



New Hanover
Health Advantage

FirstCarolinaCare

2024 Formulary

(List of Covered Drugs)

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

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact FirstCarolinaCare Member Services at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA).

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 **New Hanover Health Advantage**. When it refers to “plan” or “our plan,” it means **FirstCarolinaCare**.

This document includes a list of the drugs (formulary) for our plan which is current as of 04/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (855) 291-9336 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (855) 291-9336 (TTY: 711).

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New Hanover FirstCarolinaCare HMO-POS Formulary 00024437 Version 12

What is the FirstCarolinaCare Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled “How do I request an exception to the FirstCarolinaCare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - o If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the FirstCarolinaCare Formulary?”

Changes that will not affect you if you are currently taking the drug.

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

The enclosed formulary is current as of 04/01/2024. To get updated information about the drugs covered by FirstCarolinaCare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Formulary?

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

Medical Condition

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

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 74. 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?

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** FirstCarolinaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstCarolinaCare before you fill your prescriptions. If you don’t get approval, FirstCarolinaCare may not cover the drug.
- **Quantity Limits:** For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FirstCarolinaCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

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

You can ask FirstCarolinaCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the FirstCarolinaCare formulary?” on page iii for information about how to request an exception.

04/01/2024

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by FirstCarolinaCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by FirstCarolinaCare.
- You can ask FirstCarolinaCare 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 FirstCarolinaCare formulary?

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

FirstCarolinaCare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at FirstCarolinaCare.com/NHHA for further details.

For more information

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

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

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

FirstCarolinaCare Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by FirstCarolinaCare. If you have trouble finding your drug in the list, turn to the index that begins on page 74.

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

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

Drug Name	Drug Tier	Requirements/Limits
Opthalmic Agents		
Opthalmic Agents		
CYSTARAN SOLN 0.44%	5	PA, QL: 60 ML per 28 days

B/D This prescription drug has a Part B versus D administrative prior authorization requirement. 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.

EA Each.

PA Prior Authorization. FirstCarolinaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstCarolinaCare before you fill your prescriptions. If you don't get approval, FirstCarolinaCare may not cover the drug.

QL Quantity Limit. For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

ST Step Therapy. In some cases, FirstCarolinaCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

PANSO Prior Authroization for New Starts Only which is new for CY24.

ST NSO Step Therapy for New Starts Only. New for CY24

Brand-name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	1	GC
<i>diclofenac sodium er</i>	1	GC
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium gel 3%</i>	4	
<i>diflunisal tabs 500mg</i>	2	
<i>ec-naproxen</i>	1	GC
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>fenoprofen calcium caps 400mg</i>	1	GC
<i>fenoprofen calcium tabs</i>	1	GC
<i>flurbiprofen tabs</i>	1	GC
<i>ibu</i>	1	GC
<i>ibuprofen/famotidine</i>	2	
<i>ibuprofen susp</i>	1	GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	GC
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	
<i>meclofenamate sodium caps</i>	1	GC
<i>mefenamic acid caps</i>	2	
<i>meloxicam tabs</i>	1	GC
<i>nabumetone tabs</i>	1	GC
<i>naproxen sodium tabs 275mg, 550mg</i>	1	GC
<i>naproxen tbec</i>	1	GC
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	GC
<i>oxaprozin tabs</i>	2	
<i>piroxicam caps</i>	2	
<i>salsalate tabs</i>	2	
<i>sulindac tabs</i>	1	GC
Opioid Analgesics, Long-acting		
<i>BELBUCA</i>	4	QL(60 EA per 30 days)
<i>buprenorphine</i>	2	
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	2	QL(10 EA per 30 days)
<i>fentanyl pt72 100mcg/hr</i>	2	QL(20 EA per 30 days)
<i>fentanyl pt72 87.5mcg/hr</i>	5	QL(10 EA per 30 days)
<i>methadone hcl inj</i>	2	
<i>methadone hcl oral soln</i>	2	QL(1800 ML per 30 days)
<i>methadone hcl tabs</i>	2	QL(360 EA per 30 days)

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride intensol</i>	2	QL(1800 ML per 30 days)
<i>methadone hydrochloride conc</i>	2	QL(1800 ML per 30 days)
<i>methadose sugar-free</i>	2	QL(1800 ML per 30 days)
<i>methadose conc 10mg/ml</i>	2	QL(1800 ML per 30 days)
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr</i>	2	QL(120 EA per 30 days)
NUCYNTA ER TB12 100MG, 150MG, 50MG	3	
NUCYNTA ER TB12 200MG, 250MG	5	
<i>oxycodone hcl er t12a 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>oxycodone hcl er t12a 80mg</i>	5	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 40MG	2	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 80MG	5	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	2	QL(60 EA per 30 days)
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	4	QL(60 EA per 30 days)
OXYCONTIN T12A 80MG	5	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	2	QL(120 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	QL(60 EA per 30 days)
<i>oxymorphone hydrochlorideer</i>	2	QL(120 EA per 30 days)
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	2	QL(60 EA per 30 days); ST
<i>tramadol hcl er tb24</i>	2	QL(30 EA per 30 days); ST
<i>tramadol hydrochloride er</i>	2	QL(30 EA per 30 days); ST
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(4500 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>ascomp/codeine</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butalbital/aspirin/caffeine/codeine</i>	2	
<i>butorphanol tartrate inj</i>	2	
<i>butorphanol tartrate nasal soln</i>	2	QL(5 ML per 28 days)
<i>codeine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>duramorph</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL(150 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1200 ML per 30 days)
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	2	
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(180 EA per 30 days)
<i>hydromorphone hydrochloride inj 2mg/ml, 50mg/5ml</i>	2	
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML	2	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate inj 10mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	B/D
<i>morphine sulfate oral soln 20mg/ml</i>	2	QL(200 ML per 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(300 ML per 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(700 ML per 30 days)
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	GC
<i>oxycodone hcl caps</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(1300 ML per 30 days)
<i>oxycodone hydrochloride caps, tabs</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(180 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl jelly prsy</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl jelly gel</i>	4	QL(30 ML per 30 days); PA
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	GC
<i>lidocaine hcl prsy 2%</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hydrochloride external soln</i>	1	QL(250 ML per 30 days); PA; GC
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	GC
<i>lidocaine/prilocaine crea</i>	2	QL(60 GM per 30 days); PA
<i>lidocaine oint 5%</i>	2	QL(150 GM per 30 days); PA
<i>lidocaine ptch 5%</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
PLIAGLIS CREA	4	QL(30 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	2	
disulfiram tabs	2	
VIVITROL	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl	2	QL(90 EA per 30 days)
buprenorphine hcl subl	2	QL(90 EA per 30 days)
buprenorphine hcl inj	4	
buprenorphine hydrochloride/naloxone hydrochloride film	2	QL(90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg	2	QL(90 EA per 30 days)
LUCEMYRA	5	
naltrexone hcl tabs	1	GC
Opioid Reversal Agents		
naloxone hcl inj 2mg/2ml, 4mg/10ml	1	GC
naloxone hydrochloride liqd	2	
naloxone hydrochloride inj 0.4mg/ml	1	GC
NARCAN LIQD	3	
Smoking Cessation Agents		
APO-VARENICLINE	4	
bupropion hydrochloride er (sr) tb12 150mg	2	
NICOTROL INHALER	4	QL(480 EA per 30 days)
NICOTROL NS	4	QL(720 ML per 365 days)
varenicline starting month box	2	
varenicline tartrate	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 1gm/4ml, 500mg/2ml	2	
gentak	1	GC
gentamicin sulfate pediatric	1	GC
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	GC
gentamicin sulfate ophthalmic soln	1	GC
gentamicin sulfate crea, oint	2	
gentamicin sulfate inj 40mg/ml	1	GC
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	GC
neomycin sulfate	2	
neomycin/polymyxin b sulfates	2	
paromomycin sulfate	1	GC
streptomycin sulfate inj 1gm	1	GC
tobramycin sulfate inj	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin soln 0.3%</i>	1	GC
ZEMDRI	5	
Antibacterials, Other		
AEMCOLO	3	QL(12 EA per 30 days)
BACITRACIN INJ	1	GC
<i>bacitracin oint</i>	2	
<i>chloramphenicol sodium succinate</i>	1	GC
CLEOCIN SUPP	4	
<i>clindacin</i>	2	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl caps 300mg</i>	1	GC
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	GC
<i>clindamycin palmitate hydrochloride</i>	1	GC
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate crea, foam, gel, lotn, external soln, swab</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	GC
<i>colistimethate sodium</i>	5	
DALVANCE	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
<i>fosfomycin tromethamine</i>	2	
KIMYRSA	5	
<i>lincomycin hcl inj</i>	2	
<i>lincomycin hydrochloride</i>	2	
<i>linezolid tabs</i>	4	QL(56 EA per 28 days)
<i>linezolid susr</i>	5	QL(1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	2	
<i>mafenide acetate pack</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps 375mg</i>	1	GC
<i>metronidazole inj 500mg/100ml</i>	1	GC
<i>metronidazole tabs 250mg, 500mg</i>	1	GC
<i>mupirocin oint</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
NUVESSA	4	
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
<i>silver sulfadiazine crea</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO	5	QL(6 EA per 30 days)
<i>ssd</i>	1	GC
SULFAMYLON	4	
<i>tigecycline</i>	2	
<i>trimethoprim tabs</i>	1	GC
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>vancomycin hydrochloride caps</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML, 1750MG/350ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1000mg/200ml, 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	4	
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tb12 500mg</i>	2	
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	2	
CEFAZOLIN INJ 2GM	2	
<i>cefazolin inj 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
CEFEPIME	3	
CEFEPIME HYDROCHLORIDE INJ 100GM, 2GM	3	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i>	2	
CEFOTAXIME SODIUM INJ 1GM	1	GC
<i>cefotaxime sodium inj 2gm</i>	1	GC
<i>cefotetan inj 1gm, 2gm</i>	1	GC
<i>cefoxitin sodium</i>	1	GC
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime/dextrose</i>	1	GC
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	GC
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>ceftriaxone/dextrose</i>	4	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	
<i>cephalexin</i>	1	GC
FETROJA	5	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	GC
TEFLARO	5	
ZERBAXA	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	GC
<i>amoxicillin caps, susr, tabs</i>	1	GC
<i>ampicillin sodium inj</i>	1	GC
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	GC
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	GC
<i>ampicillin caps 500mg</i>	1	GC
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	GC
NAFCILLIN	5	
<i>naficillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	GC
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	GC
<i>penicillin g procaine</i>	1	GC
<i>penicillin v potassium</i>	1	GC
<i>piperacillin sodium/tazobactam sodium</i>	2	
Carbapenems		
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	5	
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	1	GC
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	4	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	4	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
Macrolides		
<i>azithromycin pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
<i>ery</i>	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythrocin stearate tabs 250mg</i>	2	
<i>erythromycin base tabs</i>	2	
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	5	
<i>erythromycin lactobionate</i>	5	
<i>erythromycin oint</i>	1	GC
<i>erythromycin cpep, gel</i>	2	
<i>erythromycin soln 2%</i>	2	
Quinolones		
BAXDELA	5	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	GC
<i>ciprofloxacin hydrochloride soln</i>	1	GC
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	GC
<i>ciprofloxacin i.v.-in d5w</i>	1	GC
<i>ciprofloxacin soln</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride inj, ophthalmic soln, tabs</i>	2	
<i>ofloxacin ophthalmic soln, otic soln</i>	1	GC
<i>ofloxacin tabs 300mg, 400mg</i>	1	GC
Sulfonamides		
<i>sodium sulfacetamide</i>	2	
<i>sulfacetamide sodium soln</i>	1	GC
<i>sulfacetamide sodium lotn, oint</i>	2	
<i>sulfadiazine tabs</i>	1	GC
<i>sulfamethoxazole/trimethoprim</i>	1	GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC
Tetracyclines		
<i>demeclocycline hcl tabs</i>	2	
<i>demeclocycline hydrochloride tabs 300mg</i>	2	
<i>doxy 100</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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<i>doxycycline hyclate dr tbec 150mg, 75mg</i>	2	
<i>doxycycline hyclate caps, inj</i>	2	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>doxycycline susr</i>	2	
MINOCIN INJ	5	
<i>minocycline hcl caps 75mg</i>	1	GC
<i>minocycline hcl tabs</i>	1	GC
<i>minocycline hydrochloride er tb24 135mg, 45mg, 90mg</i>	2	
<i>minocycline hydrochloride caps</i>	1	GC
<i>mondoxylene nl caps 100mg</i>	2	
NUZYRA INJ	5	
NUZYRA TABS	5	QL(30 EA per 30 days)
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	4	
XERAVA	5	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
APTOM	5	ST NSO
BRIVIACT	5	ST NSO
ELEPSIA XR	5	ST NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate tabs</i>	2	
<i>felbamate susp</i>	5	
FINTEPLA	5	PA NSO
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	
<i>lamotrigine chew, tabs</i>	1	GC
<i>levetiracetam er</i>	1	GC
<i>levetiracetam/sodium chloride</i>	2	
<i>levetiracetam oral soln, tabs</i>	1	GC
<i>levetiracetam inj 500mg/5ml</i>	1	GC
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	2	
NAYZILAM	5	
<i>roweepra tabs 500mg</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM	4	ST NSO
subvenite	1	GC
subvenite starter kit/blue	2	
subvenite starter kit/green	2	
subvenite starter kit/orange	2	
topiramate er cs24	2	
topiramate cpsp, tabs	2	
XCOPRI TABS 100MG, 150MG, 50MG	4	
XCOPRI TABS 200MG	5	
XCOPRI TBPk 0	4	
XCOPRI TBPk 0	5	
Calcium Channel Modifying Agents		
ethosuximide	2	
METHSUXIMIDE	3	
pregabalin	2	
ZONISADE	4	ST NSO
zonisamide	1	GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam	4	
clonazepam odt	2	
clonazepam tabs	2	
DIACOMIT	5	PA NSO
diazepam rectal gel	2	
divalproex sodium dr	1	GC
divalproex sodium er	2	
divalproex sodium csdr	1	GC
gabapentin caps, soln	1	GC
gabapentin tabs 600mg, 800mg	1	GC
phenobarbital sodium inj 130mg/ml, 65mg/ml	2	
phenobarbital elix 20mg/5ml	2	
phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	2	
primidone tabs	1	GC
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
tiagabine hydrochloride	2	
valproate sodium inj	1	GC
valproic acid caps, soln	1	GC
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
vigabatrin	5	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone</i>	5	
<i>vigpoder</i>	5	
Sodium Channel Agents		
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, susp, tabs</i>	1	GC
DILANTIN INFATABS	4	
DILANTIN CAPS	4	
<i>epitol</i>	1	GC
<i>fosphenytoin sodium</i>	1	GC
<i>lacosamide</i>	2	
<i>oxcarbazepine</i>	2	
OXTELLAR XR TB24 150MG, 300MG	4	
OXTELLAR XR TB24 600MG	5	
<i>phenytek</i>	2	
<i>phenytoin infatabs</i>	1	GC
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	1	GC
<i>phenytoin chew, susp</i>	1	GC
<i>rufinamide susp</i>	5	
RUFINAMIDE TABS 200MG	3	
<i>rufinamide tabs 400mg</i>	5	
VIMPAT INJ	3	
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	GC
<i>donepezil hcl tabs 10mg</i>	1	GC
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride odt</i>	1	GC
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	GC
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide soln, tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	1	GC
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride tabs</i>	1	GC
<i>memantine hydrochloride soln</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tabs 100mg</i>	1	GC
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	1	GC
<i>mirtazapine odt</i>	1	GC
<i>mirtazapine tabs</i>	1	GC
<i>olanzapine/fluoxetine</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days)
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide soln, tabs</i>	1	GC
<i>desvenlafaxine er</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl cpep 40mg</i>	2	
<i>duloxetine hydrochloride cpep</i>	2	
<i>escitalopram oxalate tabs</i>	1	GC
<i>escitalopram oxalate soln</i>	4	
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	1	GC
<i>fluoxetine hydrochloride caps, soln</i>	1	GC
<i>fluoxetine hydrochloride tabs 60mg</i>	4	
<i>fluvoxamine maleate</i>	1	GC
<i>fluvoxamine maleate er</i>	4	
<i>nefazodone hydrochloride</i>	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	GC
<i>paroxetine hydrochloride er tb24 12.5mg, 25mg</i>	2	
<i>paroxetine hydrochloride susp</i>	1	GC
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	GC
PEXEVA TABS 10MG, 20MG, 30MG	4	ST NSO
<i>sertraline hcl conc</i>	1	GC
<i>sertraline hcl tabs 50mg</i>	1	GC
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	GC
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	GC
<i>trazodone hydrochloride tabs 300mg</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX	4	ST NSO
VENLAFAXINE BESYLATE ER	4	ST NSO
<i>venlafaxine hydrochloride</i>	1	GC
<i>venlafaxine hydrochloride er cp24</i>	1	GC
<i>venlafaxine hydrochloride er tb24 150mg, 75mg</i>	1	GC
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days); ST NSO
<i>vilazodone hydrochloride</i>	2	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	PA NSO
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	4	PA NSO
<i>amoxapine</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	4	PA NSO
<i>clomipramine hydrochloride</i>	4	PA NSO
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	4	PA NSO
<i>doxepin hcl conc</i>	4	PA NSO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA NSO
<i>imipramine hcl tabs 25mg, 50mg</i>	4	PA NSO
<i>imipramine hydrochloride tabs 10mg</i>	4	PA NSO
<i>imipramine pamoate</i>	4	PA NSO
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA NSO
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>dimenhydrinate inj</i>	1	GC
<i>droperidol inj</i>	1	GC
<i>meclizine hcl tabs</i>	2	
<i>meclizine hydrochloride tabs 25mg</i>	2	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl supp 12.5mg, 25mg</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	4	PA
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	4	PA
<i>promethegan</i>	2	
<i>scopolamine</i>	2	
Emetogenic Therapy Adjuncts		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
APONVIE	4	PA
<i>aprepitant</i>	4	PA
CINVANTI	4	PA
<i>dronabinol</i>	2	B/D
EMEND INJ, SUSR	4	PA
<i>fosaprepitant dimeglumine</i>	2	PA
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hydrochloride inj</i>	2	
<i>granisetron hydrochloride tabs</i>	2	B/D
<i>ondansetron hcl soln</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hydrochloride tabs</i>	2	B/D
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	2	
<i>ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml</i>	2	
<i>ondansetron odt</i>	2	B/D
<i>palonosetron hydrochloride</i>	4	
SANCUSO	5	
Antifungals		
Antifungals		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA
<i>amphotericin b inj</i>	2	B/D
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	
<i>ciclodan soln</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>clotrimazole crea, soln, troc</i>	2	
CRESEMBA	5	PA
<i>econazole nitrate crea</i>	2	
ERAXIS	5	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	5	
<i>ketoconazole crea, sham, tabs</i>	2	
<i>klayesta</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
MENTAX	4	ST
<i>micafungin inj 100mg</i>	2	
<i>micafungin inj 50mg</i>	5	
<i>miconazole 3 supp</i>	1	GC
NAFTIFINE HCL	3	ST
NAFTIFINE HYDROCHLORIDE CREA	3	ST
<i>naftifine hydrochloride gel 2%</i>	4	ST
NATACYN	3	
NOXAFIL INJ	5	
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
ORAVIG	4	
<i>posaconazole dr</i>	5	
<i>posaconazole inj</i>	5	
<i>terbinafine hcl tabs</i>	2	
<i>terconazole</i>	2	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>voriconazole inj</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	GC
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat</i>	2	
KRYSTEXXA	5	PA
<i>probenecid/colchicine</i>	1	GC
<i>probenecid tabs</i>	1	GC
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln</i>	4	QL(8 ML per 23 days)
ERGOMAR	4	
ERGOTAMINE TARTRATE/CAFFEINE	3	
MIGERGOT	5	
Prophylactic		
AIMOVIG	4	QL(2 ML per 30 days); PA
EMGALITY INJ 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	4	QL(3 ML per 30 days); PA
NURTEC	4	QL(18 EA per 30 days); PA
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	GC
VYEPTI	5	PA
Serotonin (5-HT) Receptor Agonist		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	2	QL(18 EA per 30 days)
REYVOW TABS 50MG	4	QL(4 EA per 30 days); PA
REYVOW TABS 100MG	4	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL(18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL	2	QL(4 ML per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	2	QL(4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(6 ML per 30 days)
<i>sumatriptan soln 20mg/act</i>	2	QL(12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	2	QL(18 EA per 30 days)
<i>zolmitriptan odt</i>	2	QL(9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL(9 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	2	
PRETOMANID	4	QL(30 EA per 30 days); PA
<i>rifabutin</i>	2	
<i>Antituberculars</i>		
<i>cycloserine</i>	2	
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid inj, syrp, tabs</i>	1	GC
PRIFTIN	4	
<i>pyrazinamide tabs</i>	1	GC
<i>rifampin caps, inj</i>	2	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>bendamustine hydrochloride</i>	5	PA NSO
BENDEKA	5	PA NSO
BICNU	5	
<i>busulfan</i>	5	
BUSULFEX	5	
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	GC
CARMUSTINE INJ 300MG, 50MG	5	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>carmustine inj 100mg</i>	5	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	GC
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	5	
CYCLOPHOSPHAMIDE CAPS, TABS	3	B/D
CYCLOPHOSPHAMIDE INJ 1GM/5ML	4	
CYCLOPHOSPHAMIDE INJ 500MG/2.5ML, 500MG/ML	5	
<i>cyclophosphamide inj 500mg</i>	2	
<i>cyclophosphamide inj 1gm, 2gm</i>	5	
<i>dacarbazine inj 100mg, 200mg</i>	1	GC
EVOMELA	5	PA NSO
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	
<i>ifosfamide inj 1gm/20ml, 3gm/60ml</i>	1	GC
<i>kemoplat</i>	1	GC
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
LEUKERAN	5	
MATULANE	5	PA NSO
<i>melphalan hydrochloride</i>	2	PA NSO
<i>oxaliplatin inj 50mg/10ml</i>	2	
<i>oxaliplatin inj 100mg/20ml, 100mg, 50mg</i>	5	
<i>paraplatin inj 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	1	GC
TEMODAR INJ	5	PA NSO
<i>thiotepa inj 100mg, 15mg</i>	5	PA NSO
TREANDA INJ 100MG, 25MG	5	PA NSO
VALCHLOR	5	PA NSO
YONDELIS	5	PA NSO
ZANOSAR	5	
ZEPZELCA	5	PA NSO
Antandrogens		
<i>abiraterone acetate tabs 250mg</i>	4	PA NSO
<i>abiraterone acetate tabs 500mg</i>	5	PA NSO
<i>bicalutamide</i>	1	GC
ERLEADA	5	PA NSO
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
YONSA	5	PA NSO
Antiangiogenic Agents		
FOTIVDA	5	PA NSO
<i>lenalidomide</i>	5	PA NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
POMALYST	5	QL(21 EA per 28 days); PA NSO
QINLOCK	5	PA NSO
REVLIMID	5	PA NSO
TABRECTA	5	PA NSO
THALOMID	5	PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
FASLODEX INJ 250MG/5ML	5	
<i>fulvestrant</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	1	GC
<i>toremifene citrate</i>	5	PA NSO
Antimetabolites		
ALIMTA	5	PA NSO
ARRANON	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	1	B/D; GC
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D; GC
DROXIA	4	
<i>floxuridine inj</i>	2	B/D
FLUOROURACIL CREA 0.5%	5	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil external soln</i>	2	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN INJ 40MG/2ML	5	
<i>folotyn inj 20mg/ml</i>	5	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	2	
<i>gemcitabine hydrochloride inj 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	
<i>hydroxyurea caps</i>	1	GC
INFUGEM	5	PA NSO
LONSURF	5	PA NSO
<i>mercaptopurine tabs</i>	2	
<i>nelarabine</i>	5	
<i>pemetrexed disodium inj 100mg</i>	4	PA NSO
<i>pemetrexed disodium inj 500mg</i>	5	PA NSO
PEMETREXED INJ 1GM/40ML, 850MG/34ML	4	PA NSO
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	5	PA NSO
<i>pemetrexed inj 100mg</i>	4	PA NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed inj 1000mg, 500mg, 750mg</i>	5	PA NSO
PEMFEXY	5	PA NSO
PRALATREXATE	5	
PURIXAN	5	
SIKLOS TABS 100MG	4	
SIKLOS TABS 1000MG	5	
TABLOID	4	PA NSO
VYXEOS	5	PA NSO
Antineoplastics, Other		
ABRAXANE	5	
<i>adriamycin inj 50mg</i>	1	B/D; GC
ADSTILADRIN	5	PA NSO
AKEEGA	5	PA NSO
ARSENIC TRIOXIDE INJ 10MG/10ML	3	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
<i>azacitidine</i>	5	
BESREMI	5	PA NSO
<i>bleomycin sulfate</i>	1	B/D; GC
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG/1.4ML	4	PA NSO
BORTEZOMIB INJ 3.5MG	5	PA NSO
<i>bortezomib inj 3.5mg</i>	5	PA NSO
BRAFTOVI	5	PA NSO
COLUMVI	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
<i>dactinomycin</i>	5	PA NSO
<i>daunorubicin hydrochloride</i>	1	GC
DAURISMO	5	PA NSO
<i>decitabine</i>	5	
<i>dexrazoxane</i>	5	
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	2	
<i>docetaxel inj 20mg/2ml</i>	5	
<i>doxorubicin hcl inj 2mg/ml, 50mg</i>	1	B/D; GC
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride inj 10mg</i>	1	B/D; GC
ELREXFIO	5	PA NSO
ELZONRIS	5	PA NSO
EPKINLY	5	PA NSO
<i>fludarabine phosphate inj 50mg/2ml, 50mg</i>	1	GC
GAVRETO	5	PA NSO
HALAVEN	5	
IBRANCE	5	PA NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl</i>	2	
<i>idarubicin hydrochloride</i>	2	
INREBIC	5	PA NSO
ISTODAX	5	
IWILFIN	5	PA NSO
IXEMPRA KIT	5	
JEVTANA	5	
KIMMTRAK	5	PA NSO
KISQALI	5	PA NSO
KRAZATI	5	PA NSO
<i>leucovorin calcium tabs</i>	1	GC
<i>leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	GC
<i>levoleucovorin inj 50mg</i>	5	
LORBRENA	5	PA NSO
LUMAKRAS	5	PA NSO
LUNSUMIO	5	PA NSO
LYNPARZA	5	PA NSO
LYTGOBI	5	PA NSO
MEKTOVI	5	PA NSO
<i>mitomycin inj 20mg, 40mg, 5mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
<i>mutamycin</i>	5	
NERLYNX	5	PA NSO
NINLARO	5	PA NSO
OGSIVEO	5	PA NSO
ONCASPAR	5	
ONUREG	5	
ORSERDU	5	PA NSO
<i>paclitaxel</i>	1	GC
PACLITAXEL PROTEIN-BOUND PARTICLES	5	
PEMAZYRE	5	PA NSO
PHEGO	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
PROLEUKIN	5	
RETEVMO	5	PA NSO
ROMIDEPSIN INJ 27.5MG/5.5ML	5	
<i>romidepsin inj 10mg</i>	5	
ROZLYTREK CAPS 100MG, 200MG	5	PA NSO
RYDAPT	5	PA NSO
RYLAZE	5	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX	5	PA NSO
SYNRIBO	5	
TALVEY	5	PA NSO
TALZENNA	5	PA NSO
TAZVERIK	5	PA NSO
TECVAYLI	5	PA NSO
TICE BCG	4	
TRISENOX INJ 12MG/6ML	5	
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
<i>valrubicin</i>	5	
VALSTAR	5	
VANFLYTA	5	PA NSO
VELCADE	5	PA NSO
VERZENIO	5	PA NSO
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D; GC
<i>vincasar pfs</i>	1	B/D; GC
<i>vincristine sulfate</i>	1	B/D; GC
<i>vinorelbine tartrate</i>	1	GC
VITRAKVI	5	PA NSO
VONJO	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZALTRAP	5	
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	GC
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Enzyme Inhibitors		
BALVERSA	5	PA NSO
ETOPOPHOS	5	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	GC
<i>irinotecan hydrochloride inj 100mg/5ml, 40mg/2ml</i>	1	GC
KYPROLIS	5	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	GC
<i>topotecan hcl inj 4mg/4ml</i>	2	
<i>topotecan hydrochloride</i>	2	
ZYDELIG	5	PA NSO
Molecular Target Inhibitors		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
ALECENSA	5	PA NSO
ALIQOPA	5	PA NSO
ALUNBRIG	5	PA NSO
AYVAKIT	5	PA NSO
BELEODAQ	5	PA NSO
BOSULIF	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	PA NSO
CALQUENCE	5	PA NSO
CAPRELSA	5	PA NSO
COMETRIQ	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tabs 150mg</i>	5	PA NSO
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA NSO
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NSO
EXKIVITY	5	PA NSO
FRUZAQLA	5	PA NSO
FYARRO	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	PA NSO
ICLUSIG	5	PA NSO
IDHIFA	5	PA NSO
<i>imatinib mesylate tabs 100mg</i>	2	PA NSO
<i>imatinib mesylate tabs 400mg</i>	4	PA NSO
IMBRUVICA	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABS 100MG	5	PA NSO
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA NSO
KOSELUGO	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
MEKINIST	5	PA NSO
ODOMZO	5	PA NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK PACK 50MG	5	PA NSO
RUBRACA	5	PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TAFINLAR	5	PA NSO
TAGRISO	5	PA NSO
TASIGNA	5	PA NSO
<i>temsirolimus</i>	5	
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TORISEL	5	
TRUQAP	5	PA NSO
TURALIO	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABS 10MG	3	PA NSO
VENCLEXTA TABS 100MG, 50MG	5	PA NSO
VIZIMPRO	5	PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
ZEJULA CAPS	5	PA NSO
ZEJULA TABS 200MG, 300MG	5	PA NSO
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYKADIA TABS	5	PA NSO
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS	5	
ALYMSYS	5	PA NSO
ARZERRA	5	
AVASTIN	5	
BAVENCIO	5	PA NSO
BESPONSA	5	PA NSO
BLINCYTO	5	PA NSO
CYRAMZA	5	PA NSO
DANYELZA	5	PA NSO
DARZALEX	5	PA NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
DARZALEX FASPRO	5	PA NSO
ELAHERE	5	PA NSO
EMPLICITI	5	PA NSO
ENHERTU	5	PA NSO
ERBITUX	5	PA NSO
GAZYVA	5	PA NSO
HERCEPTIN HYLECTA	5	PA NSO
HERCEPTIN INJ 150MG	5	PA NSO
HERZUMA	5	PA NSO
IMFINZI	5	PA NSO
IMJUDO	5	PA NSO
JEMPERLI	5	PA NSO
KADCYLA	5	
KANJINTI	5	PA NSO
KEYTRUDA INJ 100MG/4ML	5	PA NSO
LIBTAYO	5	PA NSO
LOQTORZI	5	PA NSO
LUMOXITI	5	PA NSO
MARGENZA	5	PA NSO
MONJUVI	5	PA NSO
MVASI	5	PA NSO
MYLOTARG	5	PA NSO
OGIVRI INJ 1.1%; 420MG, 150MG	5	PA NSO
ONTRUZANT	5	PA NSO
OPDIVO	5	PA NSO
PADCEV	5	PA NSO
PERJETA	5	PA NSO
POLIVY	5	PA NSO
PORTRAZZA	5	PA NSO
RIABNI	5	PA NSO
RITUXAN	5	PA NSO
RITUXAN HYCELA	5	PA NSO
RUXIENCE	5	PA NSO
RYBREVANT	5	PA NSO
SARCLISA	5	PA NSO
TECENTRIQ	5	PA NSO
TIVDAK	5	PA NSO
TRAZIMERA	5	PA NSO
TRODELVY	5	PA NSO
TRUXIMA	5	PA NSO
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	PA NSO
VEGZELMA	5	PA NSO
YERVOY	5	PA NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
ZYNLONTA	5	PA NSO
ZYNYZ	5	PA NSO
Retinoids		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoin caps 10mg</i>	5	PA NSO
Treatment Adjuncts		
ELITEK	5	PA
<i>mesna</i>	1	GC
MESNEX TABS	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs</i>	2	
Antiprotozoals		
<i>atovaquone</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	1	GC
COARTEM	4	
<i>hydroxychloroquine sulfate tabs</i>	1	GC
KRINTAFEL	3	
<i>mefloquine hcl</i>	1	GC
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	B/D
PRIMAQUINE PHOSPHATE TABS	3	
<i>pyrimethamine tabs</i>	5	
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	GC
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>entacapone</i>	2	
ONGENTYS	4	ST
<i>tolcapone</i>	5	
Dopamine Agonists		
<i>apomorphine hydrochloride inj</i>	5	PA
<i>bromocriptine mesylate caps, tabs</i>	2	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	GC
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	GC
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	1	GC
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	2	
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj, tabs</i>	2	
<i>chlorpromazine hydrochloride conc, tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl conc, inj</i>	2	
<i>fluphenazine hcl tabs 1mg</i>	2	
<i>fluphenazine hydrochloride elix</i>	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	1	GC
MOLINDONE HYDROCHLORIDE	3	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	GC
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	GC
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	GC
2nd Generation/Atypical		
ABILIFY MAINTENA	5	ST NSO
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); ST NSO
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); ST NSO
<i>aripiprazole</i>	2	
<i>aripiprazole odt</i>	5	
ARISTADA	5	ST NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO	5	ST NSO
ASENAPINE MALEATE SL	4	
CAPLYTA	5	QL(30 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	ST NSO
FANAPT TABS 4MG	4	ST NSO
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	5	ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	ST NSO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST NSO
INVEGA TRINZA	5	ST NSO
<i>lurasidone hydrochloride</i>	2	
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPS	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABS 10MG	5	QL(90 EA per 30 days); PA NSO
<i>olanzapine odt</i>	2	
OLANZAPINE INJ	3	
<i>olanzapine tabs</i>	2	
<i>paliperidone er</i>	4	ST NSO
PERSERIS	5	ST NSO
<i>quetiapine fumarate</i>	1	GC
<i>quetiapine fumarate er</i>	2	
REXULTI	5	ST NSO
RISPERDAL CONSTA INJ 12.5MG	4	ST NSO
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	ST NSO
<i>risperidone</i>	2	
<i>risperidone er inj 12.5mg</i>	2	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	2	
SECUADO	5	ST NSO
VRAYLAR CPPK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPS	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	ST NSO
ZYPREXA RELPREVV INJ 210MG	4	ST NSO
ZYPREXA RELPREVV INJ 300MG, 405MG	5	ST NSO
Treatment-Resistant		
CLOZAPINE ODT TBDP 200MG	5	
<i>clozapine odt tbdp 100mg, 12.5mg, 150mg, 25mg</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tabs</i>	2	
<i>baclofen inj 40mg/20ml</i>	2	B/D
<i>baclofen inj 500mcg/ml, 50mcg/ml</i>	4	B/D
<i>baclofen inj 20000mcg/20ml</i>	5	B/D
BOTOX	4	PA
<i>dantrolene sodium caps</i>	1	GC
DYSPORT	4	PA
GABLOFEN	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
MYOBLOC	5	PA
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	1	GC
<i>tizanidine hydrochloride tabs</i>	1	GC
<i>tizanidine hydrochloride caps</i>	2	
XEOMIN	4	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D; GC
LIVTENCITY	5	
PREVYMIS	5	
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDE SOLN	4	
<i>entecavir</i>	4	
EPIVIR HBV SOLN	4	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET	5	PA
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI	5	PA
ZEPATIER	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
BIKTARVY	5	
CABENUVA	5	
DELSTRIGO	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	4	
ISENTRESS CHEW 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine tabs 100mg</i>	4	
<i>etravirine tabs 200mg</i>	5	
INTELENCE TABS 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
ODEFSEY	5	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	2	
<i>abacavir sulfate</i>	2	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	
EMTRIVA SOLN	4	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
RETROVIR IV INFUSION	4	
STAVUDINE CAPS	1	GC
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	1	GC
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACK, SOLN	3	
PREZCOBIX	5	
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL(110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL(168 EA per 365 days)

