DAILY DOSE	26
<i>klor-con 8</i>	47	LENVIMA 4 MG DAILY DOSE	26
<i>klor-con m10</i>	47	LENVIMA 8 MG DAILY DOSE	26
<i>klor-con m15</i>	47	<i>lessina</i>	53
<i>klor-con m20</i>	47	<i>letrozole</i>	24
<i>klor-con sprinkle</i>	47	<i>leucovorin calcium</i>	27

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
LEUKERAN	23	loperamide hcl	48
<i>leuprolide acetate</i>	56	<i>lopinavir/ritonavir</i>	32
<i>levalbuterol</i>	66	<i>lopreeza</i>	53
<i>levalbuterol hcl</i>	66	LOQTORZI	27
<i>levalbuterol hydrochloride</i>	66	<i>lorazepam</i>	33
<i>levalbuterol tartrate hfa</i>	66	<i>lorazepam intensol</i>	33
LEVEMIR	35	LORBRENA	26
LEVEMIR FLEXPEN	35	<i>lorcet</i>	12
LEVEMIR FLEXTOUCH	35	<i>lorcet hd</i>	12
<i>levetiracetam</i>	16	<i>lorcet plus</i>	12
<i>levetiracetam er</i>	16	<i>losartan potassium</i>	37
<i>levobunolol hcl</i>	64	<i>losartan potassium/hydrochlorothiazide</i>	40
<i>levocetirizine dihydrochloride</i>	65	LOTEMAX SM	64
<i>levofloxacin</i>	15	<i>lovastatin</i>	41
<i>levofloxacin</i>	64	<i>low-ogestrel</i>	53
<i>levofloxacin in d5w</i>	15	<i>loxapine</i>	28
<i>levonest</i>	53	<i>lubiprostone</i>	48
<i>levonorgestrel and ethinyl estradiol</i>	53	LUMAKRAS	24
<i>levonorgestrel/ethinyl estradiol</i>	53	LUMIGAN	65
<i>levora 0.15/30-28</i>	53	LUMIZYME	49
LEVO-T	56	LUPRON DEPOT (1-MONTH)	56
<i>levothyroxine sodium</i>	56	LUPRON DEPOT (3-MONTH)	56
LEVOXYL	56	LUPRON DEPOT (4-MONTH)	56
LEXIVA	32	LUPRON DEPOT (6-MONTH)	56
<i>l-glutamine</i>	49	LUPRON DEPOT-PED (1-MONTH)	56
LIBERVANT	17	LUPRON DEPOT-PED (3-MONTH)	57
<i>lidocaine</i>	12	LUPRON DEPOT-PED (6-MONTH)	51
<i>lidocaine hydrochloride viscous</i>	44	<i>lurasidone hydrochloride</i>	29
<i>lidocaine viscous</i>	44	<i>lutera</i>	53
<i>lidocaine/prilocaine</i>	12	LYBALVI	29
<i>lidocaine-prilocaine-cream base</i>	12	<i>lyleq</i>	55
<i>lillow</i>	53	<i>lyllana</i>	53
<i>linezolid</i>	13	LYNPARZA	26
LINZESS	48	LYSODREN	56
<i>liothyronine sodium</i>	56	LYTGOBI	24
<i>lisinopril</i>	37	LYUMJEV	35
<i>lisinopril/hydrochlorothiazide</i>	40	LYUMJEV KWIKPEN	35
<i>lithium</i>	33	<i>lyza</i>	55
<i>lithium carbonate</i>	33	<i>magnesium sulfate</i>	47
<i>lithium carbonate er</i>	33	<i>malathion</i>	46
LIVALO	40	<i>maprotiline hcl</i>	19
LIVMARLI	62	<i>maraviroc</i>	32
LIVTENCITY	30	<i>marlissa</i>	53
<i>lojaimiess</i>	53	MARPLAN	19
LOKELMA	47	MATULANE	23
LONHALA MAGNAIR REFILL KIT	66	<i>matzim la</i>	39
LONSURF	24	MAVYRET	30

