



Health Alliance Medicare

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 08/01/2024. For more recent information or other questions, please contact Health Alliance™ Medicare Member Services at (800) 965-4022 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 HealthAlliance.org/Medicare.

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 Health Alliance Medicare. When it refers to “plan” or “our plan,” it means Health Alliance Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/01/2024. 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, 2025, and from time to time during the year.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (800) 965-4022 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (800) 965-4022 (TTY: 711).

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Health Alliance Medicare Part D HMO and POS Formulary 00024437 Version 16

What is the Health Alliance Medicare Formulary?

A formulary is a list of covered drugs selected by Health Alliance Medicare 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. Health Alliance Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Alliance Medicare 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 Health Alliance Medicare 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 Health Alliance Medicare 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 08/01/2024. To get updated information about the drugs covered by Health Alliance Medicare, 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 75. 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?

Health Alliance Medicare 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:** Health Alliance Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before you fill your prescriptions. If you don’t get approval, Health Alliance Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare 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, Health Alliance Medicare 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, Health Alliance Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Alliance Medicare 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.

08/01/2024

You can ask Health Alliance Medicare 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 Health Alliance Medicare formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Health Alliance Medicare does not cover your drug, you have two options:

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

You can ask Health Alliance Medicare 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, Health Alliance Medicare 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, Health Alliance Medicare 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.

Health Alliance Medicare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at HealthAlliance.org/Medicare for further details.

For more information

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

If you have questions about Health Alliance Medicare, 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>.

Health Alliance Medicare Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Health Alliance Medicare. If you have trouble finding your drug in the list, turn to the index that begins on page 75.

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

08/01/2024

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

QL Quantity Limit. For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare 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, Health Alliance Medicare 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, Health Alliance Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Alliance Medicare will then cover Drug B.

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

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 dr tbec 375mg</i>	1	GC
<i>naproxen sodium tabs 275mg, 550mg</i>	1	GC
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	GC
<i>naproxen tbec 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)

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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 hcl tabs</i>	2	QL(360 EA per 30 days)
<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 hydrochloride er</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

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA
<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)
<i>MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML</i>	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 100mg/5ml</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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate</i>	1	GC
<i>streptomycin sulfate inj 1gm</i>	1	GC
<i>tobramycin sulfate inj</i>	2	
<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 2%</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	1	GC
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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>nafcillin 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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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>mondoxyne 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		
Anticonvulsants, Other		
APTIOM	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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
SPRITAM	4	ST NSO
<i>subvenite</i>	1	GC
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate er cs24</i>	2	
<i>topiramate cpsp, tabs</i>	2	
XCOPRI TABS 100MG, 150MG, 50MG	4	
XCOPRI TABS 200MG, 25MG	5	
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	2	
METHSUXIMIDE	3	
<i>pregabalin</i>	2	
ZONISADE	4	ST NSO
<i>zonisamide</i>	1	GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium dr</i>	1	GC
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	1	GC
<i>gabapentin caps, soln</i>	1	GC
<i>gabapentin tabs 600mg, 800mg</i>	1	GC
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>primidone tabs</i>	1	GC
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hydrochloride</i>	2	
<i>valproate sodium inj</i>	1	GC
<i>valproic acid caps, soln</i>	1	GC
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
<i>vigabatrin</i>	5	
<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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride tabs</i>	1	GC
<i>memantine hydrochloride soln</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
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
<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
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days)
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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		
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 tbdp 4mg, 8mg</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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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		
<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		
Parasympathomimetics		
<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		
Antimycobacterials, Other		
<i>dapsone tabs</i>	2	
PRETOMANID	4	QL(30 EA per 30 days); PA
<i>rifabutin</i>	2	
Antituberculars		
<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		
Alkylating Agents		

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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 2GM/10ML, 500MG/2.5ML, 500MG/ML	5	
<i>cyclophosphamide inj 500mg</i>	2	
<i>cyclophosphamide inj 1000mg/10ml, 1gm, 2000mg/20ml, 2gm, 500mg/5ml</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
Antiandrogens		
<i>abiraterone acetate tabs 250mg</i>	4	PA NSO
<i>abiraterone acetate tabs 500mg</i>	5	PA NSO

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
<i>pemetrexed inj 1000mg, 500mg, 750mg</i>	5	PA NSO
PEMFEXY	5	PA NSO
PEMRYDI RTU	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
ANKTIVA	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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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>eribulin mesylate</i>	5	
<i>fludarabine phosphate inj 50mg/2ml, 50mg</i>	1	GC
GAVRETO	5	PA NSO
HALAVEN	5	
IBRANCE	5	PA NSO
<i>idarubicin hcl</i>	2	
<i>idarubicin hydrochloride</i>	2	
IMDELLTRA	5	PA NSO
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU	5	PA NSO
<i>paclitaxel</i>	1	GC
PACLITAXEL PROTEIN-BOUND PARTICLES	5	
PEMAZYRE	5	PA NSO
PHESGO	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	
SCSEMBLIX	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 inj 1mg/ml</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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	1	GC
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<i>Enzyme Inhibitors</i>		
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
<i>Molecular Target Inhibitors</i>		
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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
OJEMDA	5	PA NSO
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
TAGRISSE	5	PA NSO
TASIGNA	5	PA NSO
<i>temsirolimus</i>	5	
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TORISEL	5	
TORPENZ	5	PA NSO
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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
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	5	PA NSO
ONTRUZANT	5	PA NSO
OPDIVO	5	PA NSO
PADCEV	5	PA NSO