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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<i>oseltamivir phosphate caps 45mg</i>	2	QL(84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL(1080 ML per 365 days)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride</i>	1	GC
XOFLUZA TBPk 80MG	4	QL(2 EA per 365 days)
XOFLUZA TBPk 40MG	4	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps, susp, tabs</i>	2	
<i>acyclovir crea, oint</i>	4	
<i>famciclovir tabs</i>	2	
<i>trifluridine</i>	2	
<i>valacyclovir hydrochloride</i>	2	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tabs 15mg</i>	2	
<i>buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	PA
Benzodiazepines		
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam er tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	QL(150 EA per 30 days)
<i>alprazolam xr tb24 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam xr tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	QL(120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	QL(120 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL(180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam conc, oral soln</i>	2	
<i>diazepam tabs</i>	2	QL(120 EA per 30 days)
<i>diazepam inj 5mg/ml</i>	2	
<i>estazolam</i>	2	QL(30 EA per 30 days)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	2	
<i>lorazepam tabs 0.5mg</i>	2	QL(120 EA per 30 days)
<i>lorazepam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tabs 1mg</i>	2	QL(90 EA per 30 days)
<i>midazolam hcl syrp</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>midazolam hydrochloride inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>oxazepam</i>	2	QL(120 EA per 30 days)
<i>temazepam</i>	2	QL(30 EA per 30 days)
<i>triazolam</i>	2	QL(30 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
LITHIUM	1	GC
<i>lithium carbonate er</i>	1	GC
<i>lithium carbonate caps, tabs</i>	1	GC
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	1	GC
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride</i>	1	GC
<i>glipizide er</i>	1	GC
<i>glipizide xl</i>	1	GC
<i>glipizide/metformin hydrochloride</i>	2	
GLIPIZIDE TABS 2.5MG	1	GC
<i>glipizide tabs 10mg, 5mg</i>	1	GC
GLYXAMBI	3	
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
JARDIANCE	3	
JENTADUETO	3	QL(60 EA per 30 days); ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30 EA per 30 days); ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60 EA per 30 days); ST
KAZANO	4	QL(60 EA per 30 days); ST
KORLYM	5	PA
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	GC
<i>metformin hydrochloride soln</i>	1	GC
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone</i>	5	PA
<i>miglitol</i>	2	
MOUNJARO	3	PA
<i>nateglinide</i>	2	
NESINA	4	QL(30 EA per 30 days); ST
OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide</i>	2	
RYBELSUS	3	PA
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days); ST
TRIJARDY XR	3	
TRULICITY	3	PA
XIGDUO XR	3	
Glycemic Agents		
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
Insulins		
HUMALOG	3	QL(60 ML per 30 days)
HUMALOG JUNIOR KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin 70/30</i>	2	QL(60 ML per 30 days)
HUMULIN 70/30 KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin n</i>	2	QL(60 ML per 30 days)
HUMULIN N KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin r</i>	2	QL(60 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED)	3	QL(60 ML per 30 days)
HUMULIN R U-500 KWIKPEN	3	QL(60 ML per 30 days)