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
MAYZENT	43	<i>metyrosine</i>	40
MAYZENT STARTER PACK	43	<i>mexiletine hcl</i>	38
<i>meclizine hcl</i>	20	<i>microgestin 1.5/30</i>	53
<i>medroxyprogesterone acetate</i>	55	<i>microgestin 1/20</i>	53
<i>mefloquine hcl</i>	27	<i>microgestin fe 1.5/30</i>	54
<i>megestrol acetate</i>	55	<i>microgestin fe 1/20</i>	54
<i>MEKINIST</i>	26	<i>midodrine hcl</i>	37
<i>MEKTOVI</i>	26	<i>mifepristone</i>	51
<i>meloxicam</i>	11	<i> miglustat</i>	49
<i>memantine hcl titration pak</i>	18	<i> mili</i>	54
<i>memantine hydrochloride</i>	18	<i> mimvey</i>	54
<i>memantine hydrochloride er</i>	18	<i> mimvey lo</i>	54
<i>MENACTRA</i>	60	<i> minocycline hcl</i>	16
<i>MENEST</i>	53	<i> minocycline hydrochloride</i>	16
<i>MENQUADFI</i>	60	<i> minoxidil</i>	41
<i>MENVEO</i>	60	<i> mirtazapine</i>	19
<i>mercaptopurine</i>	23	<i> mirtazapine odt</i>	19
<i>meropenem</i>	15	<i> misoprostol</i>	49
<i>mesalamine</i>	61	<i> M-M-R II</i>	60
<i>mesalamine dr</i>	61	<i> modafinil</i>	68
<i>mesalamine er</i>	61	<i> moexipril hcl</i>	37
<i>MESNEX</i>	27	<i> molindone hydrochloride</i>	29
<i>metformin hydrochloride</i>	34	<i> mometasone furoate</i>	45
<i>metformin hydrochloride er</i>	34	<i> mometasone furoate</i>	65
<i>methadone hcl</i>	11	<i> monodoxyne nl</i>	16
<i>methadone hydrochloride</i>	11	<i> mono-linyah</i>	54
<i>methadone hydrochloride intensol</i>	11	<i> mononessa</i>	54
<i>methazolamide</i>	64	<i> montelukast sodium</i>	65
<i>methenamine hippurate</i>	13	<i> morgidox 1x100mg</i>	16
<i>methimazole</i>	57	<i> morgidox 2x100mg</i>	16
<i>methocarbamol</i>	67	<i> morphine sulfate</i>	12
<i>methotrexate</i>	59	<i> morphine sulfate er</i>	11
<i>methotrexate sodium</i>	59	<i> MOTEGRITY</i>	48
<i>methsuximide</i>	17	<i> MOUNJARO</i>	34
<i>methyldopa</i>	37	<i> moxifloxacin hydrochloride/sodium</i>	16
<i>methylphenidate hydrochloride</i>	42	<i> hydrochloride</i>	
<i>methylphenidate hydrochloride er</i>	42	<i> moxifloxacin hydrochloride</i>	16
<i>methylprednisolone</i>	51	<i> moxifloxacin hydrochloride</i>	64
<i>methylprednisolone dose pack</i>	51	<i> MRESVIA</i>	60
<i>metoclopramide hcl</i>	48	<i> MULTAQ</i>	38
<i>metoclopramide hydrochloride</i>	48	<i> mupirocin</i>	46
<i>metolazone</i>	40	<i> mycophenolate mofetil</i>	59
<i>metoprolol succinate er</i>	38	<i> mycophenolic acid dr</i>	59
<i>metoprolol tartrate</i>	38	<i> myorisan</i>	44
<i>metronidazole</i>	13	<i> MYRBETRIQ</i>	50
<i>metronidazole</i>	44	<i> NABI-HB</i>	57
<i>metronidazole vaginal</i>	13	<i> nabumetone</i>	11