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
LANTUS	3	QL(60 ML per 30 days)
LANTUS SOLOSTAR	3	QL(60 ML per 30 days)
LEVEMIR	3	QL(60 ML per 30 days)
LEVEMIR FLEXPEN	3	QL(90 ML per 30 days)
LEVEMIR FLEXTOUCH	3	QL(90 ML per 30 days)
NOVOLOG	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 RELION	4	QL(60 ML per 30 days); ST
NOVOLOG PENFILL	4	QL(60 ML per 30 days); ST
NOVOLOG RELION	4	QL(60 ML per 30 days); ST
TOUJEO MAX SOLOSTAR	3	QL(27 ML per 30 days)
TOUJEO SOLOSTAR	3	QL(27 ML per 30 days)
TRESIBA	3	QL(54 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL(54 ML per 30 days)
XULTOPHY 100/3.6	4	ST
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate</i>	2	
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium/d5w inj 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml</i>	2	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	GC
PRADAXA PACK	4	
PRADAXA CAPS 110MG	4	
<i>warfarin sodium tabs</i>	1	GC
XARELTO STARTER PACK	3	
XARELTO TABS	3	
XARELTO SUSR	5	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	5	PA
DOPTelet	5	PA
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJ 20000UNIT/ML	5	PA
FYLNETRA	5	
GRANIX	5	
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
MULPLETA	5	PA
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NPLATE	5	PA
NYVEPRIA	5	
PLERIXAFOR	5	PA
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
STIMUFEND	5	
UDENYCA	5	
UDENYCA ONBODY	5	
ZIEXTENZO	5	
Hemostasis Agents		
<i>aminocaproic acid inj</i>	1	GC
<i>aminocaproic acid tabs</i>	2	
<i>tranexamic acid inj, tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	2	
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	PA
<i>cilostazol</i>	1	GC
<i>clopidogrel</i>	1	GC
<i>prasugrel</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	GC
<i>droxidopa</i>	5	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>phentolamine mesylate inj 5mg</i>	1	GC
<i>prazosin hydrochloride caps</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>irbesartan</i>	1	GC
<i>irbesartan/hydrochlorothiazide</i>	1	GC
<i>losartan potassium/hydrochlorothiazide</i>	1	GC
<i>losartan potassium tabs</i>	1	GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>valsartan/hydrochlorothiazide</i>	1	GC
<i>valsartan tabs</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	GC
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	GC
<i>benazepril hydrochloride tabs 20mg</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs</i>	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
<i>enalapril maleate tabs</i>	1	GC
<i>enalapril maleate soln</i>	4	
<i>enalaprilat</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>lisinopril/hydrochlorothiazide</i>	1	GC
<i>lisinopril tabs</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hydrochloride</i>	1	GC
<i>quinapril/hydrochlorothiazide</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
<i>trandolapril/verapamil hcl er</i>	2	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	GC
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	GC
<i>amiodarone hydrochloride tabs 200mg</i>	1	GC
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	2	
<i>digitek tabs 0.125mg</i>	1	GC
<i>digitek tabs 0.25mg</i>	2	
DIGOXIN SOLN	3	
<i>digoxin tabs 125mcg</i>	1	GC
<i>digoxin tabs 250mcg</i>	2	
<i>digox tabs 125mcg</i>	1	GC
<i>digox tabs 250mcg</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
LANOXIN PEDIATRIC	4	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	GC
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	5	
<i>procainamide hcl inj 100mg/ml</i>	1	GC
<i>procainamide hydrochloride</i>	1	GC
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate cr</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate tabs</i>	1	GC
<i>sorine</i>	1	GC
<i>sotalol hcl</i>	1	GC
<i>sotalol hcl (af) tabs 80mg</i>	1	GC
<i>sotalol hcl af</i>	1	GC
<i>sotalol hydrochloride (af)</i>	1	GC
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	1	GC
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>atenolol tabs</i>	1	GC
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	GC
<i>bisoprolol fumarate</i>	1	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	GC
<i>carvedilol</i>	1	GC
<i>carvedilol phosphate er</i>	2	
<i>esmolol hcl inj 100mg/10ml</i>	1	GC
<i>esmolol hydrochloride in sodium chloride</i>	2	
<i>esmolol hydrochloride in sodium chloride double strength</i>	2	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml</i>	2	
HEMANGEOL	4	
KAPSPARGO SPRINKLE	4	
<i>labetalol hydrochloride tabs</i>	1	GC
<i>labetalol hydrochloride inj 5mg/ml</i>	1	GC
<i>metoprolol succinate er</i>	1	GC
<i>metoprolol tartrate tabs</i>	1	GC
<i>metoprolol tartrate inj 5mg/5ml</i>	1	GC
<i>metoprolol/hydrochlorothiazide</i>	1	GC
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>nebivolol tabs 5mg</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl inj, oral soln</i>	1	GC
<i>propranolol hcl tabs 40mg</i>	1	GC
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl caps</i>	2	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJ 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	2	
<i>nifedipine er</i>	1	GC
<i>nimodipine caps</i>	4	
NYMALIZE SOLN 6MG/ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	1	GC
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	1	GC
<i>diltiazem hcl er tb24</i>	2	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml</i>	1	GC
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	GC
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg</i>	1	GC
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	GC
<i>diltiazem hydrochloride tabs 120mg</i>	1	GC
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	GC
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	GC
<i>verapamil hcl sr cp24</i>	1	GC
<i>verapamil hcl tabs 40mg, 80mg</i>	1	GC
<i>verapamil hydrochloride er cp24 200mg</i>	1	GC
<i>verapamil hydrochloride er tbc 180mg</i>	1	GC
<i>verapamil hydrochloride inj</i>	1	GC
<i>verapamil hydrochloride tabs 120mg</i>	1	GC
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	5	
<i>aliskiren</i>	4	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	GC
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/valsartan</i>	2	
<i>atropine sulfate inj 0.25mg/5ml</i>	1	GC
CAMZYOS	5	QL(30 EA per 30 days); PA
CORLANOR	4	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D; GC
<i>dobutamine hcl inj 250mg/20ml</i>	1	B/D; GC
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D; GC
<i>dopamine hydrochloride</i>	1	B/D; GC
<i>dopamine hydrochloride/dextrose</i>	1	B/D; GC
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	B/D; GC
ENTRESTO	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>metyrosine</i>	5	
<i>milrinone lactate in dextrose</i>	1	B/D; GC
<i>norepinephrine bitartrate</i>	2	
<i>pentoxifylline er</i>	1	GC
PRALUENT	3	QL(2 ML per 28 days)
<i>ranolazine er</i>	2	
REPATHA	3	QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days)
REPATHA SURECLICK	3	QL(3 ML per 28 days)
VYNDAMAX	5	PA
VYNDAQEL	5	PA
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide inj, oral soln, tabs</i>	1	GC
<i>torseamide tabs</i>	1	GC
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	GC
<i>amiloride/hydrochlorothiazide</i>	1	GC
<i>eplerenone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	1	GC
<i>spironolactone tabs</i>	1	GC
<i>triamterene/hydrochlorothiazide</i>	1	GC
<i>triamterene caps</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide sodium</i>	1	GC
<i>chlorthalidone tabs 25mg, 50mg</i>	1	GC
DIURIL SUSP	4	
<i>hydrochlorothiazide caps, tabs</i>	1	GC
<i>indapamide tabs</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 150mg, 200mg, 43mg, 50mg, 67mg</i>	2	
<i>fenofibrate tabs</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	GC
<i>fluvastatin sodium er</i>	2	
<i>lovastatin tabs</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	2	
<i>simvastatin tabs</i>	1	GC
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colesevelam hydrochloride pack</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>icosapent ethyl</i>	2	PA
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	2	
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite</i>	2	
VASCEPA CAPS 0.5GM	4	PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	GC
<i>isosorbide dinitrate tabs 40mg</i>	4	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	1	GC
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin in dextrose 5%</i>	2	
<i>nitroglycerin transdermal</i>	1	GC
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin translingual soln 0.4mg/spray</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl inj	1	GC
hydralazine hcl tabs 10mg	1	GC
hydralazine hydrochloride tabs 100mg, 25mg, 50mg	1	GC
minoxidil tabs	1	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine cp24	2	QL(120 EA per 30 days)
amphetamine/dextroamphetamine tabs	2	QL(60 EA per 30 days)
dextroamphetamine sulfate er	2	QL(180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE SOLN	3	QL(1800 ML per 30 days)
dextroamphetamine sulfate tabs 10mg, 5mg	2	QL(180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride caps 10mg, 25mg, 40mg, 60mg, 80mg	2	
atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg	2	
clonidine hydrochloride er	2	
clonidine hydrochloride tb12 0.1mg	2	
dexmethylphenidate hcl er cp24 15mg, 20mg, 30mg, 35mg	2	QL(30 EA per 30 days)
dexmethylphenidate hcl tabs 10mg, 5mg	2	QL(60 EA per 30 days)
dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg	2	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride cp24	2	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride tabs 2.5mg	2	QL(60 EA per 30 days)
methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg	2	QL(30 EA per 30 days)
methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg	2	QL(30 EA per 30 days)
methylphenidate hydrochloride er cpcr 20mg, 30mg, 40mg, 50mg	2	QL(30 EA per 30 days)
methylphenidate hydrochloride er tb24	2	QL(30 EA per 30 days)
methylphenidate hydrochloride er tbcr 27mg, 36mg, 54mg, 72mg	2	QL(30 EA per 30 days)
methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg	2	QL(90 EA per 30 days)
methylphenidate hydrochloride chew 10mg	2	QL(180 EA per 30 days)
methylphenidate hydrochloride chew 2.5mg, 5mg	2	QL(90 EA per 30 days)
methylphenidate hydrochloride tabs	2	QL(90 EA per 30 days)
methylphenidate hydrochloride soln	2	QL(900 ML per 30 days)
Central Nervous System, Other		
butalbital/acetaminophen/caffeine caps	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine caps</i>	2	
<i>caffeine citrate inj</i>	2	
<i>caffeine citrate oral soln 20mg/ml</i>	2	
EXSERVAN	5	
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA NSO
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AVONEX PEN	5	
AVONEX INJ 30MCG/0.5ML	5	
BAFIERTAM	5	QL(120 EA per 30 days)
BETASERON	5	
<i>dalfampridine er</i>	3	PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days)
<i>dimethyl fumarate starterpack</i>	5	QL(120 EA per 365 days)
EXTAVIA	5	
<i>fingolimod</i>	5	
GILENYA CAPS 0.25MG	5	
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAVENCLAD	5	PA
MAYZENT STARTER PACK TBPk 0.25MG	4	QL(14 EA per 365 days)
MAYZENT STARTER PACK TBPk 0.25MG	5	QL(24 EA per 365 days)
MAYZENT TABS 0.25MG	5	QL(120 EA per 30 days)
MAYZENT TABS 1MG, 2MG	5	QL(30 EA per 30 days)
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	
REBIF TITRATION PACK	5	
<i>teriflunomide</i>	2	
TYSABRI	5	PA
VUMERITY	5	
ZEPOSIA	5	PA
ZEPOSIA 7-DAY STARTER PACK	5	PA
ZEPOSIA STARTER KIT	5	PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate soln</i>	1	GC
KEPIVANCE	5	PA
<i>kourzeq</i>	2	
<i>lidocaine hcl viscous</i>	1	GC
<i>lidocaine hcl mouth/throat soln 4%</i>	1	GC
<i>lidocaine hydrochloride viscous</i>	1	GC
<i>lidocaine viscous</i>	1	GC
<i>oralone dental paste</i>	2	
<i>periogard</i>	1	GC
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene pump</i>	2	
<i>adapalene crea, gel</i>	2	
<i>amnesteem</i>	4	
<i>avita</i>	2	PA
<i>azelaic acid</i>	2	
AZELEX	4	PA
<i>claravis</i>	4	
FINACEA FOAM	4	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin caps 25mg, 35mg</i>	5	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>myorisan</i>	4	
<i>rosadan</i>	2	
<i>tazarotene crea, gel</i>	4	PA
TAZORAC CREA 0.05%	4	PA
<i>tretinoin microsphere pump</i>	4	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
<i>zenatane</i>	4	
Dermatitis and Pruitus Agents		
<i>ammonium lactate lotn</i>	1	GC
<i>clobetasol propionate e</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emollient crea</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>desoximetasone crea 0.25%</i>	2	
<i>desoximetasone crea 0.05%</i>	4	
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL(90 GM per 30 days)
<i>fluocinonide soln</i>	2	
<i>fluocinonide crea, gel, oint</i>	4	
<i>pimecrolimus</i>	2	
<i>selenium sulfide</i>	1	GC
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
<i>tovet</i>	4	
Dermatological Agents, Other		
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
<i>calcitriol oint 3mcg/gm</i>	2	
<i>imiquimod pump</i>	5	
<i>imiquimod crea 5%</i>	2	
<i>methoxsalen caps</i>	5	
<i>podofilox soln</i>	1	GC
REGRANEX	5	PA
SANTYL	4	
VEREGEN	5	
Pediculicides/Scabicides		
<i>crotan</i>	2	
<i>ivermectin crea 1%</i>	4	
<i>lindane sham</i>	2	
<i>malathion</i>	1	GC
<i>permethrin crea</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid</i>	5	PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
CRYSVITA	5	PA
dextrose 10%/nacl 0.45%	1	GC
dextrose 5% /electrolyte #48 viaflex	1	GC
dextrose 10%	1	GC
dextrose 10%/nacl 0.2%	1	GC
dextrose 2.5%/nacl 0.45%	1	GC
dextrose 25% inj 250mg/ml	1	GC
dextrose 5%	1	GC
dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	1	GC
dextrose 5%/nacl 0.2%	1	GC
dextrose 5%/nacl 0.3%	1	GC
dextrose 5%/nacl 0.33%	1	GC
dextrose 5%/nacl 0.45%	1	GC
dextrose 5%/nacl 0.9%	1	GC
dextrose 50%	1	GC
dextrose/sodium chloride	1	GC
dextrose inj 20%	1	GC
fluoride chew 0.25mg, 0.5mg, 1mg	2	
fluoritab soln 0.125mg/drop	2	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%	1	GC
kcl 0.15%/d5w/nacl 0.2%	1	GC
kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%	1	GC
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	1	GC
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	1	GC
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	1	GC
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	1	GC
klor-con	2	
klor-con 10	1	GC
klor-con 8	1	GC
klor-con m10	1	GC
klor-con m15	1	GC
klor-con m20	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	1	GC
<i>magnesium sulfate/dextrose inj 5%; 1gm/100ml</i>	1	GC
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</i>	1	GC
<i>magnesium sulfate inj 50%</i>	2	
<i>multiple electrolytes injection type 1</i>	1	GC
<i>nafrinse</i>	2	
NORMOSOL-M/D5W	3	
NORMOSOL-R	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>potassium chloride er</i>	1	GC
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	GC
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	GC
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	GC
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	GC
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	GC
<i>potassium citrate er</i>	1	GC
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	GC
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.45%, 0.9%, 3%, 5%</i>	2	
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	
<i>sodium fluoride soln 0.5mg/ml</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox tbso 125mg</i>	4	PA
<i>deferasirox tbso 250mg, 500mg</i>	5	PA
<i>deferiprone</i>	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLN	5	
JYNARQUE TABS	5	QL(120 EA per 30 days); PA
JYNARQUE TBPK	5	QL(56 EA per 28 days); PA
<i>penicillamine caps, tabs</i>	5	
<i>sodium polystyrene sulfonate</i>	1	GC
<i>sps</i>	1	GC
TOLVAPTAN TABS 15MG	5	QL(30 EA per 30 days); PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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<i>tolvaptan tabs 30mg</i>	5	QL(60 EA per 30 days); PA
<i>trientine hydrochloride caps 250mg</i>	5	
VELTASSA	4	
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
FOSRENOL PACK	5	
<i>lanthanum carbonate</i>	5	
PHOSLYRA	4	
<i>sevelamer carbonate</i>	4	
<i>sevelamer hydrochloride</i>	4	
Vitamins		
<i>prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	2	
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln</i>	2	
LINZESS	3	
LUBIPROSTONE	3	QL(60 EA per 30 days)
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
SUPREP BOWEL PREP KIT	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	
<i>alosetron hydrochloride tabs 1mg</i>	5	
VIBERZI	5	PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate oral soln</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
GLYCOPYRROLATE TABS 1.5MG	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>methscopolamine bromide tabs</i>	2	
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CHOLBAM	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	
<i>diphenoxylate/atropine</i>	4	
GATTEX	5	PA
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	2	
<i>metoclopramide hydrochloride inj</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	2	
<i>metoclopramide odt tbdp 5mg</i>	2	
MOVANTIK	4	QL(30 EA per 30 days)
NITROGLYCERIN OINT 0.4%	4	
OICALIVA	5	QL(30 EA per 30 days); PA
<i>peg-3350/electrolytes/ascorbate</i>	2	
RECTIV	4	
RELISTOR INJ	5	PA
RELISTOR TABS	5	QL(90 EA per 30 days); PA
SYMPROIC	4	QL(30 EA per 30 days)
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln</i>	2	
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
Protectants		
<i>misoprostol</i>	1	GC
<i>sucralfate susp, tabs</i>	2	
Proton Pump Inhibitors		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>dexlansoprazole</i>	4	
<i>esomeprazole magnesium cpdr</i>	2	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium inj, tbec</i>	2	
<i>rabeprazole sodium</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CEREZYME	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTAGON	4	PA
ELAPRASE	5	PA
ELELYSO	5	PA
ENDARI	5	
EXONDYS 51	5	PA
FABRAZYME	5	PA
GALAFOLD	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	PA
ORFADIN SUSP	5	PA
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	
PANCREAZE CPEP 83900UNIT; 21000UNIT; 54700UNIT	5	
PROCYSBI	5	PA
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate tabs</i>	5	
STRENSIQ	5	PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
XURIDEN	5	QL(120 EA per 30 days); PA
yargesa	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
DARIFENACIN HYDROBROMIDE ER	3	
fesoterodine fumarate er	2	
flavoxate hcl	1	GC
GEMTESA	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride soln, tabs	2	
solifenacin succinate	2	
tolterodine tartrate	2	
tolterodine tartrate er	2	
tropium chloride	2	
tropium chloride er	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	1	GC
doxazosin tabs 2mg	1	GC
dutasteride caps	2	
finasteride tabs	1	GC
silodosin	2	
tadalafil tabs 2.5mg, 5mg	2	QL(30 EA per 30 days); PA
tamsulosin hydrochloride	1	GC
terazosin hcl caps 10mg, 1mg, 5mg	1	GC
terazosin hydrochloride caps 2mg	1	GC
Genitourinary Agents, Other		
acetic acid 0.25%	2	
bethanechol chloride tabs	2	
ELMIRON	4	
LITHOSTAT	4	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
PHEXXI	4	
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	4	
RIMSO-50	4	
THIOLA EC	5	
tiopronin	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	1	GC
<i>amcinonide</i>	1	GC
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	GC
<i>betamethasone valerate crea, lotn, oint</i>	2	
BUDESONIDE FOAM 2MG	3	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
CORDRAN	4	
<i>desonide crea, lotn, oint</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	1	GC
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>flurandrenolide</i>	4	
<i>fluticasone propionate crea 0.05%</i>	1	GC
<i>fluticasone propionate oint 0.005%</i>	1	GC
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate (lipid)</i>	1	GC
<i>hydrocortisone butyrate (lipophilic)</i>	1	GC
<i>hydrocortisone butyrate crea, oint, soln</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate lotn</i>	2	
<i>hydrocortisone crea 1%, 2.5%</i>	1	GC
<i>hydrocortisone lotn 2.5%</i>	1	GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	GC
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone sodium succinate</i>	2	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>mometasone furoate crea, oint, soln</i>	1	GC
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate odt</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln</i>	2	
PREDNISONE INTENSOL	3	
<i>prednisone soln, tbpk</i>	1	GC
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
<i>triamcinolone acetonide aers, crea, lotn, oint</i>	1	GC
<i>triderm</i>	1	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate inj</i>	5	
DESMOPRESSIN ACETATE NASAL SOLN 1.5MG/ML	5	
<i>desmopressin acetate nasal soln 0.01%</i>	2	
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NOVAREL INJ 5000UNIT	4	PA
<i>novarel inj 10000unit</i>	4	PA
OMNITROPE	5	PA
PREGNYL	4	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	4	PA
SEROSTIM	5	PA
<i>vasopressin +rfid</i>	2	
<i>vasopressin inj 20unit/ml</i>	2	
<i>vasostrict</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
OXANDROLONE TABS 2.5MG	4	QL(240 EA per 30 days); PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tabs 10mg</i>	4	QL(60 EA per 30 days); PA
Androgens		
<i>danazol caps</i>	2	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	PA
Estrogens		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amabelz tabs 1mg; 0.5mg</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
ANNOVERA	4	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>delyla</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>dotti</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	GC
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	2	
ESTRADIOL VAGINAL TABS	3	
<i>estradiol crea, pttw, ptwk, oral tabs</i>	2	
ESTRING	3	
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
FEMRING	4	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	2	
<i>gemmily</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
IMVEXXY MAINTENANCE PACK	4	PA
IMVEXXY STARTER PACK	4	PA
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>jolessa</i>	2	
<i>joyeaux</i>	2	
<i>juleber</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>june1 1.5/30</i>	2	
<i>june1 1/20</i>	2	
<i>june1 fe 1.5/30</i>	2	
<i>june1 fe 1/20</i>	2	
<i>june1 fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
LO LOESTRIN FE	4	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyllana</i>	2	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah</i>	2	
NATAZIA	4	
<i>necon 0.5/35-28</i>	2	
NEXTSTELLIS	4	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs</i>	2	
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMPRO	4	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	
<i>tilia fe</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
TWIRLA	4	
TYBLUME	2	
<i>tydemy</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vioarele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
YUVAFEM	3	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
Progestins		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	2	
<i>heather</i>	2	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate inj, tabs</i>	1	GC
<i>megestrol acetate susp, tabs</i>	2	PA NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	1	GC
<i>norethindrone tabs</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps, inj</i>	1	GC
<i>sharobel</i>	2	
SLYND	4	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	GC
<i>levo-t</i>	1	GC
<i>levothyroxine sodium tabs</i>	1	GC
<i>levothyroxine sodium caps</i>	4	
LEVOTHYROXINE SODIUM INJ 100MCG/ML	5	
<i>levothyroxine sodium inj 100mcg/5ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg</i>	5	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium inj, tabs</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT	4	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD	4	PA NSO

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	
LANREOTIDE ACETATE	5	PA NSO
LEUPROLIDE ACETATE INJ 22.5MG	4	PA NSO
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH)	5	PA NSO
LUPRON DEPOT (3-MONTH)	5	PA NSO
LUPRON DEPOT (4-MONTH)	5	PA NSO
LUPRON DEPOT (6-MONTH)	5	PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	PA
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJ 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA NSO
ZOLADEX INJ 3.6MG	4	PA NSO
ZOLADEX INJ 10.8MG	5	PA NSO
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	GC
<i>propylthiouracil tabs</i>	1	GC
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
RUCONEST	5	PA
<i>sajazir</i>	5	PA
TAKHZYRO	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	B/D
ATGAM	5	
BEYFORTUS	4	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
BIVIGAM INJ 10%, 5GM/50ML	5	B/D
CUVITRU	5	PA
CYTOGAM INJ 50MG/ML	5	
FLEBOGAMMA DIF	5	B/D
GAMASTAN	4	
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA	5	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB INJ 312UNIT/ML	5	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	B/D
PANZYGA	5	B/D
PRIVIGEN	5	B/D
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML	4	
WINRHO SDF INJ 2500UNIT/2.2ML, 5000UNIT/4.4ML	5	
XEMBIFY	5	B/D
Immunological Agents, Other		
ACTEMRA	5	PA
ACTEMRA ACTPEN	5	PA
ACTIMMUNE	5	
ARCALYST	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	PA
DUPIXENT INJ 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
EMPAVELI	5	PA
ILARIS INJ 150MG/ML	5	PA
<i>leflunomide tabs</i>	2	
LEMTRADA	5	PA
OTEZLA	5	PA
RIDAURA	5	
RINVOQ	5	PA
SIMULECT	5	
SKYRIZI PEN	5	PA
SKYRIZI INJ 150MG/ML, 180MG/1.2ML, 360MG/2.4ML	5	PA
SOLIRIS	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
SYLVANT	5	PA
TALTZ	5	PA
ULTOMIRIS INJ 1100MG/11ML, 300MG/3ML	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
Immunostimulants		
PEGASYS	5	
<i>ribavirin tabs 200mg</i>	2	
Immunosuppressants		
ADALIMUMAB-ADAZ	5	PA
AMJEVITA INJ 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	5	PA
ASTAGRAF XL	4	B/D
AVSOLA	5	PA
<i>azathioprine inj</i>	4	B/D
<i>azathioprine tabs 50mg</i>	1	B/D; GC
<i>azathioprine tabs 100mg, 75mg</i>	2	B/D
BENLYSTA	5	
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D
<i>cyclosporine inj 50mg/ml</i>	2	
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	PA
<i>everolimus tabs 0.25mg</i>	2	B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	2	B/D
<i>gengraf soln</i>	2	B/D
HADLIMA	5	PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
HADLIMA PUSHTOUCH	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
INFLECTRA	5	PA
<i>infliximab</i>	5	PA
JYLAMVO	4	
KINERET	5	PA
LUPKYNIS	5	QL(180 EA per 30 days); PA
<i>methotrexate sodium tabs</i>	1	GC
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	GC
<i>methotrexate inj 50mg/2ml</i>	1	GC
MYCOPHENOLATE MOFETIL INJ	3	B/D
<i>mycophenolate mofetil caps, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D
NULOJIX	5	
ORENCIA	5	PA
ORENCIA CLICKJECT	5	PA
PROGRAF PACK	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
<i>sirolimus tabs</i>	2	B/D
<i>sirolimus soln</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJ 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA	4	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	
ENGRIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXCHIQ	4	
IXIARO	4	
JYNNEOS	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	4	
PREHEVBRIO	3	B/D
PRIORIX	4	
PROQUAD	3	
QUADRACEL	4	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLN	4	
SHINGRIX	3	
STAMARIL	4	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VARIZIG	5	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
VAXELIS	4	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	2	
DIPENTUM	5	
<i>mesalamine dr</i>	2	
<i>mesalamine er cp24</i>	2	
<i>mesalamine enem, kit</i>	4	
<i>sulfasalazine tabs, tbec</i>	1	GC
Glucocorticoids		
<i>budesonide er</i>	5	
<i>budesonide cpep 3mg</i>	4	
CORTIFOAM FOAM	3	
<i>hydrocortisone crea 1%, 2.5%</i>	1	GC
<i>hydrocortisone enem 100mg/60ml</i>	4	
ORTIKOS	5	
<i>procto-med hc</i>	1	GC
<i>procto-pak</i>	1	GC
<i>proctosol hc</i>	1	GC
<i>proctozone-hc</i>	1	GC
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln</i>	1	GC
<i>alendronate sodium tabs 10mg, 35mg, 5mg, 70mg</i>	1	GC
<i>calcitonin salmon nasal soln</i>	2	
<i>calcitonin salmon inj</i>	5	
<i>calcitonin-salmon soln</i>	2	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	GC
<i>calcitriol inj 1mcg/ml</i>	1	GC
<i>calcitriol oral soln 1mcg/ml</i>	1	GC
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol inj</i>	2	PA
<i>doxercalciferol caps</i>	4	PA
FORTEO INJ 600MCG/2.4ML	5	PA
<i>ibandronate sodium tabs</i>	2	
MIACALCIN INJ	5	
NATPARA	5	PA
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	GC
PARICALCITOL CAPS	3	
<i>paricalcitol inj</i>	4	
PROLIA	4	
<i>risedronate sodium</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium dr</i>	2	
TERIPARATIDE INJ 620MCG/2.48ML	5	PA
<i>teriparatide inj 600mcg/2.4ml</i>	5	PA
XGEVA	5	PA NSO
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>acetylcysteine inj 200mg/ml</i>	2	
ALCOHOL PREP PADS	3	
AMINOSYN II	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
AUGTYRO	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINISOL SF 15%	3	B/D
CLINOLIPID	3	B/D
COSELA	5	PA
CURITY ALL PURPOSE SPONGES 2"X2"	3	
CURITY GAUZE PADS 2"X2" 12 PLY	3	
<i>deferoxamine mesylate inj 2gm</i>	2	PA
<i>deferoxamine mesylate inj 500mg</i>	5	PA
<i>dichlorphenamide</i>	5	PA
DROPLET PEN NEEDLES 29GX10MM	3	
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	3	
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	3	
ELLA	3	
<i>fomepizole inj 1.5gm/1.5ml</i>	5	
GLOBAL ALCOHOL PREP EASE PADS	3	
GRASTEK	4	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
KALBITOR	5	PA
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	3	
LAGEVRIO	3	QL(40 EA per 5 days)
<i>levocarnitine soln, tabs</i>	1	GC
<i>methergine tabs</i>	5	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate inj</i>	1	GC
<i>methylergonovine maleate tabs</i>	5	
MYALEPT	5	PA
NUTRILIPID	3	B/D
ORALAIR	4	
ORLADEYO	5	PA
PAXLOVID TBPk 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TBPk 150MG; 100MG	3	QL(30 EA per 5 days); \$0 Copay
PLENAMINE	3	B/D
PREMASOL	3	B/D
PROSOL	3	B/D
PROTOPAM CHLORIDE INJ	4	
RAGWITEK	4	
REMDESIVIR INJ 100MG	5	
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	GC
<i>sodium chloride 0.9%</i>	2	
<i>sodium phenylacetate/sodium benzoate</i>	5	
<i>sterile water for irrigation</i>	1	GC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	3	
<i>tis-u-sol</i>	1	GC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	3	
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
VEKLURY INJ 100MG	5	
VISTOGARD	5	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>ak-poly-bac</i>	2	
<i>atropine sulfate soln 1%</i>	1	GC
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	2	
<i>cyclopentolate hcl</i>	1	GC
<i>cyclopentolate hydrochloride soln 1%</i>	1	GC
<i>cyclosporine emul 0.05%</i>	4	
CYSTADROPS	5	QL(20 ML per 28 days); PA
CYSTARAN	5	QL(60 ML per 28 days); PA
<i>dorzolamide hcl/timolol maleate</i>	1	GC
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	GC
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	1	GC
OXERVATE	5	PA
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	GC
<i>proparacaine hcl</i>	1	GC
RESTASIS	4	
RESTASIS MULTIDOSE	4	
RHOPRESSA	4	
ROCKLATAN	4	
SIMBRINZA	3	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC
VABYSMO	5	
XIIDRA	3	
Ophthalmic Anti-allergy Agents		
ALOCRIIL	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	1	GC
<i>epinastine hcl</i>	2	
<i>olopatadine hcl</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
<i>phenylephrine hcl</i>	1	GC
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	2	
BROMFENAC SODIUM SOLN 0.075%	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	GC
<i>diclofenac sodium soln 0.1%</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	1	GC
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	GC
<i>loteprednol etabonate susp 0.5%</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>prednisolone acetate</i>	1	GC
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	GC
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	GC
<i>tobramycin/dexamethasone</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	1	GC

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>carteolol hcl</i>	1	GC
<i>levobunolol hcl soln 0.5%</i>	1	GC
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	GC
<i>timolol maleate soln 0.5%</i>	2	Once Daily
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>apraclonidine</i>	1	GC
<i>brimonidine tartrate soln 0.15%, 0.2%</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hydrochloride</i>	1	GC
<i>methazolamide tabs</i>	2	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost soln</i>	1	GC
LUMIGAN	3	
<i>tafluprost</i>	4	
<i>travoprost</i>	2	
VYZULTA	4	
XELPROS	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>flac</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
BREZTRI AEROSPHERE	3	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(240 EA per 30 days); ST
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(60 EA per 30 days); ST
FLOVENT HFA AERO 44MCG/ACT	4	QL(21.2 GM per 30 days); ST
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL(24 GM per 30 days); ST

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide soln 0.025%</i>	1	GC
<i>fluticasone propionate/salmeterol diskus</i>	2	
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 500mcg/act; 50mcg/act, 55mcg/act; 14mcg/act</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	
QVAR REDIHALER	3	
<i>wixela inhub</i>	2	
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	2	
<i>azelastine hydrochloride soln 0.1%</i>	2	
<i>cetirizine hydrochloride soln 1mg/ml</i>	2	
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl elix</i>	2	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	4	PA
<i>hydroxyzine pamoate caps</i>	4	PA
<i>levocetirizine dihydrochloride tabs</i>	2	
Antileukotrienes		
<i>montelukast sodium chew, pack, tabs</i>	1	GC
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
COMBIVENT RESPIMAT	3	
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D; GC
<i>ipratropium bromide inhalation soln</i>	1	B/D; GC
<i>ipratropium bromide nasal soln</i>	1	GC
LONHALA MAGNAIR REFILL KIT	5	
LONHALA MAGNAIR STARTER KIT	5	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
TIOTROPIUM BROMIDE	3	
TUDORZA PRESSAIR	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	GC
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	
<i>albuterol sulfate syrp</i>	1	GC
<i>albuterol sulfate tabs</i>	2	
<i>albuterol sulfate nebu</i>	2	B/D

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>arformoterol tartrate</i>	4	B/D
BEVESPI AEROSPHERE	4	
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
<i>isoproterenol hydrochloride</i>	2	
<i>levalbuterol hcl nebu</i>	4	B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	2	
PROAIR DIGIHALER	3	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	3	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate tabs</i>	2	
<i>terbutaline sulfate inj</i>	5	
<i>ventolin hfa</i>	2	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA
SYMDEKO	5	PA
TOBI PODHALER	5	PA
<i>tobramycin nebu 300mg/5ml</i>	5	PA
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	1	GC
<i>elixophyllin</i>	1	GC
<i>roflumilast</i>	2	ST
THEO-24	3	
<i>theophylline</i>	1	GC
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA
<i>alyq</i>	4	PA
<i>ambrisentan</i>	5	PA
<i>epoprostenol sodium inj 0.5mg</i>	2	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA
OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN	5	PA
SILDENAFIL CITRATE TABS	3	PA
<i>sildenafil citrate susr</i>	4	PA
<i>sildenafil inj</i>	5	PA
<i>tadalafil tabs 20mg</i>	4	PA
<i>treprostinil</i>	5	PA
TYVASO	5	PA
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL	5	PA
TYVASO STARTER	5	PA
UPTRAVI	5	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
VENTAVIS	5	PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone caps</i>	5	PA
PIRFENIDONE TABS 534MG	5	PA
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln 10%, 20%</i>	2	B/D
ANORO ELLIPTA	3	
ARALAST NP INJ 500MG	4	PA
ARALAST NP INJ 1000MG	5	PA
BREO ELLIPTA	3	
BRONCHITOL	5	QL(560 EA per 28 days); PA
DULERA	3	
GLASSIA	5	PA
NUCALA	5	PA
PROLASTIN-C	5	PA
<i>ribavirin solr 6gm</i>	5	PA
STIOLTO RESPIMAT	3	
TEZSPIRE	5	QL(1.91 ML per 28 days); PA
TRELEGY ELLIPTA	3	
XOLAIR	5	PA
ZEMAIRA	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tabs</i>	2	PA
<i>methocarbamol tabs 500mg, 750mg</i>	2	
Sleep Disorder Agents		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	
DAYVIGO	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	
<i>flurazepam hcl</i>	2	QL(30 EA per 30 days)
<i>flurazepam hydrochloride</i>	2	QL(30 EA per 30 days)
HETLIOZ LQ	5	PA
NEMBUTAL SODIUM	4	
<i>pentobarbital sodium</i>	4	
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA
<i>zolpidem tartrate tabs</i>	2	
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	2	PA
MODAFINIL TABS	3	PA
SODIUM OXYBATE	5	PA
SUNOSI	4	QL(30 EA per 30 days); PA
XYREM	5	PA

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Index of Drugs

	Drug Name	Page #	Drug Name	Page #
	<i>abacavir</i>	29	<i>afirmelle</i>	54
	<i>abacavir sulfate</i>	29	AIMOVIG	15
<i>abacavir sulfate/lamivudine</i>		29	AKEEGA	19
ABELCET		14	<i>ak-poly-bac</i>	67
ABILIFY MAINTENA		26	<i>ala-cort</i>	52
ABILIFY MYCITE MAINTENANCE KIT		26	<i>albendazole</i>	25
ABILIFY MYCITE STARTER KIT		26	<i>albuterol sulfate</i>	70
<i>abiraterone acetate</i>		17	<i>albuterol sulfate hfa</i>	70
ABRAXANE		19	<i>alclometasone dipropionate</i>	52
ABRYSVO		63	ALCOHOL PREP PADS	66
<i>acamprosate calcium dr</i>		4	ALDURAZYME	50
<i>acarbose</i>		32	ALECENSA	22
<i>accutane</i>		44	<i>alendronate sodium</i>	65
<i>acebutolol hydrochloride</i>		38	<i>alfuzosin hcl er</i>	51
<i>acetaminophen/codeine</i>		2	ALIMTA	18
<i>acetaminophen/codeine phosphate</i>		2	ALIQOPA	22
<i>acetazolamide</i>		69	<i>aliskiren</i>	39
<i>acetazolamide er</i>		69	<i>allopurinol</i>	15
<i>acetazolamide sodium</i>		39	ALOCRI	68
<i>acetic acid</i>		69	ALOGLIPTIN	32
<i>acetic acid 0.25%</i>		51	ALOGLIPTIN/METFORMIN HCL	32
<i>acetylcysteine</i>		66	ALOGLIPTIN/METFORMIN	32
<i>acetylcysteine</i>		72	HYDROCHLORIDE	
<i>acitretin</i>		44	ALOGLIPTIN/PIOGLITAZONE	32
ACTEMRA		61	<i>alosectron hydrochloride</i>	48
ACTEMRA ACTPEN		61	<i>alprazolam</i>	31
ACTHIB		63	<i>alprazolam er</i>	31
ACTIMMUNE		61	<i>alprazolam odt</i>	31
<i>acyclovir</i>		31	<i>alprazolam xr</i>	31
<i>acyclovir sodium</i>		31	<i>altavera</i>	54
ADACEL		63	ALUNBRIG	22
ADALIMUMAB-ADAZ		62	<i>alyacen 1/35</i>	54
<i>adapalene</i>		44	<i>alyacen 7/7/7</i>	54
<i>adapalene pump</i>		44	ALYMSYS	23
ADCETRIS		23	<i>alyq</i>	71
<i>adefovir dipivoxil</i>		28	<i>amabelz</i>	54
ADEMPAS		71	<i>amantadine hcl</i>	30
<i>adriamycin</i>		19	<i>ambrisentan</i>	71
ADSTILADRIN		19	<i>amcinonide</i>	52
ADTHYZA		59	<i>amethia</i>	54
AEMCOLO		5	<i>amethyst</i>	54
			<i>amikacin sulfate</i>	4
			<i>amiloride hcl</i>	40
			<i>amiloride/hydrochlorothiazide</i>	40

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024

Last Updated: March 2024

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Drug Name	Page #	Drug Name	Page #
<i>aminocaproic acid</i>	36	ARCALYST	61
<i>aminophylline</i>	71	AREXVY	63
AMINOSYN II	66	<i>arformoterol tartrate</i>	71
AMINOSYN-PF	66	<i>aripiprazole</i>	26
AMINOSYN-PF 7%	66	<i>aripiprazole odt</i>	26
<i>amiodarone hcl</i>	37	ARISTADA	26
<i>amiodarone hydrochloride</i>	37	ARISTADA INITIO	27
<i>amitriptyline hcl</i>	13	<i>armodafinil</i>	73
<i>amitriptyline hydrochloride</i>	13	ARMOUR THYROID	59
AMJEVITA	62	ARNUITY ELLIPTA	69
<i>amlodipine besylate</i>	38	ARRANON	18
<i>amlodipine besylate/benazepril hcl</i>	39	ARSENIC TRIOXIDE	19
<i>amlodipine besylate/benazepril hydrochloride</i>	39	ARZERRA	23
<i>amlodipine besylate/valsartan</i>	40	ASCENIV	60
<i>ammonium lactate</i>	44	<i>ascomp/codeine</i>	2
<i>amnestem</i>	44	ASENAPINE MALEATE SL	27
<i>amoxapine</i>	13	<i>ashlyna</i>	54
<i>amoxicillin</i>	7	<i>aspirin/dipyridamole</i>	36
<i>amoxicillin/clavulanate potassium</i>	7	<i>aspirin/dipyridamole er</i>	36
<i>amoxicillin/clavulanate potassium er</i>	7	ASTAGRAF XL	62
<i>amphetamine/dextroamphetamine</i>	42	<i>atazanavir</i>	30
<i>amphotericin b</i>	14	<i>atazanavir sulfate</i>	30
<i>amphotericin b liposome</i>	14	<i>atenolol</i>	38
<i>ampicillin</i>	7	<i>atenolol/chlorthalidone</i>	38
<i>ampicillin sodium</i>	7	ATGAM	60
<i>ampicillin/sulbactam</i>	7	<i>atomoxetine</i>	42
<i>ampicillin-sulbactam</i>	7	<i>atomoxetine hydrochloride</i>	42
<i>anagrelide hydrochloride</i>	35	<i>atorvastatin calcium</i>	41
<i>anastrozole</i>	21	<i>atovaquone</i>	25
ANNOVERA	54	<i>atovaquone/proguanil hcl</i>	25
ANORO ELLIPTA	72	<i>atropine sulfate</i>	40
<i>apomorphine hydrochloride</i>	25	<i>atropine sulfate</i>	67
APONVIE	14	ATROVENT HFA	70
APO-VARENICLINE	4	<i>aubra eq</i>	54
<i>apraclonidine</i>	69	AUGMENTIN	7
<i>aprepitant</i>	14	AUGTYRO	66
APRETUDE	28	<i>aurovela 1.5/30</i>	54
<i>apri</i>	54	<i>aurovela 1/20</i>	54
APTIOM	9	<i>aurovela 24 fe</i>	54
APTIVUS	30	<i>aurovela fe 1.5/30</i>	54
ARALAST NP	72	<i>aurovela fe 1/20</i>	54
<i>aranella</i>	54	AUVELITY	11
ARANESP ALBUMIN FREE	35	AVASTIN	23
		<i>aviane</i>	54