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
nadolol	38	<i>nitrofurantoin macrocrystals</i>	13
<i>nafcillin sodium</i>	15	<i>nitrofurantoin monohydrate</i>	13
NAGLAZYME	49	<i>nitrofurantoin monohydrate/macrocrys</i>	13
<i>naloxone hcl</i>	13	<i>nitroglycerin</i>	41
<i>naloxone hydrochloride</i>	13	<i>nitroglycerin</i>	48
<i>naltrexone hcl</i>	12	<i>nitroglycerin transdermal</i>	41
NAMZARIC	18	NIVA THYROID	56
<i>naproxen</i>	11	<i>nizatidine</i>	49
<i>naproxen dr</i>	11	<i>nora-be</i>	55
<i>naproxen sodium</i>	11	<i>norethindrone</i>	55
<i>naratriptan hcl</i>	22	<i>norethindrone acetate</i>	55
NATACYN	64	<i>norethindrone acetate/ethinyl estradiol</i>	54
<i>nateglinide</i>	34	<i>norethindrone acetate/ethinyl</i>	54
NAYZILAM	16	<i>estradiol/ferrous fumarate</i>	
<i>nebivolol</i>	38	<i>norgestimate/ethinyl estradiol</i>	54
<i>nebivolol hydrochloride</i>	38	<i>norlyda</i>	55
<i>necon 0.5/35-28</i>	54	<i>norlyroc</i>	55
<i>necon 7/7/7</i>	54	<i>nortrel 0.5/35 (28)</i>	54
<i>nefazodone hydrochloride</i>	19	<i>nortrel 1/35</i>	54
<i>neomycin sulfate</i>	13	<i>nortrel 7/7/7</i>	54
<i>neomycin/bacitracin/polymyxin</i>	63	<i>nortriptyline hcl</i>	20
<i>neomycin/polymyxin/bacitracin</i>	63	<i>nortriptyline hydrochloride</i>	20
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	63	NORVIR	32
<i>one</i>		NOVOLIN 70/30	35
<i>neomycin/polymyxin/dexamethasone</i>	63	NOVOLIN 70/30 FLEXPEN	35
<i>neomycin/polymyxin/gramicidin</i>	63	NOVOLIN 70/30 FLEXPEN RELION	35
<i>neomycin/polymyxin/hc</i>	65	NOVOLIN 70/30 RELION	35
<i>neomycin/polymyxin/hydrocortisone</i>	65	NOVOLIN N	35
<i>neo-polycin</i>	63	NOVOLIN N FLEXPEN	35
<i>neo-polycin hc</i>	63	NOVOLIN N FLEXPEN RELION	35
NERLYNX	26	NOVOLIN N RELION	35
NEULASTA	36	NOVOLIN R	35
NEULASTA ONPRO KIT	36	NOVOLIN R FLEXPEN	35
NEUPRO	28	NOVOLIN R FLEXPEN RELION	35
<i>nevirapine</i>	31	NOVOLIN R RELION	35
<i>nevirapine er</i>	31	NOVOLOG	35
NEXLETOL	41	NOVOLOG FLEXPEN	35
NEXLIZET	41	NOVOLOG FLEXPEN RELION	36
<i>niacin er</i>	41	NOVOLOG MIX 70/30	36
NICOTROL NS	13	NOVOLOG MIX 70/30 PREFILLED	36
<i>nifedipine er</i>	39	FLEXPEN	
<i>nilutamide</i>	23	NOVOLOG MIX 70/30 PREFILLED	36
<i>nimodipine</i>	39	FLEXPEN RELION	
NINLARO	24	NOVOLOG MIX 70/30 RELION	36
<i>nitazoxanide</i>	27	NOVOLOG PENFILL	36
<i>nitixinone</i>	50	NOVOLOG RELION	36
NITRO-BID	41	<i>np thyroid 120</i>	56

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>np thyroid 15</i>	56	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	62
<i>np thyroid 30</i>	56	OMNIPOD CLASSIC PODS (GEN 3)	62
<i>np thyroid 60</i>	56	OMNIPOD DASH INTRO KIT (GEN 4)	62
<i>np thyroid 90</i>	56	OMNIPOD DASH PDM KIT (GEN 4)	62
NUBEQA	23	OMNIPOD DASH PODS (GEN 4)	62
NUCALA	67	<i>ondansetron hcl</i>	21
NUEDEXTA	43	<i>ondansetron hydrochloride</i>	21
NUPLAZID	29	<i>ondansetron odt</i>	21
NURTEC	22	ONUREG	24
NUTRILIPID	62	OPDUALAG	24
<i>nyamyc</i>	21	OPSUMIT	67
<i>nylia 1/35</i>	54	<i>oralone dental paste</i>	44
<i>nylia 7/7/7</i>	54	ORENCIA	58
NYMALIZE	39	ORENCIA	59
<i>nymyo</i>	54	ORENCIA CLICKJECT	58
<i>nystatin</i>	21	ORENITRAM	67
<i>nystatin/triamcinolone</i>	45	ORENITRAM TITRATION KIT MONTH	67
<i>nystatin/triamcinolone acetonide</i>	45	1	1
<i>nystop</i>	21	ORENITRAM TITRATION KIT MONTH	67
OCREVUS	43	2	2
OCREVUS ZUNOVO	43	ORENITRAM TITRATION KIT MONTH	67
<i>octreotide acetate</i>	57	3	3
ODEFSEY	32	ORGOVYX	57
ODOMZO	26	ORKAMBI	66
OFEV	67	<i>orphenadrine citrate er</i>	67
<i>ofloxacin</i>	64	ORSERDU	24
<i>ofloxacin</i>	65	<i>orsythia</i>	54
OGSIVEO	24	<i>oseltamivir phosphate</i>	33
OJEMDA	26	OSMOLEX ER	28
OJJAARA	26	OSPHENA	55
<i>olanzapine</i>	29	OTEZLA	45
<i>olanzapine odt</i>	29	OTEZLA	58
olmesartan medoxomil	37	<i>oxacillin sodium</i>	15
olmesartan medoxomil/hydrochlorothiazide	40	<i>oxaprozin</i>	11
<i>olopatadine hcl</i>	64	OXBRYTA	36
<i>olopatadine hydrochloride</i>	64	<i>oxcarbazepine</i>	18
<i>omega-3-acid ethyl esters</i>	41	OXLUMO	62
<i>omeprazole</i>	49	<i>oxybutynin chloride</i>	50
<i>omeprazole dr</i>	49	<i>oxybutynin chloride er</i>	50
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	62	<i>oxycodone hydrochloride</i>	12
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	62	<i>oxycodone/acetaminophen</i>	12
OMNIPOD 5 G7 INTRO KIT (GEN 5)	62	OZEMPIC	34
OMNIPOD 5 G7 PODS (GEN 5)	62	PACERONE	38
OMNIPOD 5 LIBRE2 PLUS G6	62	<i>paliperidone er</i>	29
OMNIPOD 5 LIBRE2 PLUS G6 PODS	62	PANRETIN	27
		<i>pantoprazole sodium</i>	49

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
PANZYGA	57	<i>piperacillin sodium/tazobactam sodium</i>	15
<i>paricalcitol</i>	62	PIQRAY 200MG DAILY DOSE	26
<i>paroex</i>	44	PIQRAY 250MG DAILY DOSE	26
<i>paromomycin sulfate</i>	13	PIQRAY 300MG DAILY DOSE	26
<i>paroxetine hcl</i>	19	<i>pirfenidone</i>	67
<i>paroxetine hydrochloride</i>	19	<i>pirmella 1/35</i>	54
PASER	22	<i>pirmella 7/77</i>	54
PAXLOVID	63	<i>piroxicam</i>	11
<i>pazopanib hydrochloride</i>	26	<i>pitavastatin calcium</i>	41
PEDIARIX	60	PLENAMINE	47
PEDVAX HIB	60	<i>podofilox</i>	45
<i>peg 3350/electrolytes</i>	48	<i>polycin</i>	63
<i>peg-3350/electrolytes</i>	48	<i>polymyxin b sulfate(trimethoprim sulfate)</i>	63
<i>peg-3350/nacl/na bicarbonate/kcl</i>	48	POMALYST	23
PEGANONE	18	<i>portia-28</i>	54
PEGASYS	58	<i>posaconazole</i>	21
<i>pegylax</i>	48	<i>posaconazole dr</i>	21
PEMAZYRE	24	<i>potassium chloride</i>	47
PENBRAYA	60	<i>potassium chloride er</i>	47
<i>penicillamine</i>	50	<i>potassium chloride sr</i>	47
<i>penicillin g sodium</i>	15	<i>potassium citrate er</i>	47
<i>penicillin v potassium</i>	15	PRALUENT	41
PENTACEL	60	<i>pramipexole dihydrochloride</i>	28
<i>pentamidine isethionate</i>	27	<i>prasugrel hydrochloride</i>	37
<i>pentoxifylline er</i>	40	<i>pravastatin sodium</i>	41
<i>perindopril erbumine</i>	37	<i>praziquantel</i>	27
<i>permethrin</i>	46	<i>prazosin hydrochloride</i>	37
<i>perphenazine</i>	29	<i>prednisolone</i>	51
PERSERIS	29	<i>prednisolone acetate</i>	64
<i>phenadoz</i>	20	<i>prednisolone sodium phosphate</i>	51
<i>phenelzine sulfate</i>	19	<i>prednisone</i>	51
<i>phenobarbital</i>	17	<i>pregabalin</i>	43
PHENYTEK	18	PREHEVBARIO	60
<i>phenytoin</i>	18	PREMARIN	54
<i>phenytoin infatabs</i>	18	<i>premium lidocaine</i>	12
<i>phenytoin sodium extended</i>	18	PREMPHASE	54
PHESGO	24	PREMPRO	54
<i>philith</i>	54	<i>prenatal</i>	48
PIFELTRO	31	<i>prevalite</i>	41
<i>pilocarpine hcl</i>	65	<i>previfem</i>	54
<i>pilocarpine hydrochloride</i>	44	PREVYMIC	30
<i>pimozone</i>	29	PREZCOBIX	32
<i>pintrea</i>	54	PREZISTA	32
<i>pindolol</i>	38	PRIFTIN	22
<i>pioglitazone hcl</i>	34	<i>primaquine phosphate</i>	28
<i>pioglitazone hcl/metformin hcl</i>	34	<i>primidone</i>	17
<i>pioglitazone hydrochloride</i>	34	PRIORIX	60