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>avita</i>	44	<i>benazepril</i>	36
AVONEX	43	<i>hydrochloride/hydrochlorothiazide</i>	
AVONEX PEN	43	<i>bendamustine hydrochloride</i>	16
AVSOLA	62	BENDEKA	16
AVYCAZ	6	BENLYSTA	62
<i>ayuna</i>	54	<i>benztropine mesylate</i>	25
AYVAKIT	22	BERINERT	60
<i>azacitidine</i>	19	BESPONSA	23
<i>azathioprine</i>	62	BESREMI	19
<i>azelaic acid</i>	44	<i>betaine anhydrous</i>	50
<i>azelastine hcl</i>	68	<i>betamethasone dipropionate</i>	52
<i>azelastine hcl</i>	70	<i>betamethasone dipropionate augmented</i>	52
<i>azelastine hydrochloride</i>	70	<i>betamethasone sodium</i>	52
AZELEX	44	<i>phosphate/betamethasone acetate</i>	
<i>azithromycin</i>	8	<i>betamethasone valerate</i>	52
<i>aztreonam</i>	7	BETASERON	43
<i>azurette</i>	54	<i>betaxolol hcl</i>	38
BACITRACIN	5	<i>betaxolol hcl</i>	68
<i>bacitracin/polymyxin b</i>	67	<i>bethanechol chloride</i>	51
<i>baclofen</i>	28	BEVESPI AEROSPHERE	71
BAFIERTAM	43	<i>bexarotene</i>	25
<i>balsalazide disodium</i>	65	BEXSERO	63
BALVERSA	21	BEYFORTUS	60
<i>balziva</i>	54	<i>bicalutamide</i>	17
BARACLUDE	28	BICILLIN C-R	7
BAVENCIO	23	BICILLIN L-A	7
BAXDELA	8	BICNU	16
BCG VACCINE	63	BIKTARVY	29
BD INSULIN SYRINGE	66	<i>bisoprolol fumarate</i>	38
SAFETYGLIDE/1ML/29G X 1/2"		<i>bisoprolol fumarate/hydrochlorothiazide</i>	38
B-D INSULIN SYRINGE ULTRAFINE	66	BIVIGAM	61
II/0.3ML/31G X 5/16"		<i>bleomycin sulfate</i>	19
BD INSULIN SYRINGE ULTRA-	66	BLINCYTO	23
FINE/0.5ML/30G X 12.7MM		<i>blisovi 24 fe</i>	54
BD INSULIN SYRINGE ULTRA-	66	<i>blisovi fe 1.5/30</i>	54
FINE/1ML/31G X 8MM		<i>blisovi fe 1/20</i>	54
BD PEN NEEDLE/ORIGINAL/ULTRA-	66	BOOSTRIX	63
FINE/29G X 12.7MM		BORTEZOMIB	19
BELBUCA	1	BOSULIF	22
BELEODAQ	22	BOTOX	28
BELSOMRA	73	BRAFTOVI	19
<i>benazepril hcl</i>	36	BREO ELLIPTA	72
<i>benazepril hydrochloride</i>	36	BREZTRI AEROSPHERE	69
		<i>briellyn</i>	54

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
BRILINTA	36	calcitriol	65
brimonidine tartrate	69	calcium acetate	48
brimonidine tartrate/timolol maleate	67	CALQUENCE	22
brinzolamide	69	camila	58
BRIVIACT	9	camrese	54
bromfenac	68	camrese lo	54
BROMFENAC SODIUM	68	CAMZYOS	40
bromocriptine mesylate	25	candesartan cilexetil	36
BROMSITE	68	candesartan cilexetil/hydrochlorothiazide	36
BRONCHITOL	72	CAPLYTA	27
BRUKINSA	22	CAPRELSA	22
BUDESONIDE	52	captopril	37
budesonide	65	carbamazepine	11
budesonide	69	carbamazepine er	11
budesonide er	65	carbidopa	26
bumetanide	40	carbidopa/levodopa	26
buprenorphine	1	carbidopa/levodopa er	26
buprenorphine hcl	4	carbidopa/levodopa odt	26
buprenorphine hcl/naloxone hcl	4	carbidopa/levodopa/entacapone	26
buprenorphine hydrochloride/naloxone	4	carboplatin	16
hydrochloride		carglumic acid	45
bupropion hcl	11	CARMUSTINE	16
bupropion hydrochloride	12	carteolol hcl	69
bupropion hydrochloride er (sr)	4	cartia xt	39
bupropion hydrochloride er (sr)	11	carvedilol	38
bupropion hydrochloride er (xl)	12	carvedilol phosphate er	38
bupirone hcl	31	caspofungin acetate	14
bupirone hydrochloride	31	CAYSTON	71
busulfan	16	cefaclor	6
BUSULFEX	16	cefaclor er	6
butalbital/acetaminophen/cafeine	42	cefadroxil	6
butalbital/acetaminophen/cafeine/codeine	2	CEFAZOLIN	6
butalbital/aspirin/cafeine	43	cefazolin sodium	6
butalbital/aspirin/cafeine/codeine	2	cefazolin sodium/dextrose	6
butorphanol tartrate	2	cefdinir	6
CABENUVA	29	CEFEPIME	6
cabergoline	59	CEFEPIME HYDROCHLORIDE	6
CABLIVI	36	CEFEPIME/DEXTROSE	6
CABOMETYX	22	cefixime	6
caffeine citrate	43	CEFOTAXIME SODIUM	6
calcipotriene	45	cefotetan	6
calcitonin salmon	65	cefoxitin sodium	6
calcitonin-salmon	65	cefpodoxime proxetil	6
calcitriol	45	cefprozil	6

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

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Drug Name	Page #	Drug Name	Page #
<i>ceftazidime</i>	6	CINRYZE	60
<i>ceftazidime/dextrose</i>	6	CINVANTI	14
<i>ceftriaxone in iso-osmotic dextrose</i>	6	<i>ciprofloxacin</i>	8
<i>ceftriaxone sodium</i>	6	<i>ciprofloxacin hcl</i>	8
<i>ceftriaxone/dextrose</i>	6	<i>ciprofloxacin hydrochloride</i>	8
<i>cefuroxime axetil</i>	7	<i>ciprofloxacin i.v.-in d5w</i>	8
<i>cefuroxime sodium</i>	7	<i>ciprofloxacin/dexamethasone</i>	69
<i>celecoxib</i>	1	<i>cisplatin</i>	17
<i>cephalexin</i>	7	<i>citalopram hydrobromide</i>	12
CERDELGA	50	<i>cladribine</i>	18
CEREZYME	50	<i>claravis</i>	44
<i>cetirizine hydrochloride</i>	70	<i>clarithromycin</i>	8
<i>cevimeline hydrochloride</i>	44	<i>clarithromycin er</i>	8
<i>charlotte 24 fe</i>	54	CLEOCIN	5
<i>chateal eq</i>	54	<i>clindacin</i>	5
CHEMET	47	<i>clindacin etz pledgets</i>	5
CHENODAL	49	<i>clindamycin hcl</i>	5
<i>chloramphenicol sodium succinate</i>	5	<i>clindamycin hydrochloride</i>	5
<i>chlordiazepoxide hcl</i>	31	<i>clindamycin palmitate hydrochloride</i>	5
<i>chlordiazepoxide hydrochloride</i>	31	<i>clindamycin phosphate</i>	5
<i>chlordiazepoxide/amitriptyline</i>	13	<i>clindamycin phosphate/dextrose</i>	5
<i>chlorhexidine gluconate</i>	44	CLINIMIX 4.25%/DEXTROSE 10%	45
<i>chloroquine phosphate</i>	25	CLINIMIX 4.25%/DEXTROSE 5%	45
<i>chlorothiazide sodium</i>	40	CLINIMIX 5%/DEXTROSE 15%	45
<i>chlorpromazine hcl</i>	26	CLINIMIX 5%/DEXTROSE 20%	45
<i>chlorpromazine hydrochloride</i>	26	CLINIMIX 6/5	45
<i>chlorthalidone</i>	40	CLINIMIX 8/10	45
CHOLBAM	49	CLINIMIX 8/14	45
<i>cholestyramine</i>	41	CLINIMIX E 2.75%/DEXTROSE 5%	45
<i>cholestyramine light</i>	41	CLINIMIX E 4.25%/DEXTROSE 10%	45
<i>chorionic gonadotropin</i>	53	CLINIMIX E 4.25%/DEXTROSE 5%	45
<i>ciclodan</i>	14	CLINIMIX E 5%/DEXTROSE 15%	46
<i>ciclopirox</i>	14	CLINIMIX E 5%/DEXTROSE 20%	46
<i>ciclopirox nail lacquer</i>	14	CLINIMIX E 8/10	46
<i>ciclopirox olamine</i>	14	CLINIMIX E 8/14	46
<i>cidofovir</i>	28	CLINISOL SF 15%	66
<i>cilostazol</i>	36	CLINOLIPID	66
CIMDUO	29	<i>clobazam</i>	10
<i>cimetidine</i>	49	<i>clobetasol propionate</i>	45
<i>cimetidine hcl</i>	49	<i>clobetasol propionate</i>	52
<i>cimetidine hydrochloride</i>	49	<i>clobetasol propionate e</i>	44
CIMZIA	62	<i>clobetasol propionate emollient</i>	45
CIMZIA STARTER KIT	62	<i>clofarabine</i>	18
<i>cinacalcet hydrochloride</i>	65	<i>clomipramine hydrochloride</i>	13

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

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Drug Name	Page #	Drug Name	Page #
<i>clonazepam</i>	10	CURITY GAUZE PADS 2"X2" 12 PLY	66
<i>clonazepam odt</i>	10	CUVITRU	61
<i>clonidine hcl</i>	36	<i>cyclobenzaprine hydrochloride</i>	72
<i>clonidine hydrochloride</i>	36	<i>cyclopentolate hcl</i>	67
<i>clonidine hydrochloride</i>	42	<i>cyclopentolate hydrochloride</i>	67
<i>clonidine hydrochloride er</i>	42	CYCLOPHOSPHAMIDE	17
<i>clopidogrel</i>	36	CYCLOPHOSPHAMIDE	17
<i>clorazepate dipotassium</i>	31	MONOHYDRATE	
<i>clotrimazole</i>	14	<i>cycloserine</i>	16
<i>clotrimazole/betamethasone dipropionate</i>	14	CYCLOSET	32
<i>clozapine</i>	27	<i>cyclosporine</i>	62
CLOZAPINE ODT	27	<i>cyclosporine</i>	67
COARTEM	25	<i>cyclosporine modified</i>	62
<i>codeine sulfate</i>	2	<i>cyproheptadine hcl</i>	70
<i>colchicine</i>	15	<i>cyproheptadine hydrochloride</i>	70
<i>colesevelam hydrochloride</i>	41	CYRAMZA	23
<i>colestipol hcl</i>	41	<i>cyred eq</i>	54
<i>colistimethate sodium</i>	5	CYSTADROPS	67
COLUMVI	19	CYSTAGON	50
COMBIVENT RESPIMAT	70	CYSTARAN	67
COMETRIQ	22	<i>cytarabine</i>	18
COMPLERA	29	<i>cytarabine aqueous</i>	18
<i>compro</i>	13	CYTOGAM	61
<i>constulose</i>	48	<i>dabigatran etexilate</i>	34
COPIKTRA	19	<i>dacarbazine</i>	17
CORDRAN	52	<i>dactinomycin</i>	19
CORLANOR	40	<i>dalfampridine er</i>	43
CORTIFOAM	65	DALVANCE	5
COSELA	66	<i>danazol</i>	54
COSENTYX	61	<i>dantrolene sodium</i>	28
COSENTYX SENSOREADY PEN	61	DANYELZA	23
COSENTYX UNOREADY	61	<i>dapsone</i>	16
COTELLIC	19	DAPTACEL	63
CREON	50	<i>daptomycin</i>	5
CRESEMBA	14	DAPTOMYCIN/SODIUM CHLORIDE	5
CRINONE	58	DARIFENACIN HYDROBROMIDE ER	51
<i>cromolyn sodium</i>	49	<i>darunavir</i>	30
<i>cromolyn sodium</i>	68	DARZALEX	23
<i>cromolyn sodium</i>	71	DARZALEX FASPRO	24
<i>crotan</i>	45	<i>dasetta 1/35</i>	54
<i>cryselle-28</i>	54	<i>dasetta 7/7/7</i>	54
CRYSVITA	46	<i>daunorubicin hydrochloride</i>	19
CURITY ALL PURPOSE SPONGES	66	DAURISMO	19
2"X2"		<i>daysee</i>	54

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

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Drug Name	Page #	Drug Name	Page #
DAYVIGO	73	dextrose 5%/nacl 0.33%	46
deblitane	58	dextrose 5%/nacl 0.45%	46
decitabine	19	dextrose 5%/nacl 0.9%	46
deferasirox	47	dextrose 50%	46
deferiprone	47	dextrose/sodium chloride	46
deferroxamine mesylate	66	DIACOMIT	10
DELSTRIGO	29	diazepam	31
delyla	55	diazepam intensol	31
demeclocycline hcl	8	diazepam rectal gel	10
demeclocycline hydrochloride	8	diazoxide	33
DENG VAXIA	63	dichlorphenamide	66
DEPO-ESTRADIOL	55	diclofenac potassium	1
DEPO-SUBQ PROVERA 104	58	diclofenac sodium	1
DESCOVY	29	diclofenac sodium	68
desipramine hydrochloride	13	diclofenac sodium dr	1
desloratadine	70	diclofenac sodium er	1
desmopressin acetate	53	diclofenac sodium/misoprostol	1
desogestrel/ethinyl estradiol	55	dicloxacin sodium	7
desonide	52	dicyclomine hcl	49
desoximetasone	45	dicyclomine hydrochloride	49
desvenlafaxine er	12	DIFICID	8
dexamethasone	52	diflunisal	1
DEXAMETHASONE INTENSOL	52	digitek	37
dexamethasone sodium phosphate	52	digox	37
dexamethasone sodium phosphate	68	DIGOXIN	37
dexlansoprazole	50	dihydroergotamine mesylate	15
dexmethylphenidate hcl	42	DILANTIN	11
dexmethylphenidate hcl er	42	DILANTIN INFATABS	11
dexmethylphenidate hydrochloride	42	diltiazem hcl	39
dexmethylphenidate hydrochloride er	42	diltiazem hcl cd	39
dexrazoxane	19	diltiazem hcl er	39
DEXTROAMPHETAMINE SULFATE	42	diltiazem hydrochloride	39
dextroamphetamine sulfate er	42	diltiazem hydrochloride er	39
dextrose	46	dilt-xr	39
dextrose 10%/nacl 0.45%	46	dimenhydrinate	13
dextrose 5% /electrolyte #48 viaflex	46	dimethyl fumarate	43
dextrose 10%	46	dimethyl fumarate starterpack	43
dextrose 10%/nacl 0.2%	46	DIPENTUM	65
dextrose 2.5%/nacl 0.45%	46	diphenhydramine hcl	70
dextrose 25%	46	diphenhydramine hydrochloride	70
dextrose 5%	46	diphenoxylate hydrochloride/atropine	49
dextrose 5%/lactated ringers	46	sulfate	
dextrose 5%/nacl 0.2%	46	diphenoxylate/atropine	49
dextrose 5%/nacl 0.3%	46		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

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Drug Name	Page #	Drug Name	Page #
DIPHTHERIA/TETANUS TOXOIDS	64	DROPLET PEN NEEDLES 29GX10MM	66
ADSORBED PEDIATRIC		<i>drospirenone/ethinyl estradiol</i>	55
<i>disulfiram</i>	4	<i>drospirenone/ethinyl estradiol/levomefolate</i>	55
DIURIL	40	<i>calcium</i>	
<i>divalproex sodium</i>	10	DROXIA	18
<i>divalproex sodium dr</i>	10	<i>droxidopa</i>	36
<i>divalproex sodium er</i>	10	DULERA	72
<i>dobutamine hcl</i>	40	<i>duloxetine hcl</i>	12
<i>dobutamine hcl/d5w</i>	40	<i>duloxetine hydrochloride</i>	12
<i>dobutamine hydrochloride/dextrose 5%</i>	40	DUPIXENT	61
<i>docetaxel</i>	19	<i>duramorph</i>	2
<i>dofetilide</i>	37	<i>dutasteride</i>	51
<i>dolishale</i>	55	DYSPORT	28
<i>donepezil hcl</i>	11	EASY COMFORT INSULIN	66
<i>donepezil hydrochloride</i>	11	SYRINGE/1ML/32GX5/16"	
<i>donepezil hydrochloride odt</i>	11	EASY COMFORT INSULIN	66
<i>dopamine hydrochloride</i>	40	SYRINGES/0.5ML/32GX5/16"	
<i>dopamine hydrochloride/dextrose</i>	40	<i>ec-naproxen</i>	1
<i>dopamine/d5w</i>	40	<i>econazole nitrate</i>	14
DOPTELET	35	EDURANT	29
<i>dorzolamide hcl/timolol maleate</i>	67	<i>efavirenz</i>	29
<i>dorzolamide hydrochloride</i>	69	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	29
<i>dorzolamide hydrochloride/timolol maleate</i>	67	<i>fumarate</i>	
<i>pf</i>		<i>efavirenz/lamivudine/tenofovir disoproxil</i>	29
<i>dotti</i>	55	<i>fumarate</i>	
DOVATO	29	ELAHERE	24
<i>doxazosin</i>	51	ELAPRASE	50
<i>doxazosin mesylate</i>	51	ELELYSO	50
<i>doxepin hcl</i>	13	ELEPSIA XR	9
<i>doxepin hydrochloride</i>	13	ELIGARD	59
DOXEPIN HYDROCHLORIDE	45	<i>elinest</i>	55
<i>doxepin hydrochloride</i>	73	ELIQUIS	34
<i>doxercalciferol</i>	65	ELIQUIS STARTER PACK	34
<i>doxorubicin hcl</i>	19	ELITEK	25
<i>doxorubicin hydrochloride</i>	19	<i>elixophyllin</i>	71
<i>doxorubicin hydrochloride liposomal</i>	19	ELLA	66
<i>doxy 100</i>	8	ELMIRON	51
<i>doxycycline</i>	9	ELREXFIO	19
<i>doxycycline hyclate</i>	9	<i>eluryng</i>	55
<i>doxycycline hyclate dr</i>	9	ELZONRIS	19
<i>doxycycline monohydrate</i>	9	EMCYT	18
DRIZALMA SPRINKLE	12	EMEND	14
<i>dronabinol</i>	14	EMGALITY	15
<i>droperidol</i>	13	<i>emoquette</i>	55

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
EMPAVELI	62	errin	58
EMPLICITI	24	ertapenem	7
EMSAM	12	ertapenem sodium	7
emtricitabine	29	ery	8
emtricitabine/tenofovir disoproxil	29	ERYTHROCIN LACTOBIONATE	8
emtricitabine/tenofovir disoproxil fumarate	29	erythrocin stearate	8
EMTRIVA	29	erythromycin	8
enalapril maleate	37	erythromycin base	8
enalapril maleate/hydrochlorothiazide	37	erythromycin dr	8
enalaprilat	37	erythromycin ethylsuccinate	8
ENBREL	62	erythromycin lactobionate	8
ENBREL MINI	62	escitalopram oxalate	12
ENBREL SURECLICK	62	esmolol hcl	38
ENDARI	50	esmolol hydrochloride in sodium chloride	38
endocet	2	esmolol hydrochloride in sodium chloride	38
ENGERIX-B	64	double strength	
ENHERTU	24	esmolol hydrochloride/sodium chloride	38
enilloring	55	esomeprazole magnesium	50
enoxaparin sodium	34	estarylla	55
enpresse-28	55	estazolam	31
enskyce	55	ESTRADIOL	55
entacapone	25	estradiol valerate	55
entecavir	28	estradiol/norethindrone acetate	55
ENTRESTO	40	ESTRING	55
enulose	48	ethacrynate sodium	40
EPCLUSA	28	ethacrynic acid	40
EPIDIOLEX	9	ethambutol hydrochloride	16
epinastine hcl	68	ethosuximide	10
epinephrine	71	ethynodiol diacetate/ethinyl estradiol	55
epitol	11	etodolac	1
EPIVIR HBV	28	etodolac er	1
EPKINLY	19	etonogestrel/ethinyl estradiol	55
eplerenone	40	ETOPOPHOS	21
EPOGEN	35	etoposide	21
epoprostenol sodium	71	etravirine	29
EPRONTIA	9	euthyrox	59
EQUETRO	32	everolimus	22
ERAXIS	14	everolimus	62
ERBITUX	24	EVOMELA	17
ERGOMAR	15	EVOTAZ	30
ERGOTAMINE TARTRATE/CAFFEINE	15	exemestane	21
ERIVEDGE	22	EXKIVITY	22
ERLEADA	17	EXONDYS 51	50
erlotinib hydrochloride	22	EXSERVAN	43