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
PRIVIGEN	57	QVAR REDIHALER	65
PROAIR RESPICLICK	66	RABAVERT	61
<i>probencid</i>	22	<i>rabeprazole sodium</i>	49
<i>probencid/colchicine</i>	21	<i>raloxifene hydrochloride</i>	56
<i>prochlorperazine</i>	20	<i>ramelteon</i>	68
<i>prochlorperazine edisylate</i>	20	<i>ramipril</i>	38
<i>prochlorperazine maleate</i>	20	<i>ranolazine er</i>	40
PROCRT	36	<i>rasagiline mesylate</i>	28
<i>proto-med hc</i>	61	RAYALDEE	62
<i>proctosol hc</i>	61	REBETOL	30
<i>protozone-hc</i>	61	REBIF	43
<i>progesterone</i>	55	REBIF REBIDOSE	43
PROGRAF	59	REBIF REBIDOSE TITRATION PACK	43
PROLASTIN-C	50	REBIF TITRATION PACK	43
PROLENSA	64	RECOMBIVAX HB	61
PROLIA	62	RECTIV	48
PROMACTA	36	RELENZA DISKHALER	33
<i>promethazine hcl</i>	20	RELISTOR	48
<i>promethazine hydrochloride</i>	20	REMICADE	59
<i>promethazine hydrochloride plain</i>	20	RENFLEXIS	59
<i>promethegan</i>	20	<i>repaglinide</i>	34
<i>propafenone hcl</i>	38	REPATHA	41
<i>propafenone hydrochloride</i>	38	REPATHA PUSHTRONEX SYSTEM	41
<i>propafenone hydrochloride er</i>	38	REPATHA SURECLICK	41
<i>propranolol hcl</i>	38	RESTASIS	63
<i>propranolol hcl er</i>	38	RESTASIS MULTIDOSE	63
<i>propranolol hydrochloride</i>	38	RETACRIT	36
<i>propranolol hydrochloride er</i>	38	RETEVMO	24
<i>propylthiouracil</i>	57	RETROVIR IV INFUSION	32
PROQUAD	60	REVCovi	50
<i>protriptyline hcl</i>	20	REVLIMID	23
PULMOZYME	66	REXULTI	29
PURIXAN	23	REYATAZ	32
<i>pyrazinamide</i>	22	REZLIDHIA	26
<i>pyridostigmine bromide</i>	22	REZUROCK	59
<i>pyrimethamine</i>	28	RHOPRESA	65
PYRUKYND	36	<i>ribavirin</i>	31
PYRUKYND TAPER PACK	36	<i>rifabutin</i>	22
QINLOCK	23	<i>rifampin</i>	22
QUADRACEL	61	<i>riluzole</i>	43
<i>quetiapine fumarate</i>	29	RINVOQ	58
<i>quetiapine fumarate er</i>	29	RINVOQ LQ	58
<i>quinapril hydrochloride</i>	38	<i>risedronate sodium</i>	62
<i>quinapril/hydrochlorothiazide</i>	40	<i>risedronate sodium dr</i>	62
<i>quinidine sulfate</i>	38	RISPERDAL CONSTA	29
<i>quinine sulfate</i>	28	<i>risperidone</i>	30
QULIPTA	22	<i>risperidone er</i>	29

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>risperidone odt</i>	30	SHINGRIX	61
<i>ritonavir</i>	32	SIGNIFOR	57
<i>rivastigmine tartrate</i>	18	SIGNIFOR LAR	57
<i>rivastigmine transdermal system</i>	18	<i>sildenafil citrate</i>	67
<i>rivelsa</i>	54	<i>silodosin</i>	50
<i>rizatriptan benzoate</i>	22	<i>silver sulfadiazine</i>	45
<i>rizatriptan benzoate odt</i>	22	SIMBRINZA	63
ROCKLATAN	63	<i>simliya</i>	54
<i>roflumilast</i>	66	<i>simpesse</i>	54
ROLVEDON	36	<i>simvastatin</i>	41
<i>ropinirole er</i>	28	<i>sirolimus</i>	59
<i>ropinirole hcl</i>	28	SIRTURO	22
<i>ropinirole hydrochloride</i>	28	SKYCLARYS	63
<i>rosadan</i>	44	SKYRIZI	58
<i>rosuvastatin calcium</i>	41	SKYRIZI PEN	58
ROTARIX	61	<i>sodium chloride</i>	47
ROTATEQ	61	<i>sodium chloride 0.45%</i>	47
<i>roweepra</i>	17	<i>sodium chloride 0.9%</i>	63
<i>roweepra xr</i>	17	<i>sodium oxybate</i>	68
ROZLYTREK	26	<i>sodium phenylbutyrate</i>	50
RUBRACA	26	<i>sodium polystyrene sulfonate</i>	47
<i>rufinamide</i>	18	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48
RUKOBIA	32	sofosbuvir/velpatasvir	31
RUXIENCE	27	<i>solifenacin succinate</i>	50
RYBELSUS	34	SOLIQUA 100/33	34
RYDAPT	26	SOLTAMOX	23
RYTARY	28	SOMATULINE DEPOT	57
<i>sajazir</i>	57	SOMAVERT	57
SANDIMMUNE	59	<i>sorafenib</i>	26
SANTYL	45	<i>sorafenib tosylate</i>	26
SAPHNELO	58	<i>sorine</i>	38
<i>sapropterin dihydrochloride</i>	50	<i>sotalol hcl</i>	38
SAVELLA	43	<i>sotalol hydrochloride</i>	38
SAVELLA TITRATION PACK	43	<i>sotalol hydrochloride (af)</i>	38
SCEMBLIX	24	SOTYKTU	45
<i>scopolamine</i>	20	SPEVIGO	45
SECUADO	30	SPIRIVA HANDIHALER	66
<i>selegiline hcl</i>	28	SPIRIVA RESPIMAT	66
<i>selenium sulfide</i>	45	<i>spironolactone</i>	40
SELZENTRY	32	<i>spironolactone/hydrochlorothiazide</i>	40
SEREVENT DISKUS	66	SPRAVATO 56MG DOSE	19
<i>sertraline hcl</i>	20	SPRAVATO 84MG DOSE	19
<i>sertraline hydrochloride</i>	20	<i>sprintec 28</i>	54
<i>setlakin</i>	54	SPRITAM	17
<i>sevelamer carbonate</i>	47	SPRYCEL	26
SFROWASA	61	<i>sps</i>	47
<i>sharobel</i>	55		

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>sronyx</i>	54	<i>tarina fe 1/20</i>	54
<i>ssd</i>	45	<i>tarina fe 1/20 eq</i>	54
STAMARIL	61	TASIGNA	26
<i>stavudine</i>	32	<i>tazarotene</i>	44
STELARA	58	TAZICEF	14
STIOLTO RESPIMAT	67	<i>taztia xt</i>	39
STIVARGA	26	TAZVERIK	24
STRENSIQ	50	TDVAX	61
<i>streptomycin sulfate</i>	13	TEFLARO	14
STRIBILD	31	TEGSEDI	50
<i>subvenite</i>	17	<i>telmisartan</i>	37
<i>subvenite starter kit/blue</i>	17	<i>telmisartan/hydrochlorothiazide</i>	40
<i>subvenite starter kit/green</i>	17	<i>temazepam</i>	68
<i>subvenite starter kit/orange</i>	17	TEMIXYS	32
SUCRAID	50	TENIVAC	61
<i>sucralfate</i>	49	<i>tenofovir disoproxil fumarate</i>	32
<i>sulfacetamide sodium</i>	64	TEPMETKO	26
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	63	<i>terazosin hcl</i>	37
<i>sulfadiazine</i>	16	<i>terazosin hydrochloride</i>	37
<i>sulfamethoxazole(trimethoprim</i>	16	<i>terbinafine hcl</i>	21
<i>sulfamethoxazole(trimethoprim ds</i>	16	<i>terconazole</i>	21
<i>sulfasalazine</i>	61	<i>teriparatide</i>	62
<i>sulindac</i>	11	<i>testosterone</i>	51
<i>sumatriptan</i>	22	<i>testosterone cypionate</i>	51
<i>sumatriptan succinate</i>	22	<i>testosterone enanthate</i>	51
<i>sunitinib malate</i>	26	<i>testosterone pump</i>	51
SUNLENCA	32	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	61
SUTAB	48	<i>tetrabenazine</i>	43
SYMPAZAN	17	<i>tetracycline hydrochloride</i>	16
SYMTUZA	32	TEVIMBRA	27
SYNAGIS	57	THALOMID	23
SYNJARDY	34	<i>theophylline er</i>	66
SYNJARDY XR	34	<i>thioridazine hcl</i>	29
SYNRIBO	24	<i>thiothixene</i>	29
SYNTHROID	56	THYROID	56
TABLOID	23	THYROLAR-1	56
TABRECTA	23	THYROLAR-1/2	56
<i>tacrolimus</i>	45	THYROLAR-1/4	56
<i>tacrolimus</i>	60	THYROLAR-2	56
<i>tadalafil</i>	50	THYROLAR-3	56
<i>tadalafil</i>	67	<i>tiadylt er</i>	39
TAFINLAR	26	<i>tiagabine hydrochloride</i>	17
TAGRISSO	26	TIBSOVO	26
TALZENNA	26	TICOVAC	61
<i>tamoxifen citrate</i>	23	<i>timolol maleate</i>	64
<i>tamsulosin hydrochloride</i>	50	<i>tinidazole</i>	14