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
EXTAVIA	43	fluconazole in sodium chloride	14
<i>ezetimibe</i>	41	<i>flucytosine</i>	14
FABRAZYME	50	<i>fludarabine phosphate</i>	19
<i>falmina</i>	55	<i>fludrocortisone acetate</i>	52
<i>famciclovir</i>	31	<i>flunisolide</i>	70
<i>famotidine</i>	49	<i>fluocinolone acetonide</i>	52
<i>famotidine premixed</i>	49	<i>fluocinolone acetonide</i>	69
FANAPT	27	<i>fluocinolone acetonide body</i>	52
FANAPT TITRATION PACK	27	<i>fluocinolone acetonide ear drops</i>	69
FARXIGA	32	<i>fluocinolone acetonide scalp</i>	52
FASLODEX	18	<i>fluocinolone acetonide topical</i>	52
<i>febuxostat</i>	15	<i>fluocinonide</i>	45
<i>felbamate</i>	9	<i>fluoride</i>	46
<i>felodipine er</i>	39	<i>fluoritab</i>	46
FEMRING	55	<i>fluorometholone</i>	68
<i>femynor</i>	55	FLUOROURACIL	18
<i>fenofibrate</i>	41	<i>fluoxetine dr</i>	12
<i>fenofibrate micronized</i>	41	<i>fluoxetine hydrochloride</i>	12
<i>fenofibric acid</i>	41	<i>fluphenazine decanoate</i>	26
<i>fenofibric acid dr</i>	41	<i>fluphenazine hcl</i>	26
<i>fenoprofen calcium</i>	1	<i>fluphenazine hydrochloride</i>	26
<i>fentanyl</i>	1	<i>flurandrenolide</i>	52
<i>fentanyl citrate oral transmucosal</i>	2	<i>flurazepam hcl</i>	73
FERRIPROX	47	<i>flurazepam hydrochloride</i>	73
FERRIPROX TWICE-A-DAY	47	<i>flurbiprofen</i>	1
<i>fesoterodine fumarate er</i>	51	<i>flurbiprofen sodium</i>	68
FETROJA	7	<i>flutamide</i>	17
FETZIMA	12	<i>fluticasone propionate</i>	52
FETZIMA TITRATION PACK	12	<i>fluticasone propionate</i>	70
FINACEA	44	<i>fluticasone propionate/salmeterol</i>	70
<i>finasteride</i>	51	<i>fluticasone propionate/salmeterol diskus</i>	70
<i> fingolimod</i>	43	<i>fluvastatin sodium er</i>	41
FINTEPLA	9	<i>fluvoxamine maleate</i>	12
<i>finzala</i>	55	<i>fluvoxamine maleate er</i>	12
FIRMAGON	60	FOLOTYN	18
<i>flac</i>	69	<i>fomepizole</i>	66
<i>flavoxate hcl</i>	51	<i>fondaparinux sodium</i>	34
FLEBOGAMMA DIF	61	FORTEO	65
<i>flecainide acetate</i>	37	<i>fosamprenavir calcium</i>	30
FLOVENT DISKUS	69	<i>fosaprepitant dimeglumine</i>	14
FLOVENT HFA	69	<i>fosfomycin tromethamine</i>	5
<i>floxuridine</i>	18	<i>fosinopril sodium</i>	37
<i>fluconazole</i>	14	<i>fosinopril sodium/hydrochlorothiazide</i>	37
<i>fluconazole in nacl</i>	14	<i>fosphenytoin sodium</i>	11

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
FOSRENOL	48	GILOTTRIF	22
FOTIVDA	17	GLASSIA	72
FRAGMIN	34	<i>glatiramer acetate</i>	43
FRUZAQLA	22	<i>glatopa</i>	43
<i>fulvestrant</i>	18	GLEOSTINE	17
<i>furosemide</i>	40	<i>glimepiride</i>	32
FUZEON	30	GLIPIZIDE	32
FYARRO	22	<i>glipizide er</i>	32
<i>fyavolv</i>	55	<i>glipizide xl</i>	32
FYCOMPA	9	<i>glipizide/metformin hydrochloride</i>	32
FYLNETRA	35	GLOBAL ALCOHOL PREP EASE PADS	66
<i>gabapentin</i>	10	GLUCAGEN HYPOKIT	33
GABLOFEN	28	GLUCAGON EMERGENCY KIT	33
GALAFOLD	50	GLUCAGON EMERGENCY KIT FOR	33
<i>galantamine hydrobromide</i>	11	LOW BLOOD SUGAR	
<i>galantamine hydrobromide er</i>	11	<i>glycopyrrolate</i>	49
GAMASTAN	61	<i>glydo</i>	3
GAMMAGARD LIQUID	61	GLYXAMBI	32
GAMMAGARD S/D IGA LESS THAN	61	<i>granisetron hcl</i>	14
1MCG/ML		<i>granisetron hydrochloride</i>	14
GAMMAKED	61	GRANIX	35
GAMMAPLEX	61	GRASTEK	66
GAMUNEX-C	61	<i>griseofulvin microsize</i>	14
<i>ganciclovir</i>	28	<i>griseofulvin ultramicrosize</i>	14
GARDASIL 9	64	HADLIMA	62
<i>gatifloxacin</i>	8	HADLIMA PUSHTOUCH	63
GATTEX	49	HAEGARDA	60
<i>gavilyte-c</i>	48	<i>hailey 1.5/30</i>	55
<i>gavilyte-g</i>	48	<i>hailey 24 fe</i>	55
GAVRETO	19	<i>hailey fe 1.5/30</i>	55
GAZYVA	24	<i>hailey fe 1/20</i>	55
<i>gefitinib</i>	22	HALAVEN	19
<i>gemcitabine hydrochloride</i>	18	<i>halobetasol propionate</i>	52
<i>gemfibrozil</i>	41	<i>haloette</i>	55
<i>gemmily</i>	55	<i>haloperidol</i>	26
GEMTESA	51	<i>haloperidol decanoate</i>	26
<i>generlac</i>	48	<i>haloperidol lactate</i>	26
<i>gengraf</i>	62	HARVONI	28
<i>gentak</i>	4	HAVRIX	64
<i>gentamicin sulfate</i>	4	<i>heather</i>	58
<i>gentamicin sulfate pediatric</i>	4	HEMANGEOL	38
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	HEPAGAM B	61
GENVOYA	29	<i>heparin sodium</i>	35
GILENYA	43	<i>heparin sodium/d5w</i>	34

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>heparin sodium/dextrose</i>	34	<i>hydrocortisone butyrate (lipid)</i>	52
<i>heparin sodium/nacl 0.45%</i>	34	<i>hydrocortisone butyrate (lipophilic)</i>	52
<i>heparin sodium/sodium chloride</i>	34	<i>hydrocortisone/acetic acid</i>	69
<i>heparin sodium/sodium chloride 0.9%</i>	34	<i>hydromorphone hcl</i>	3
<i>heparin sodium/sodium chloride 0.9% premix</i>	34	<i>hydromorphone hydrochloride</i>	3
HEPLISAV-B	64	<i>hydroxychloroquine sulfate</i>	25
HERCEPTIN	24	<i>hydroxyprogesterone caproate</i>	58
HERCEPTIN HYLECTA	24	<i>hydroxyurea</i>	18
HERZUMA	24	<i>hydroxyzine hcl</i>	70
HETLIOZ LQ	73	<i>hydroxyzine hydrochloride</i>	70
HIBERIX	64	<i>hydroxyzine pamoate</i>	70
HIZENTRA	61	HYPERHEP B	61
HUMALOG	33	HYPERRHO S/D	61
HUMALOG JUNIOR KWIKPEN	33	HYPERRHO S/D MINI-DOSE	61
HUMALOG KWIKPEN	33	HYQVIA	61
HUMALOG MIX 50/50	33	<i>ibandronate sodium</i>	65
HUMALOG MIX 50/50 KWIKPEN	33	IBRANCE	19
HUMALOG MIX 75/25	33	<i>ibu</i>	1
HUMALOG MIX 75/25 KWIKPEN	33	<i>ibuprofen</i>	1
HUMIRA	63	<i>ibuprofen/famotidine</i>	1
HUMIRA PEDIATRIC CROHNS	63	<i>icatibant acetate</i>	60
DISEASE STARTER PACK		<i>iclevia</i>	55
HUMIRA PEN	63	ICLUSIG	22
HUMIRA PEN-CD/UC/HS STARTER	63	<i>icosapent ethyl</i>	41
HUMIRA PEN-PEDIATRIC UC	63	<i>idarubicin hcl</i>	20
STARTER PACK		<i>idarubicin hydrochloride</i>	20
HUMIRA PEN-PS/UV STARTER	63	IDHIFA	22
<i>humulin 70/30</i>	33	<i>ifosfamide</i>	17
HUMULIN 70/30 KWIKPEN	33	ILARIS	62
<i>humulin n</i>	33	ILEVRO	68
HUMULIN N KWIKPEN	33	<i>imatinib mesylate</i>	22
<i>humulin r</i>	33	IMBRUVICA	22
HUMULIN R U-500 (CONCENTRATED)	33	IMFINZI	24
HUMULIN R U-500 KWIKPEN	33	<i>imipenem/cilastatin</i>	7
<i>hydralazine hcl</i>	42	<i>imipramine hcl</i>	13
<i>hydralazine hydrochloride</i>	42	<i>imipramine hydrochloride</i>	13
<i>hydrochlorothiazide</i>	40	<i>imipramine pamoate</i>	13
<i>hydrocodone bitartrate/acetaminophen</i>	3	<i>imiquimod</i>	45
<i>hydrocodone/acetaminophen</i>	3	<i>imiquimod pump</i>	45
<i>hydrocodone/ibuprofen</i>	3	IMJUDO	24
<i>hydrocortisone</i>	53	IMOVAX RABIES (H.D.C.V.)	64
<i>hydrocortisone</i>	65	IMVEXXY MAINTENANCE PACK	55
<i>hydrocortisone butyrate</i>	52	IMVEXXY STARTER PACK	55
		<i>incassia</i>	58

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
INCRELEX	53	IWILFIN	20
<i>indapamide</i>	40	IXCHIQ	64
INFANRIX	64	IXEMPRA KIT	20
INFLECTRA	63	IXIARO	64
<i>infliximab</i>	63	<i>jaimiess</i>	55
INFUGEM	18	JAKAFI	22
INGREZZA	43	<i>jantoven</i>	35
INLYTA	22	JANUMET	32
INQOVI	22	JANUMET XR	32
INREBIC	20	JANUVIA	32
INTELENCE	29	JARDIANCE	32
INTRALIPID	66	<i>jasmiel</i>	55
<i>introvale</i>	55	JAYPIRCA	22
INVEGA HAFYERA	27	JEMPERLI	24
INVEGA SUSTENNA	27	<i>jencycla</i>	58
INVEGA TRINZA	27	JENTADUETO	32
IONOSOL-MB/DEXTROSE 5%	46	JENTADUETO XR	32
IPOL INACTIVATED IPV	64	JEVTANA	20
<i>ipratropium bromide</i>	70	<i>jinteli</i>	55
<i>ipratropium bromide/albuterol sulfate</i>	70	<i>jolessa</i>	55
<i>irbesartan</i>	36	<i>joyeaux</i>	55
<i>irbesartan/hydrochlorothiazide</i>	36	<i>juleber</i>	55
<i>irinotecan hydrochloride</i>	21	JULUCA	29
ISENTRESS	29	<i>junel 1.5/30</i>	56
ISENTRESS HD	29	<i>junel 1/20</i>	56
<i>isibloom</i>	55	<i>junel fe 1.5/30</i>	56
ISOLYTE-P/DEXTROSE 5%	46	<i>junel fe 1/20</i>	56
ISOLYTE-S	46	<i>junel fe 24</i>	56
ISOLYTE-S PH 7.4	46	JUXTAPID	41
<i>isoniazid</i>	16	JYLAMVO	63
<i>isoproterenol hydrochloride</i>	71	JYNARQUE	47
<i>isosorbide dinitrate</i>	41	JYNNEOS	64
<i>isosorbide dinitrate/hydralazine</i>	41	KADCYLA	24
<i>hydrochloride</i>		<i>kaitlib fe</i>	56
<i>isosorbide mononitrate</i>	41	KALBITOR	66
<i>isosorbide mononitrate er</i>	41	<i>kalliga</i>	56
<i>isotonic gentamicin</i>	4	KALYDECO	71
<i>isotretinoin</i>	44	KANJINTI	24
<i>isradipine</i>	39	KANUMA	50
ISTODAX	20	KAPSPARGO SPRINKLE	38
ISTURISA	59	<i>kariva</i>	56
<i>itraconazole</i>	14	KAZANO	32
<i>ivermectin</i>	25	<i>kcl 0.075%/d5w/nacl 0.45%</i>	46
<i>ivermectin</i>	45	<i>kcl 0.15%/d5w/nacl 0.2%</i>	46

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>kcl 0.15%/d5w/nacl 0.225%</i>	46	<i>lamivudine</i>	30
<i>kcl 0.15%/d5w/nacl 0.45%</i>	46	<i>lamivudine/zidovudine</i>	30
<i>kcl 0.15%/d5w/nacl 0.9%</i>	46	<i>lamotrigine</i>	9
<i>kcl 0.3%/d5w/nacl 0.45%</i>	46	<i>lamotrigine er</i>	9
<i>kcl 0.3%/d5w/nacl 0.9%</i>	46	<i>lamotrigine starter kit/blue</i>	9
<i>kelnor 1/35</i>	56	<i>lamotrigine starter kit/green</i>	9
<i>kelnor 1/50</i>	56	<i>lamotrigine starter kit/orange</i>	9
<i>kemoplat</i>	17	<i>lamotrigine titration</i>	9
KEPIVANCE	44	LANOXIN PEDIATRIC	37
KERENDIA	40	LANREOTIDE ACETATE	60
<i>ketoconazole</i>	14	<i>lansoprazole</i>	50
<i>ketorolac tromethamine</i>	1	<i>lanthanum carbonate</i>	48
<i>ketorolac tromethamine</i>	68	LANTUS	34
KEYTRUDA	24	LANTUS SOLOSTAR	34
KIMMTRAK	20	<i>lapatinib ditosylate</i>	22
KIMYRSA	5	<i>larin 1.5/30</i>	56
KINERET	63	<i>larin 1/20</i>	56
KINRIX	64	<i>larin 24 fe</i>	56
KISQALI	20	<i>larin fe 1.5/30</i>	56
KISQALI FEMARA 200 DOSE	17	<i>larin fe 1/20</i>	56
KISQALI FEMARA 400 DOSE	17	<i>larissia</i>	56
KISQALI FEMARA 600 DOSE	17	<i>latanoprost</i>	69
<i>klayesta</i>	14	<i>layolis fe</i>	56
<i>klor-con</i>	46	LEDIPASVIR/SOFOSBUVIR	28
<i>klor-con 10</i>	46	<i>leena</i>	56
<i>klor-con 8</i>	46	<i>leflunomide</i>	62
<i>klor-con m10</i>	46	LEMTRADA	62
<i>klor-con m15</i>	46	<i>lenalidomide</i>	17
<i>klor-con m20</i>	46	LENVIMA 10 MG DAILY DOSE	22
KORLYM	32	LENVIMA 12MG DAILY DOSE	22
KOSELUGO	22	LENVIMA 14 MG DAILY DOSE	22
<i>kourzeq</i>	44	LENVIMA 18 MG DAILY DOSE	22
KRAZATI	20	LENVIMA 20 MG DAILY DOSE	22
KRINTAFEL	25	LENVIMA 24 MG DAILY DOSE	22
KRISTALOSE	48	LENVIMA 4 MG DAILY DOSE	22
KRYSTEXXA	15	LENVIMA 8 MG DAILY DOSE	22
<i>kurvelo</i>	56	<i>lessina</i>	56
KYPROLIS	21	<i>letrozole</i>	21
<i>labetalol hydrochloride</i>	38	<i>leucovorin calcium</i>	20
<i>lacosamide</i>	11	LEUKERAN	17
<i>lactated ringers irrigation</i>	66	LEUKINE	35
<i>lactulose</i>	48	LEUPROLIDE ACETATE	60
LAGEVRIO	66	<i>levalbuterol hcl</i>	71
<i>lamivudine</i>	28	<i>levalbuterol hydrochloride</i>	71

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>levalbuterol tartrate hfa</i>	71	<i>lisinopril</i>	37
LEVEMIR	34	<i>lisinopril/hydrochlorothiazide</i>	37
LEVEMIR FLEXPEN	34	LITHIUM	32
LEVEMIR FLEXTOUCH	34	<i>lithium carbonate</i>	32
<i>levetiracetam</i>	9	<i>lithium carbonate er</i>	32
<i>levetiracetam er</i>	9	LITHOSTAT	51
<i>levetiracetam/sodium chloride</i>	9	LIVTENCITY	28
<i>levobunolol hcl</i>	69	LO LOESTRIN FE	56
<i>levocarnitine</i>	66	<i>lojaimiess</i>	56
<i>levocetirizine dihydrochloride</i>	70	LONHALA MAGNAIR REFILL KIT	70
<i>levofloxacin</i>	8	LONHALA MAGNAIR STARTER KIT	70
<i>levofloxacin in d5w</i>	8	LONSURF	18
<i>levoleuovorin</i>	20	<i>loperamide hcl</i>	49
<i>levonest</i>	56	<i>lopinavir/ritonavir</i>	30
<i>levonorgestrel and ethinyl estradiol</i>	56	LOQTORZI	24
<i>levonorgestrel/ethinyl estradiol</i>	56	<i>lorazepam</i>	31
<i>levonorgestrel/ethinyl estradiol/ferrous</i>	56	LORBRENA	20
<i>bisglycinate</i>		<i>loryna</i>	56
<i>levora 0.15/30-28</i>	56	<i>losartan potassium</i>	36
<i>levo-t</i>	59	<i>losartan potassium/hydrochlorothiazide</i>	36
<i>levothyroxine sodium</i>	59	<i>loteprednol etabonate</i>	68
<i>levoxyl</i>	59	<i>lovastatin</i>	41
LEXIVA	30	<i>low-ogestrel</i>	56
LIBTAYO	24	<i>loxapine</i>	26
<i>lidocaine</i>	3	<i>lo-zumandimine</i>	56
<i>lidocaine hcl</i>	3	LUBIPROSTONE	48
<i>lidocaine hcl</i>	37	LUCEMYRA	4
<i>lidocaine hcl</i>	44	LUMAKRAS	20
<i>lidocaine hcl in d5w</i>	37	LUMIGAN	69
<i>lidocaine hcl jelly</i>	3	LUMIZYME	50
<i>lidocaine hcl viscous</i>	44	LUMOXITI	24
<i>lidocaine hcl/dextrose</i>	37	LUNSUMIO	20
<i>lidocaine hydrochloride</i>	3	LUPKYNIS	63
<i>lidocaine hydrochloride viscous</i>	44	LUPRON DEPOT (1-MONTH)	60
<i>lidocaine viscous</i>	44	LUPRON DEPOT (3-MONTH)	60
<i>lidocaine/prilocaine</i>	3	LUPRON DEPOT (4-MONTH)	60
<i>lillow</i>	56	LUPRON DEPOT (6-MONTH)	60
<i>lincomycin hcl</i>	5	LUPRON DEPOT-PED (1-MONTH)	60
<i>lincomycin hydrochloride</i>	5	LUPRON DEPOT-PED (3-MONTH)	60
<i>lindane</i>	45	LUPRON DEPOT-PED (6-MONTH)	60
<i>linezolid</i>	5	<i>lurasidone hydrochloride</i>	27
LINZESS	48	<i>lutra</i>	56
LIORESAL INTRATHECAL	28	LYBALVI	27
<i>liothyronine sodium</i>	59	<i>lyleq</i>	58