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>tiotropium bromide</i>	66	<i>trifluoperazine hcl</i>	29
TIVICAY	31	<i>trifluoperazine hydrochloride</i>	29
TIVICAY PD	31	<i>trifluridine</i>	64
<i>tizanidine hcl</i>	30	<i>trihexyphenidyl hydrochloride</i>	28
<i>tizanidine hydrochloride</i>	30	TRIJARDY XR	34
TOBI PODHALER	66	TRIKAFTA	66
TOBRADEX	63	<i>tri-linyah</i>	54
TOBRADEX ST	63	<i>trilyte</i>	48
<i>tobramycin</i>	64	<i>trimethoprim</i>	14
<i>tobramycin</i>	66	<i>tri-mili</i>	54
<i>tobramycin sulfate</i>	13	<i>trimipramine maleate</i>	20
<i>tobramycin/dexamethasone</i>	63	<i>trinessa</i>	55
<i>tolazamide</i>	34	TRINTELLIX	20
<i>tolterodine tartrate</i>	50	<i>tri-nymyo</i>	55
<i>tolterodine tartrate er</i>	50	<i>tri-previfem</i>	55
<i>topiramate</i>	17	TRIPTODUR	57
<i>topotecan hcl</i>	25	<i>tri-sprintec</i>	55
<i>topotecan hydrochloride</i>	25	TRIUMEQ	32
<i>toremifene citrate</i>	23	TRIUMEQ PD	32
<i>torpenz</i>	26	<i>trivora-28</i>	55
<i>torsemide</i>	40	<i>tri-vylibra</i>	55
TOUJEO MAX SOLOSTAR	36	TRIZIVIR	32
TOUJEO SOLOSTAR	36	TROGARZO	32
TRADJENTA	34	<i>trospium chloride</i>	50
<i>tramadol hydrochloride</i>	12	<i>trospium chloride er</i>	50
<i>tramadol hydrochloride/acetaminophen</i>	12	TRULICITY	34
<i>trandolapril</i>	38	TRUMENBA	61
<i>trandolapril/verapamil hcl er</i>	40	TRUQAP	26
<i>tranexamic acid</i>	37	TRUSELTIQ	24
<i>tranylcypromine sulfate</i>	19	<i>TUKYSA</i>	24
TRAZIMERA	27	<i>tulana</i>	55
<i>trazodone hydrochloride</i>	20	TURALIO	26
TRECATOR	22	<i>turqoz</i>	55
TRELEGY ELLIPTA	67	TWINRIX	61
TRELSTAR MIXJECT	57	TYBOST	32
TRESIBA	36	TYMLOS	62
TRESIBA FLEXTOUCH	36	TYPHIM VI	61
<i>tretinoin</i>	27	TYRVAYA	63
<i>tretinoin</i>	44	TYSABRI	43
<i>tri-femynor</i>	54	UBRELVY	22
<i>triamcinolone acetonide</i>	45	UDENYCA	37
<i>triamcinolone acetonide</i>	51	UDENYCA ONBODY	37
<i>triamcinolone acetonide dental paste</i>	44	<i>ulticare micro pen needles/32g x 5/32"</i>	63
<i>triamterene/hydrochlorothiazide</i>	40	<i>unifine pentips 32gx6mm</i>	63
<i>triderm</i>	45	UNITROID	56
<i>trientine hydrochloride</i>	47	<i>urea</i>	46
<i>tri-estarrylla</i>	54	<i>ursodiol</i>	48

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>valacyclovir hydrochloride</i>	33	<i>vigpoder</i>	18
VALCHLOR	23	VIIBRYD STARTER PACK	20
<i>valganciclovir</i>	30	<i>vilazodone hydrochloride</i>	20
<i>valganciclovir hydrochloride</i>	30	VIMIZIM	50
<i>valproic acid</i>	33	<i>viorele</i>	55
<i>valsartan</i>	37	VIRACEPT	32
<i>valsartan/hydrochlorothiazide</i>	40	VIREAD	32
VALTOCO 10 MG DOSE	17	VISTOGARD	63
VALTOCO 15 MG DOSE	17	VITRAKVI	27
VALTOCO 20 MG DOSE	17	VIVITROL	12
VALTOCO 5 MG DOSE	17	VIZIMPRO	27
<i>vancomycin hcl</i>	14	VOCABRIA	31
<i>vancomycin hydrochloride</i>	14	<i>volnea</i>	55
VANFLYTA	26	VONJO	24
VAQTA	61	VORANIGO	27
<i>varenicline starting month</i>	13	<i>voriconazole</i>	21
<i>varenicline tartrate</i>	13	VOSEVI	31
VARIVAX	61	VOTRIENT	27
VARIZIG	57	VOWST	49
VAXCHORA	61	VRAYLAR	30
VAXELIS	61	VUMERTY	43
VELPHORO	47	<i>vyfemla</i>	55
VELTASSA	47	VYJUVEK	63
VENCLEXTA	26	<i>vylibra</i>	55
VENCLEXTA STARTING PACK	26	VYNDAMAX	40
<i>venlafaxine hydrochloride</i>	20	VYVGART HYTRULO	58
<i>venlafaxine hydrochloride er</i>	20	XYZULTA	65
VENTAVIS	67	<i>warfarin sodium</i>	36
VEOPOZ	58	WELIREG	27
<i>verapamil hcl</i>	39	<i>wera</i>	55
<i>verapamil hcl er</i>	39	<i>wixela inhub</i>	67
<i>verapamil hcl sr</i>	39	XALKORI	27
<i>verapamil hydrochloride</i>	39	XARELTO	36
<i>verapamil hydrochloride er</i>	39	XARELTO STARTER PACK	36
VERQUVO	41	XATMEP	60
VERSACLOZ	30	XCOPRI	17
VERZENIO	27	XELJANZ	58
V-GO 20	63	XELJANZ XR	58
V-GO 30	63	XEMBIFY	57
V-GO 40	63	XERMELO	48
<i>vicodin hp</i>	12	XGEVA	62
VIDEX EC	32	XIFAXAN	49
VIDEX PEDIATRIC	32	XIGDUO XR	34
<i>vienna</i>	55	XIIDRA	63
<i>vigabatrin</i>	17	XOFLUZA	33
<i>vigadrone</i>	18	XOLAIR	58
VIGAFYDE	18	XOLREMDI	37

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
XOSPATA	27	ZYPREXA RELPREVV	30
XPOVIO	24		
XPOVIO 100 MG ONCE WEEKLY	24		
XPOVIO 40 MG ONCE WEEKLY	24		
XPOVIO 40 MG TWICE WEEKLY	24		
XPOVIO 60 MG ONCE WEEKLY	24		
XPOVIO 60 MG TWICE WEEKLY	24		
XPOVIO 80 MG ONCE WEEKLY	24		
XPOVIO 80 MG TWICE WEEKLY	24		
XTAMPZA ER	11		
XTANDI	23		
<i>yargesa</i>	50		
YF-VAX	61		
YUFLYMA 1-PEN KIT	60		
YUFLYMA 2-PEN KIT	60		
YUFLYMA 2-SYRINGE KIT	60		
YUFLYMA CD/UC/HS STARTER	60		
YUPELRI	66		
<i>yuvafem</i>	55		
<i>zafirlukast</i>	65		
<i>zaleplon</i>	68		
ZARXIO	37		
ZEJULA	27		
ZELBORAF	27		
<i>zenatane</i>	44		
ZENPEP	50		
ZEPOSIA	43		
ZEPOSIA 7-DAY STARTER PACK	43		
ZEPOSIA STARTER KIT	43		
<i>zidovudine</i>	32		
<i>ziprasidone hcl</i>	30		
<i>ziprasidone mesylate</i>	30		
ZIRGAN	64		
ZOKINVY	50		
ZOLINZA	24		
<i>zolmitriptan</i>	22		
<i>zolpidem tartrate</i>	68		
<i>zolpidem tartrate er</i>	68		
ZONISADE	18		
<i>zonisamide</i>	18		
<i>zovia 1/35</i>	55		
<i>zovia 1/35e</i>	55		
ZTALMY	43		
ZURZUVAE	19		
ZYDELIG	27		
ZYKADIA	27		
ZYLET	63		

Formulary ID: 24063, Version: 18, Effective Date: 12/01/2024  
Last Updated: November 2024



Great Plains  
Medicare Advantage



## Great Plains Medicare Advantage (HMO I-SNP) 2024 Formulary List of Covered Drugs

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

Formulary ID# 00024063, V18

This formulary was updated on 11/01/2024.

For more recent information or other questions, please contact Great Plains Medicare Advantage member services at (855) 800-8872 (TTY users should call 711), 24 hours a day/7 days a week or visit [greatplainsmedicareadvantage.com](http://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 member services at (855) 800-8872 (TTY: 711), 24 hours a day/7 days a week.

## **Multi-Language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-800-8872 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-800-8872 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-800-8872 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-800-8872 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-800-8872 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-800-8872 (TTY : 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-800-8872 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-800-8872 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-800-8872 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

H1787\_ HP-7457 -PY2024-SD\_C

H7511\_ HP-7457-PY2024-NE\_C

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HP-7457 Rev. 07/2023

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-800-8872 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه فوري، ليس عليك سوى الاتصال بنا على 1-855-800-8872 (TTY: 711). سيقوم شخص ما يتحدث العربية بخدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-800-8872 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-800-8872 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-800-8872 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-800-8872 (TTY : 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-800-8872 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがございますございます。通訳をご用命になるには、1-855-800-8872 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

H1787\_ HP-7457 -PY2024-SD\_C

H7511\_ HP-7457-PY2024-NE\_C

H8967\_ HP-7457-PY2024-ND\_C

HP-7457 Rev. 07/2023