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>lyllana</i>	56	<i>mesalamine dr</i>	65
LYNPARZA	20	<i>mesalamine er</i>	65
LYSODREN	59	<i>mesna</i>	25
LYTGOBI	20	MESNEX	25
<i>lyza</i>	58	<i>metformin hydrochloride</i>	32
<i>mafenide acetate</i>	5	<i>metformin hydrochloride er</i>	32
<i>magnesium sulfate</i>	47	<i>methadone hcl</i>	1
<i>magnesium sulfate in d5w</i>	47	<i>methadone hydrochloride</i>	2
<i>magnesium sulfate/dextrose</i>	47	<i>methadone hydrochloride intensol</i>	2
<i>malathion</i>	45	<i>methadose</i>	2
<i>maraviroc</i>	30	<i>methadose sugar-free</i>	2
MARGENZA	24	<i>methazolamide</i>	69
<i>marlissa</i>	56	<i>methenamine hippurate</i>	5
MARPLAN	12	<i>methergine</i>	66
MATULANE	17	<i>methimazole</i>	60
<i>matzim la</i>	39	<i>methocarbamol</i>	72
MAVENCLAD	43	<i>methotrexate</i>	63
MAVYRET	28	<i>methotrexate sodium</i>	63
MAYZENT	43	<i>methoxsalen</i>	45
MAYZENT STARTER PACK	43	<i>methscopolamine bromide</i>	49
<i>meclizine hcl</i>	13	METHSUXIMIDE	10
<i>meclizine hydrochloride</i>	13	<i>methylergonovine maleate</i>	67
<i>meclofenamate sodium</i>	1	<i>methylphenidate hydrochloride</i>	42
<i>medroxyprogesterone acetate</i>	58	<i>methylphenidate hydrochloride cd</i>	42
<i>mefenamic acid</i>	1	<i>methylphenidate hydrochloride er</i>	42
<i>mefloquine hcl</i>	25	<i>methylprednisolone</i>	53
<i>megestrol acetate</i>	58	<i>methylprednisolone acetate</i>	53
MEKINIST	22	<i>methylprednisolone dose pack</i>	53
MEKTOVI	20	<i>methylprednisolone sodium succinate</i>	53
<i>meloxicam</i>	1	<i>methylprednisolone sodiumsuccinate</i>	53
<i>melphalan hydrochloride</i>	17	<i>metoclopramide hcl</i>	49
<i>memantine hcl titration pak</i>	11	<i>metoclopramide hydrochloride</i>	49
<i>memantine hydrochloride</i>	11	<i>metoclopramide odt</i>	49
<i>memantine hydrochloride er</i>	11	<i>metolazone</i>	41
MENACTRA	64	<i>metoprolol succinate er</i>	38
MENQUADFI	64	<i>metoprolol tartrate</i>	38
MENTAX	15	<i>metoprolol/hydrochlorothiazide</i>	38
MENVEO	64	<i>metronidazole</i>	5
<i>meprobamate</i>	31	<i>metronidazole</i>	44
<i>mercaptopurine</i>	18	<i>metronidazole vaginal</i>	5
<i>meropenem</i>	7	<i>metyrosine</i>	40
MEROPENEM/SODIUM CHLORIDE	7	<i>mexiletine hcl</i>	37
<i>merzee</i>	56	MIACALCIN	65
<i>mesalamine</i>	65	<i>mibelas 24 fe</i>	56

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
		micafungin	15
		miconazole 3	15
MICRHOGAM ULTRA-FILTERED PLUS	61	MOZOBIL	35
microgestin 1.5/30	56	MULPLETA	35
microgestin 1/20	56	MULTAQ	37
microgestin 24 fe	56	multiple electrolytes injection type 1	47
microgestin fe 1.5/30	56	mupirocin	5
microgestin fe 1/20	56	mutamycin	20
midazolam hcl	31	MVASI	24
midazolam hydrochloride	32	MYALEPT	67
midodrine hcl	36	MYCOPHENOLATE MOFETIL	63
mifepristone	33	mycophenolic acid dr	63
MIGERGOT	15	MYLOTARG	24
miglitol	33	MYOBLOC	28
miglustat	50	myorisan	44
mili	56	MYRBETRIQ	51
milrinone lactate in dextrose	40	NABI-HB	61
mimvey	56	nabumetone	1
MINOCIN	9	nadolol	38
minocycline hcl	9	NAFCILLIN	7
minocycline hydrochloride	9	nafcillin sodium	7
minocycline hydrochloride er	9	nafrinse	47
minoxidil	42	NAFTIFINE HCL	15
mirtazapine	12	NAFTIFINE HYDROCHLORIDE	15
mirtazapine odt	12	NAGLAZYME	50
misoprostol	49	nalbuphine hcl	3
mitomycin	20	naloxone hcl	4
mitoxantrone hcl	20	naloxone hydrochloride	4
M-M-R II	64	naltrexone hcl	4
MODAFINIL	73	naproxen	1
moexipril hcl	37	naproxen sodium	1
MOLINDONE HYDROCHLORIDE	26	naratriptan hcl	16
mometasone furoate	53	NARCAN	4
mondoxine nl	9	NATACYN	15
MONJUVI	24	NATAZIA	57
mono-lynyah	57	nateglinide	33
montelukast sodium	70	NATPARA	65
morphine sulfate	3	NAYZILAM	9
morphine sulfate er	2	nebivolol	38
MOUNJARO	33	nebivolol hydrochloride	38
MOVANTIK	49	necon 0.5/35-28	57
moxifloxacin hydrochloride/sodium	8	nefazodone hydrochloride	12
hydrochloride		nelarabine	18
moxifloxacin hydrochloride	8	NEMBUTAL SODIUM	73
		neomycin sulfate	4
		neomycin/bacitracin/polymyxin	67

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>neomycin/polymyxin b sulfates</i>	4	<i>nitrofurantoin monohydrate/macrocystals</i>	5
<i>neomycin/polymyxin/bacitracin</i>	68	<i>nitroglycerin</i>	41
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	67	NITROGLYCERIN	49
<i>neomycin/polymyxin/dexamethasone</i>	68	<i>nitroglycerin in dextrose 5%</i>	41
<i>neomycin/polymyxin/gramicidin</i>	68	<i>nitroglycerin transdermal</i>	41
<i>neomycin/polymyxin/hc</i>	69	NIVA THYROID	59
<i>neomycin/polymyxin/hydrocortisone</i>	68	NIVESTYM	35
<i>neomycin/polymyxin/hydrocortisone</i>	69	<i>nizatidine</i>	49
<i>neo-polycin</i>	67	<i>nora-be</i>	59
<i>neo-polycin hc</i>	67	NORDITROPIN FLEXPOR	53
NERLYNX	20	<i>norelgestromin/ethinyl estradiol</i>	57
NESINA	33	<i>norepinephrine bitartrate</i>	40
NEULASTA	35	<i>norethindrone</i>	59
NEULASTA ONPRO KIT	35	<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	57
NEUPOGEN	35	<i>norethindrone acetate</i>	59
NEUPRO	25	<i>norethindrone acetate/ethinyl estradiol</i>	57
<i>nevirapine</i>	29	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	57
<i>nevirapine er</i>	29	<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	57
NEXLETOL	41	<i>norgestimate/ethinyl estradiol</i>	57
NEXLIZET	41	<i>norlyroc</i>	59
NEXTERONE	37	NORMOSOL-M/D5W	47
NEXTSTELLIS	57	NORMOSOL-R	47
<i>niacin</i>	41	<i>nortrel 0.5/35 (28)</i>	57
<i>niacin er</i>	41	<i>nortrel 1/35</i>	57
<i>niacor</i>	41	<i>nortrel 7/7/7</i>	57
<i>nicardipine hcl</i>	39	<i>nortriptyline hcl</i>	13
NICARDIPINE HYDROCHLORIDE	39	<i>nortriptyline hydrochloride</i>	13
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE	39	NORVIR	30
NICOTROL INHALER	4	NOVAREL	53
NICOTROL NS	4	NOVOLOG	34
<i>nifedipine er</i>	39	NOVOLOG FLEXPEN	34
<i>nikki</i>	57	NOVOLOG FLEXPEN RELION	34
<i>nilutamide</i>	17	NOVOLOG MIX 70/30	34
<i>nimodipine</i>	39	NOVOLOG MIX 70/30 PREFILLED	34
NINLARO	20	FLEXPEN	
<i>nitazoxanide</i>	25	NOVOLOG MIX 70/30 PREFILLED	34
<i>nitisinone</i>	50	FLEXPEN RELION	
NITRO-BID	41	NOVOLOG MIX 70/30 RELION	34
NITRO-DUR	41	NOVOLOG PENFILL	34
<i>nitrofurantoin macrocystals</i>	5	NOVOLOG RELION	34
<i>nitrofurantoin monohydrate</i>	5	NOXAFIL	15

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>np thyroid 120</i>	59	<i>omeprazole</i>	50
<i>np thyroid 15</i>	59	<i>omeprazole dr</i>	50
<i>np thyroid 30</i>	59	OMNITROPE	53
<i>np thyroid 60</i>	59	ONCASPAR	20
<i>np thyroid 90</i>	59	<i>ondansetron hcl</i>	14
NPLATE	35	<i>ondansetron hydrochloride</i>	14
NUBEQA	17	<i>ondansetron odt</i>	14
NUCALA	72	ONGENTYS	25
NUCYNTA ER	2	ONTRUZANT	24
NUEDEXTA	43	ONUREG	20
NULOJIX	63	OPDIVO	24
NUPLAZID	27	OPDUALAG	21
NURTEC	15	OPSUMIT	71
NUTRILIPID	67	ORALAIR	67
NUVESSA	5	<i>oralone dental paste</i>	44
NUZYRA	9	ORAVIG	15
<i>nyamyc</i>	15	ORBACTIV	5
<i>nylia 1/35</i>	57	ORENCIA	63
<i>nylia 7/7/7</i>	57	ORENCIA CLICKJECT	63
NYMALIZE	39	ORENITRAM	72
<i>nymyo</i>	57	ORENITRAM TITRATION KIT MONTH	71
<i>nystatin</i>	15	1	
<i>nystatin/triamcinolone</i>	15	ORENITRAM TITRATION KIT MONTH	71
<i>nystop</i>	15	2	
NYVEPRIA	35	ORENITRAM TITRATION KIT MONTH	71
OCALIVA	49	3	
<i>ocella</i>	57	ORFADIN	50
OCTAGAM	61	ORGOVYX	60
<i>octreotide acetate</i>	60	ORKAMBI	71
ODEFSEY	29	ORLADEYO	67
ODOMZO	22	ORSERDU	20
OFEV	72	<i>orsythia</i>	57
<i>ofloxacin</i>	8	ORTIKOS	65
OGIVRI	24	<i>oseltamivir phosphate</i>	30
OGSIVEO	20	OSENI	33
OJJAARA	23	OSMOPREP	48
OLANZAPINE	27	OSPHERA	59
<i>olanzapine odt</i>	27	OTEZLA	62
<i>olanzapine/fluoxetine</i>	12	<i>oxacillin sodium</i>	7
<i>olmesartan medoxomil</i>	36	<i>oxaliplatin</i>	17
<i>olmesartan medoxomil/hydrochlorothiazide</i>	36	OXANDROLONE	53
<i>olopatadine hcl</i>	68	<i>oxaprozin</i>	1
<i>olopatadine hydrochloride</i>	68	<i>oxazepam</i>	32
<i>omega-3-acid ethyl esters</i>	41	<i>oxcarbazepine</i>	11

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
OXERVATE	68	PEMFEXY	19
OXTELLAR XR	11	PENBRAYA	64
<i>oxybutynin chloride</i>	51	<i>penicillamine</i>	47
<i>oxybutynin chloride er</i>	51	<i>penicillin g potassium</i>	7
<i>oxycodone hcl</i>	3	<i>penicillin g potassium in iso-osmotic dextrose</i>	7
<i>oxycodone hcl er</i>	2	<i>penicillin g procaine</i>	7
<i>oxycodone hydrochloride</i>	3	<i>penicillin v potassium</i>	7
OXYCODONE HYDROCHLORIDE ER	2	PENTACEL	64
<i>oxycodone/acetaminophen</i>	3	<i>pentamidine isethionate</i>	25
OXYCONTIN	2	<i>pentobarbital sodium</i>	73
<i>oxymorphone hydrochloride</i>	3	<i>pentoxifylline er</i>	40
<i>oxymorphone hydrochloride er</i>	2	<i>perindopril erbumine</i>	37
<i>oxymorphone hydrochlorideer</i>	2	<i>periogard</i>	44
OZEMPIC	33	PERJETA	24
<i>paclitaxel</i>	20	<i>permethrin</i>	45
PACLITAXEL PROTEIN-BOUND	20	<i>perphenazine</i>	26
PARTICLES		<i>perphenazine/amitriptyline</i>	13
PADCEV	24	PERSERIS	27
<i>paliperidone er</i>	27	PEXEVA	12
<i>palonosetron hydrochloride</i>	14	<i>phenelzine sulfate</i>	12
<i>pamidronate disodium</i>	65	<i>phenobarbital</i>	10
PANCREAZE	50	<i>phenobarbital sodium</i>	10
PANRETIN	25	<i>phenoxybenzamine hydrochloride</i>	36
<i>pantoprazole sodium</i>	50	<i>phentolamine mesylate</i>	36
PANZYGA	61	<i>phenylephrine hcl</i>	68
<i>paraplatin</i>	17	<i>phenytek</i>	11
PARICALCITOL	65	<i>phenytoin</i>	11
<i>paromomycin sulfate</i>	4	<i>phenytoin infatabs</i>	11
<i>paroxetine</i>	12	<i>phenytoin sodium</i>	11
<i>paroxetine hcl</i>	12	<i>phenytoin sodium extended</i>	11
<i>paroxetine hcl er</i>	12	PHESGO	20
<i>paroxetine hydrochloride</i>	12	PHEXXI	52
<i>paroxetine hydrochloride er</i>	12	<i>philith</i>	57
PAXLOVID	67	PHOSLYRA	48
<i>pazopanib hydrochloride</i>	23	PIFELTRO	29
PEDIARIX	64	<i>pilocarpine hcl</i>	69
PEDVAX HIB	64	<i>pilocarpine hydrochloride</i>	44
<i>peg-3350/electrolytes</i>	48	<i>pimecrolimus</i>	45
<i>peg-3350/electrolytes/ascorbate</i>	49	<i>pimozide</i>	26
<i>peg-3350/nacl/na bicarbonate/kcl</i>	48	<i>pimtrea</i>	57
PEGASYS	62	<i>pindolol</i>	38
PEMAZYRE	20	<i>pioglitazone hcl</i>	33
PEMETREXED	18	<i>pioglitazone hcl/metformin hcl</i>	33
<i>pemetrexed disodium</i>	18		

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>pioglitazone hcl-glimepiride</i>	33	<i>prazosin hydrochloride</i>	36
<i>pioglitazone hydrochloride</i>	33	<i>prednicarbate</i>	53
<i>piperacillin sodium/tazobactam sodium</i>	7	<i>prednisolone</i>	53
PIQRAY 200MG DAILY DOSE	20	<i>prednisolone acetate</i>	68
PIQRAY 250MG DAILY DOSE	20	<i>prednisolone sodium phosphate</i>	53
PIQRAY 300MG DAILY DOSE	20	<i>prednisolone sodium phosphate</i>	68
<i>pirfenidone</i>	72	<i>prednisolone sodium phosphate odt</i>	53
<i>pirmella 1/35</i>	57	<i>prednisone</i>	53
<i>pirmella 7/7/7</i>	57	PREDNISONE INTENSOL	53
<i>piroxicam</i>	1	<i>pregabalin</i>	10
PLASMA-LYTE A	47	PREGNYL	53
PLASMA-LYTE-148	47	<i>pregnyl w/diluent benzyl alcohol/nacl</i>	53
PLEGRIDY	43	PREHEVBRIO	64
PLEGRIDY STARTER PACK	43	PREMARIN	57
PLENAMINE	67	PREMASOL	67
PLERIXAFOR	35	PREMPRO	57
PLIAGLIS	4	<i>prenatal</i>	48
<i>podofilox</i>	45	<i>prenatal 19</i>	48
POLIVY	24	PRETOMANID	16
<i>polycin</i>	68	<i>prevalite</i>	41
<i>polymyxin b sulfate</i>	5	<i>previfem</i>	57
<i>polymyxin b sulfate/trimethoprim sulfate</i>	68	PREVYMIS	28
POMALYST	18	PREZCOBIX	30
<i>portia-28</i>	57	PREZISTA	30
PORTRAZZA	24	PRIFTIN	16
<i>posaconazole</i>	15	PRIMAQUINE PHOSPHATE	25
<i>posaconazole dr</i>	15	<i>primidone</i>	10
<i>potassium chloride</i>	47	PRIORIX	64
<i>potassium chloride er</i>	47	PRIVIGEN	61
<i>potassium chloride/dextrose</i>	47	PROAIR DIGIHALER	71
<i>potassium chloride/dextrose/lactated</i>	47	PROAIR RESPICLICK	71
<i>ringers</i>		<i>probenecid</i>	15
<i>potassium chloride/dextrose/sodium</i>	47	<i>probenecid/colchicine</i>	15
<i>chloride</i>		<i>procainamide hcl</i>	37
<i>potassium chloride/sodium chloride</i>	47	<i>procainamide hydrochloride</i>	37
<i>potassium citrate er</i>	47	<i>prochlorperazine</i>	13
PRADAXA	35	<i>prochlorperazine edisylate</i>	13
PRALATREXATE	19	<i>prochlorperazine maleate</i>	13
PRALUENT	40	PROCRIT	35
<i>pramipexole dihydrochloride</i>	25	<i>procto-med hc</i>	65
<i>pramipexole dihydrochloride er</i>	26	<i>procto-pak</i>	65
<i>prasugrel</i>	36	<i>proctosol hc</i>	65
<i>pravastatin sodium</i>	41	<i>proctozone-hc</i>	65
<i>praziquantel</i>	25	PROCYSBI	50

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>progesterone</i>	59	<i>ranolazine er</i>	40
PROGRAF	63	<i>rasagiline mesylate</i>	26
PROLASTIN-C	72	RAVICTI	50
PROLEUKIN	20	REBIF	43
PROLIA	65	REBIF REBIDOSE	43
PROMACTA	35	REBIF REBIDOSE TITRATION PACK	43
<i>promethazine hcl</i>	13	REBIF TITRATION PACK	43
<i>promethazine hydrochloride</i>	13	REBLOZYL	35
<i>promethegan</i>	13	<i>reclipsen</i>	57
<i>propafenone hcl</i>	37	RECOMBIVAX HB	64
<i>propafenone hydrochloride er</i>	37	RECTIV	49
<i>proparacaine hcl</i>	68	REGONOL	16
<i>propranolol hcl</i>	38	REGRANEX	45
<i>propranolol hcl er</i>	38	RELENZA DISKHALER	31
<i>propranolol hydrochloride</i>	38	RELISTOR	49
<i>propranolol hydrochloride er</i>	38	REMDESIVIR	67
<i>propylthiouracil</i>	60	REMICADE	63
PROQUAD	64	REMODULIN	72
PROSOL	67	RENACIDIN	52
PROTOPAM CHLORIDE	67	RENFLEXIS	63
<i>protriptyline hcl</i>	13	<i>repaglinide</i>	33
PULMOZYME	71	REPATHA	40
PURIXAN	19	REPATHA PUSHTRONEX SYSTEM	40
<i>pyrazinamide</i>	16	REPATHA SURECLICK	40
<i>pyridostigmine bromide</i>	16	RESTASIS	68
<i>pyridostigmine bromide er</i>	16	RESTASIS MULTIDOSE	68
<i>pyrimethamine</i>	25	RETACRIT	35
QINLOCK	18	RETEVMO	20
QUADRACEL	64	RETROVIR IV INFUSION	30
<i>quetiapine fumarate</i>	27	REVLIMID	18
<i>quetiapine fumarate er</i>	27	REXULTI	27
<i>quinapril hydrochloride</i>	37	REYATAZ	30
<i>quinapril/hydrochlorothiazide</i>	37	REYVOW	16
<i>quinidine gluconate cr</i>	38	REZLIDHIA	23
<i>quinidine gluconate er</i>	38	REZUROCK	63
<i>quinidine sulfate</i>	38	RHOGAM ULTRA-FILTERED PLUS	61
<i>quinine sulfate</i>	25	RHOPHYLAC	61
QVAR REDIHALER	70	RHOPRESSA	68
RABAVERT	64	RIABNI	24
<i>rabeprazole sodium</i>	50	<i>ribavirin</i>	62
RAGWITEK	67	<i>ribavirin</i>	72
<i>raloxifene hydrochloride</i>	59	RIDAURA	62
<i>ramelteon</i>	73	<i>rifabutin</i>	16
<i>ramipril</i>	37	<i>rifampin</i>	16

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>riluzole</i>	43	<i>salsalate</i>	1
<i>rimantadine hydrochloride</i>	31	SANCUSO	14
RIMSO-50	52	SANDOSTATIN LAR DEPOT	60
<i>ringers injection</i>	47	SANTYL	45
<i>ringers irrigation</i>	67	<i>sapropterin dihydrochloride</i>	50
RINVOQ	62	SARCLISA	24
<i>risedronate sodium</i>	65	SAVELLA	43
<i>risedronate sodium dr</i>	66	SAVELLA TITRATION PACK	43
RISPERDAL CONSTA	27	SCSEMBLIX	21
<i>risperidone</i>	27	<i>scopolamine</i>	13
<i>risperidone er</i>	27	SECUADO	27
<i>risperidone odt</i>	27	<i>selegiline hcl</i>	26
<i>ritonavir</i>	30	<i>selenium sulfide</i>	45
RITUXAN	24	SELZENTRY	30
RITUXAN HYCELA	24	SEREVENT DISKUS	71
<i>rivastigmine tartrate</i>	11	SEROSTIM	53
<i>rivastigmine transdermal system</i>	11	<i>sertraline hcl</i>	12
<i>rivelsa</i>	57	<i>sertraline hydrochloride</i>	12
<i>rizatriptan benzoate</i>	16	<i>setlakin</i>	57
<i>rizatriptan benzoate odt</i>	16	<i>sevelamer carbonate</i>	48
ROCKLATAN	68	<i>sevelamer hydrochloride</i>	48
<i>roflumilast</i>	71	<i>sharobel</i>	59
ROMIDEPSIN	20	SHINGRIX	64
<i>ropinirole er</i>	26	SIGNIFOR	60
<i>ropinirole hcl</i>	26	SIGNIFOR LAR	60
<i>ropinirole hydrochloride</i>	26	SIKLOS	19
<i>rosadan</i>	44	<i>sildenafil</i>	72
<i>rosuvastatin calcium</i>	41	SILDENAFIL CITRATE	72
ROTARIX	64	<i>silodosin</i>	51
ROTATEQ	64	<i>silver sulfadiazine</i>	5
<i>roweepra</i>	9	SIMBRINZA	68
ROZLYTREK	20	<i>simliya</i>	57
ROZLYTREK	23	<i>simpesse</i>	57
RUBRACA	23	SIMULECT	62
RUCONEST	60	<i>simvastatin</i>	41
<i>rufinamide</i>	11	<i>sirolimus</i>	63
RUKOBIA	30	SIRTURO	16
RUXIENCE	24	SIVEXTRO	6
RYBELSUS	33	SKYRIZI	62
RYBREVANT	24	SKYRIZI PEN	62
RYDAPT	20	SLYND	59
RYLAZE	20	<i>sodium chloride</i>	47
RYTARY	26	<i>sodium chloride 0.45%</i>	47
<i>sajazir</i>	60	<i>sodium chloride 0.9%</i>	67

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>sodium fluoride</i>	47	<i>streptomycin sulfate</i>	4
SODIUM OXYBATE	73	STRIBILD	29
<i>sodium phenylacetate/sodium benzoate</i>	67	STRIVERDI RESPIMAT	71
<i>sodium phenylbutyrate</i>	50	<i>subvenite</i>	10
<i>sodium polystyrene sulfonate</i>	47	<i>subvenite starter kit/blue</i>	10
<i>sodium sulfacetamide</i>	8	<i>subvenite starter kit/green</i>	10
SODIUM SULFATE/POTASSIUM	48	<i>subvenite starter kit/orange</i>	10
SULFATE/MAGNESIUM SULFATE		SUCRAID	51
SOFOSBUVIR/VELPATASVIR	28	<i>sucralfate</i>	49
<i>solifenacin succinate</i>	51	<i>sulfacetamide sodium</i>	8
SOLIRIS	62	<i>sulfacetamide sodium/prednisolone sodium</i>	68
SOLTAMOX	18	<i>phosphate</i>	
SOMATULINE DEPOT	60	<i>sulfadiazine</i>	8
SOMAVERT	60	<i>sulfamethoxazole/trimethoprim</i>	8
<i>sorafenib</i>	23	<i>sulfamethoxazole/trimethoprim ds</i>	8
<i>sorafenib tosylate</i>	23	SULFAMYLON	6
<i>sorine</i>	38	<i>sulfasalazine</i>	65
<i>sotalol hcl</i>	38	<i>sulindac</i>	1
<i>sotalol hcl (af)</i>	38	<i>sumatriptan</i>	16
<i>sotalol hcl af</i>	38	<i>sumatriptan succinate</i>	16
<i>sotalol hydrochloride</i>	38	SUMATRIPTAN SUCCINATE REFILL	16
<i>sotalol hydrochloride (af)</i>	38	<i>sunitinib malate</i>	23
SOTYLIZE	38	SUNLENCA	30
SOVALDI	28	SUNOSI	73
SPIRIVA HANDIHALER	70	SUPRAX	7
SPIRIVA RESPIMAT	70	SUPREP BOWEL PREP KIT	48
<i>spironolactone</i>	40	SURE COMFORT INSULIN SYRINGE/U-	67
<i>spironolactone/hydrochlorothiazide</i>	40	100/0.5ML/29G X 1/2"	
SPRAVATO 56MG DOSE	12	<i>syeda</i>	57
SPRAVATO 84MG DOSE	12	SYLVANT	62
<i>sprintec 28</i>	57	SYMDEKO	71
SPRITAM	10	SYMLINPEN 120	33
SPRYCEL	23	SYMLINPEN 60	33
<i>sps</i>	47	SYMPAZAN	10
<i>sronyx</i>	57	SYMPROIC	49
<i>ssd</i>	6	SYMTUZA	30
STAMARIL	64	SYNAGIS	61
STAVUDINE	30	SYNAREL	60
STELARA	62	SYNJARDY	33
<i>sterile water for irrigation</i>	67	SYNJARDY XR	33
STIMUFEND	36	SYNRIBO	21
STIOLTO RESPIMAT	72	SYNTHROID	59
STIVARGA	23	TABLOID	19
STRENSIQ	50	TABRECTA	18

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>tacrolimus</i>	45	<i>testosterone enanthate</i>	54
<i>tacrolimus</i>	63	<i>testosterone pump</i>	54
<i>tadalafil</i>	51	<i>tetrabenazine</i>	43
<i>tadalafil</i>	72	<i>tetracycline hydrochloride</i>	9
TAFINLAR	23	TEZSPIRE	72
<i>tafluprost</i>	69	THALOMID	18
TAGRISSO	23	THEO-24	71
TAKHZYRO	60	<i>theophylline</i>	71
TALTZ	62	<i>theophylline er</i>	71
TALVEY	21	THIOLA EC	52
TALZENNA	21	<i>thioridazine hcl</i>	26
<i>tamoxifen citrate</i>	18	<i>thiotepa</i>	17
<i>tamsulosin hydrochloride</i>	51	<i>thiothixene</i>	26
<i>tarina 24 fe</i>	57	THYMOGLOBULIN	61
<i>tarina fe 1/20 eq</i>	57	THYROID	59
TASIGNA	23	<i>tiadylt er</i>	39
<i>tasimelteon</i>	73	<i>tiagabine hydrochloride</i>	10
<i>taysofy</i>	57	TIBSOVO	23
<i>tazarotene</i>	44	TICE BCG	21
<i>tazicef</i>	7	TICOVAC	64
TAZORAC	44	<i>tigecycline</i>	6
<i>taztia xt</i>	39	<i>tilia fe</i>	57
TAZVERIK	21	<i>timolol maleate</i>	15
TDVAX	64	<i>timolol maleate</i>	69
TECENTRIQ	24	<i>timolol maleate ophthalmic gel forming</i>	69
TECVAYLI	21	<i>tinidazole</i>	25
TEFLARO	7	<i>tiopronin</i>	52
<i>telmisartan</i>	36	TIOTROPIUM BROMIDE	70
<i>telmisartan/hydrochlorothiazide</i>	36	TIROSINT	59
<i>temazepam</i>	32	<i>tis-u-sol</i>	67
TEMODAR	17	TIVDAK	24
<i>temsirolimus</i>	23	TIVICAY	29
TENIVAC	64	TIVICAY PD	29
<i>tenofovir disoproxil fumarate</i>	30	<i>tizanidine hcl</i>	28
TEPMETKO	23	<i>tizanidine hydrochloride</i>	28
<i>terazosin hcl</i>	51	TOBI PODHALER	71
<i>terazosin hydrochloride</i>	51	<i>tobramycin</i>	5
<i>terbinafine hcl</i>	15	<i>tobramycin</i>	71
<i>terbutaline sulfate</i>	71	<i>tobramycin sulfate</i>	4
<i>terconazole</i>	15	<i>tobramycin/dexamethasone</i>	68
<i>teriflunomide</i>	43	TODAYS HEALTH ORIGINAL PEN	67
TERIPARATIDE	66	NEEDLES 29G X 1/2"	
<i>testosterone</i>	54	<i>tolcapone</i>	25
<i>testosterone cypionate</i>	54	<i>tolterodine tartrate</i>	51

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>tolterodine tartrate er</i>	51	<i>trientine hydrochloride</i>	48
TOLVAPTAN	47	<i>tri-estarylla</i>	57
<i>topiramate</i>	10	<i>trifluoperazine hcl</i>	26
<i>topiramate er</i>	10	<i>trifluoperazine hydrochloride</i>	26
<i>toposar</i>	21	<i>trifluridine</i>	31
<i>topotecan hcl</i>	21	<i>trihexyphenidyl hydrochloride</i>	25
<i>topotecan hydrochloride</i>	21	TRIJARDY XR	33
<i>toremifene citrate</i>	18	TRIKAFTA	71
TORISEL	23	<i>tri-legest fe</i>	57
<i>torsemide</i>	40	<i>tri-lynyah</i>	58
TOUJEO MAX SOLOSTAR	34	<i>tri-lo-estarylla</i>	58
TOUJEO SOLOSTAR	34	<i>tri-lo-marzia</i>	58
<i>tovet</i>	45	<i>tri-lo-mili</i>	58
TRADJENTA	33	<i>tri-lo-sprintec</i>	58
<i>tramadol hcl er</i>	2	<i>trimethoprim</i>	6
<i>tramadol hydrochloride</i>	3	<i>trimethoprim sulfate/polymyxin b sulfate</i>	68
<i>tramadol hydrochloride er</i>	2	<i>tri-mili</i>	58
<i>tramadol hydrochloride/acetaminophen</i>	3	<i>trimipramine maleate</i>	13
<i>trandolapril</i>	37	TRINTELLIX	13
<i>trandolapril/verapamil hcl er</i>	37	<i>tri-nymyo</i>	58
<i>tranexamic acid</i>	36	TRISENOX	21
<i>tranylcypromine sulfate</i>	12	<i>tri-sprintec</i>	58
TRAVASOL	67	TRIUMEQ	30
<i>travoprost</i>	69	TRIUMEQ PD	30
TRAZIMERA	24	<i>trivora-28</i>	58
<i>trazodone hydrochloride</i>	12	<i>tri-vylibra</i>	58
TREANDA	17	<i>tri-vylibra lo</i>	58
TRECATOR	16	TRIZIVIR	30
TRELEGY ELLIPTA	72	TRODELVY	24
TRELSTAR MIXJECT	60	TROGARZO	30
<i>treprostinil</i>	72	TROPHAMINE	67
TRESIBA	34	<i>trospium chloride</i>	51
TRESIBA FLEXTOUCH	34	<i>trospium chloride er</i>	51
<i>tretinoin</i>	25	TRULICITY	33
<i>tretinoin</i>	44	TRUMENBA	64
<i>tretinoin microsphere</i>	44	TRUQAP	23
<i>tretinoin microsphere pump</i>	44	TRUSELTIQ	21
<i>tri femynor</i>	57	TRUXIMA	24
<i>triamcinolone acetonide</i>	53	TUDORZA PRESSAIR	70
<i>triamcinolone acetonide dental paste</i>	44	TUKYSA	21
<i>triamterene</i>	40	TURALIO	23
<i>triamterene/hydrochlorothiazide</i>	40	<i>turqoz</i>	58
<i>triazolam</i>	32	TWINRIX	64
<i>triderm</i>	53	TWIRLA	58

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
TYBLUME	58	vasopressin + rfid	53
TYBOST	30	vasostrict	53
<i>tydemy</i>	58	VAXELIS	65
TYPHIM VI	64	VECTIBIX	24
TYSABRI	43	VEGZELMA	24
TYVASO	72	VEKLURY	67
TYVASO DPI MAINTENANCE KIT	72	VELCADE	21
TYVASO DPI TITRATION KIT	72	VELIVET	58
TYVASO REFILL	72	VELTASSA	48
TYVASO STARTER	72	VEMLIDY	28
UDENYCA	36	VENCLEXTA	23
UDENYCA ONBODY	36	VENCLEXTA STARTING PACK	23
ULTOMIRIS	62	VENLAFAXINE BESYLATE ER	13
<i>unithroid</i>	59	<i>venlafaxine hydrochloride</i>	13
UPTRAVI	72	<i>venlafaxine hydrochloride er</i>	13
UPTRAVI TITRATION PACK	72	VENTAVIS	72
<i>ursodiol</i>	49	<i>ventolin hfa</i>	71
VABYSMO	68	<i>verapamil hcl</i>	39
<i>valacyclovir hydrochloride</i>	31	<i>verapamil hcl er</i>	39
VALCHLOR	17	<i>verapamil hcl sr</i>	39
<i>valganciclovir</i>	28	<i>verapamil hydrochloride</i>	39
<i>valganciclovir hydrochloride</i>	28	<i>verapamil hydrochloride er</i>	39
<i>valproate sodium</i>	10	VEREGEN	45
<i>valproic acid</i>	10	VERQUVO	42
<i>valrubicin</i>	21	VERSACLOZ	27
<i>valsartan</i>	36	VERZENIO	21
<i>valsartan/hydrochlorothiazide</i>	36	<i>vestura</i>	58
VALSTAR	21	VIBERZI	48
VALTOCO 10 MG DOSE	10	VIBRAMYCIN	9
VALTOCO 15 MG DOSE	10	<i>vienva</i>	58
VALTOCO 20 MG DOSE	10	<i>vigabatrin</i>	10
VALTOCO 5 MG DOSE	10	<i>vigadrone</i>	11
<i>vancomycin</i>	6	<i>vigpoder</i>	11
<i>vancomycin hcl</i>	6	VIIBRYD STARTER PACK	13
<i>vancomycin hydrochloride</i>	6	<i>vilazodone hydrochloride</i>	13
<i>vancomycin hydrochloride/dextrose</i>	6	VIMIZIM	51
VANFLYTA	21	VIMPAT	11
VAQTA	64	<i>vinblastine sulfate</i>	21
<i>varenicline starting month box</i>	4	<i>vincasar pfs</i>	21
<i>varenicline tartrate</i>	4	<i>vincristine sulfate</i>	21
VARIVAX	64	<i>vinorelbine tartrate</i>	21
VARIZIG	64	<i>viorele</i>	58
VASCEPA	41	VIRACEPT	30
<i>vasopressin</i>	53	VIREAD	30

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
VISTOGARD	67	XOSPATA	23
VITRAKVI	21	XPOVIO	21
VIVITROL	4	XPOVIO 60 MG TWICE WEEKLY	21
VIZIMPRO	23	XPOVIO 80 MG TWICE WEEKLY	21
VOCABRIA	29	XTANDI	17
<i>volnea</i>	58	<i>xulane</i>	58
VONJO	21	XULTOPHY 100/3.6	34
<i>voriconazole</i>	15	XURIDEN	51
VOTRIENT	23	XYREM	73
VPRIV	51	<i>yargesa</i>	51
VRAYLAR	27	YERVOY	24
VUMERITY	43	YF-VAX	65
VYEPTI	15	YONDELIS	17
<i>vyfemla</i>	58	YONSA	17
<i>vylibra</i>	58	YUVAFEM	58
VYNDAMAX	40	<i>zafemy</i>	58
VYNDAQEL	40	<i>zafirlukast</i>	70
VYXEOS	19	ZALTRAP	21
VYZULTA	69	ZANOSAR	17
<i>warfarin sodium</i>	35	ZEJULA	23
WELIREG	23	ZELAPAR	26
<i>wera</i>	58	ZELBORAF	23
WINRHO SDF	61	ZEMAIRA	72
<i>wixela inhub</i>	70	ZEMDRI	5
<i>wymzya fe</i>	58	<i>zenatane</i>	44
XALKORI	23	ZENPEP	51
XARELTO	35	ZEPATIER	28
XARELTO STARTER PACK	35	ZEPOSIA	43
XATMEP	63	ZEPOSIA 7-DAY STARTER PACK	43
XCOPRI	10	ZEPOSIA STARTER KIT	43
XELJANZ	62	ZEPZELCA	17
XELJANZ XR	62	ZERBAXA	7
XELPROS	69	<i>zidovudine</i>	30
XEMBIFY	61	ZIEXTENZO	36
XEOMIN	28	<i>ziprasidone hcl</i>	27
XERAVA	9	<i>ziprasidone mesylate</i>	27
XERMELO	48	ZIRGAN	28
XGEVA	66	ZOLADEX	60
XIAFLEX	51	<i>zoledronic acid</i>	66
XIFAXAN	6	ZOLINZA	21
XIGDUO XR	33	<i>zolmitriptan</i>	16
XIIDRA	68	<i>zolmitriptan odt</i>	16
XOFLUZA	31	<i>zolpidem tartrate</i>	73
XOLAIR	72	ZONISADE	10

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #
<i>zonisamide</i>	10
<i>zovia 1/35</i>	58
ZTALMY	43
<i>zumandimine</i>	58
ZURZUVAE	12
ZYDELIG	21
ZYKADIA	23
ZYNLONTA	25
ZYNYZ	25
ZYPREXA RELPREVV	27

Formulary ID: 24437, Version: 12, Effective Date: 04/01/2024
Last Updated: March 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Multi-Language Insert

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 (877) 210-9167 (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 (877) 210-9167 (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 (877) 210-9167 (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 (877) 210-9167 (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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (877) 210-9167 (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 (877) 210-9167 (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 (877) 210-9167 (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 (877) 210-9167 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (877) 210-9167 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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 (877) 210-9167 (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 فوري، ليس عليك سوى الاتصال بنا على (877-210-9167) TTY: 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة 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 (877) 210-9167 (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 (877) 210-9167 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 (877) 210-9167 (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 (877) 210-9167 (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 (877) 210-9167 (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あります。通訳をご用命になるには、(877) 210-9167 (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。

Form CMS-10802
(Expires 12/31/25)

Discrimination is Against the Law

FirstCarolinaCare Insurance Company complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

FirstCarolinaCare Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

FirstCarolinaCare Insurance Company provides free aids and services to people with disabilities to communicate effectively with us, such as:

Qualified sign language interpreters.

Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose primary language is not English, such as:

Qualified interpreters.

Information written in other languages.

If you need these services, contact Customer Service. If you believe that FirstCarolinaCare Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity), you can file a grievance with: FirstCarolinaCare Insurance Company, Customer Service, 3310 Fields South Drive, Champaign, Illinois 61822, telephone: (800) 481-1092, fax: (217) 902-9705, CustomerService@FirstCarolinaCare.com.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service is available to help you.

You can also file a Civil Rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact FirstCarolinaCare Member Services, at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA).



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