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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		
<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
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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 TBPB 80MG	4	QL(2 EA per 365 days)
XOFLUZA TBPB 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)

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>lithium</i>	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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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<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
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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)
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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
DOPTLET	5	PA
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJ 20000UNIT/ML	5	PA
FULPHILA	5	
FYLNETRA	5	
GRANIX	5	
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
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 hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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<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	
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide inj, oral soln, tabs</i>	1	GC
<i>torsemide 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
<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 tabs</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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	1	GC
<i>hydralazine hcl tabs 10mg</i>	1	GC
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	GC
<i>minoxidil tabs</i>	1	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL(120 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate er</i>	2	QL(180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE SOLN	3	QL(1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	2	QL(180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg, 25mg, 40mg, 60mg, 80mg</i>	2	
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	2	
<i>clonidine hydrochloride er</i>	2	
<i>clonidine hydrochloride tb12 0.1mg</i>	2	
<i>dexmethylphenidate hcl er cp24 15mg, 20mg, 30mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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<i>dexmethylphenidate hydrochloride cp24</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 20mg, 30mg, 40mg, 50mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 18mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 27mg, 36mg, 54mg, 72mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	2	QL(900 ML per 30 days)
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine caps</i>	2	
<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 hydrochloride</i>	5	
GILENYA CAPS 0.25MG	5	
<i>glatiramer acetate</i>	5	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<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		
<i>Acne and Rosacea Agents</i>		
<i>acutane</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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
FINACEA FOAM	4	
isotretinoin caps 10mg, 20mg, 30mg, 40mg	4	
isotretinoin caps 25mg, 35mg	5	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%, 1%	2	
metronidazole lotn 0.75%	2	
myorisan	4	
rosadan	2	
tazarotene crea, gel	4	PA
TAZORAC CREA 0.05%	4	PA
tretinoin microsphere pump	4	PA
tretinoin microsphere gel 0.04%, 0.1%	4	PA
tretinoin crea 0.025%, 0.05%, 0.1%	2	PA
tretinoin gel 0.01%, 0.025%, 0.05%	2	PA
zenatane	4	
Dermatitis and Pruitus Agents		
ammonium lactate lotn	1	GC
clobetasol propionate e	2	
clobetasol propionate emollient crea	2	
clobetasol propionate emollient foam	4	
clobetasol propionate crea 0.05%	2	
clobetasol propionate foam 0.05%	4	
desoximetasone crea 0.25%	2	
desoximetasone crea 0.05%	4	
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL(90 GM per 30 days)
fluocinonide soln	2	
fluocinonide crea, gel, oint	4	
pimecrolimus	2	
selenium sulfide	1	GC
tacrolimus oint 0.03%, 0.1%	2	
tovet	4	
Dermatological Agents, Other		
calcipotriene soln	2	
calcipotriene crea, oint	4	
calcitriol oint 3mcg/gm	2	
imiquimod pump	5	
imiquimod crea 5%	2	
methoxsalen caps	5	
podofilox soln	1	GC
REGRANEX	5	PA
SANTYL	4	
VEREGEN	5	
Pediculicides/Scabicides		

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
Topical Anti-infectives		
<i>clindamycin phosphate gel 1%</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
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
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	GC
<i>dextrose 10%</i>	1	GC
<i>dextrose 10%/sodium chloride 0.2%</i>	1	GC
<i>dextrose 10%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 25% inj 250mg/ml</i>	1	GC
<i>dextrose 5%</i>	1	GC
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	GC
<i>dextrose 5%/sodium chloride 0.2%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.3%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.33%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.9%</i>	1	GC
<i>dextrose 50%</i>	1	GC
<i>dextrose/sodium chloride</i>	1	GC
<i>dextrose inj 20%</i>	1	GC
<i>fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoritab soln 0.125mg/drop</i>	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	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	GC
<i>klor-con</i>	2	
<i>klor-con 10</i>	1	GC
<i>klor-con 8</i>	1	GC
<i>klor-con m10</i>	1	GC
<i>klor-con m15</i>	1	GC
<i>klor-con m20</i>	1	GC
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
SODIUM FLUORIDE SOLN 0.5MG/ML	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
<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	
Potassium Binders		
<i>kionex susp</i>	1	GC
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln 10gm/15ml</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		
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide odt tbdp 5mg</i>	2	
MOVANTIK	4	QL(30 EA per 30 days)
NITROGLYCERIN OINT 0.4%	4	
OCALIVA	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>sucalfate susp, tabs</i>	2	
Proton Pump Inhibitors		
<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		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
SUCRAID	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
XURIDEN	5	QL(120 EA per 30 days); PA
<i>yargesa</i>	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		
<i>Antispasmodics, Urinary</i>		
DARIFENACIN HYDROBROMIDE ER	3	
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	1	GC
GEMTESA	4	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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	
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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort	1	GC
alclometasone dipropionate	1	GC
amcinonide	1	GC
betamethasone dipropionate augmented	2	
betamethasone dipropionate crea, lotn, oint	2	
betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml	1	GC
betamethasone valerate crea, lotn, oint	2	
BUDESONIDE FOAM 2MG	3	
clobetasol propionate crea 0.05%	2	
clobetasol propionate foam 0.05%	2	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
<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
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone soln, tbpk</i>	1	GC
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
<i>triamcinolone acetate 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 FLEXPPO	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 +rfd</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
<i>oxandrolone tabs 10mg</i>	4	QL(60 EA per 30 days); PA
<i>Androgens</i>		
<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
<i>Estrogens</i>		
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel 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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>mono-lynyah</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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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<i>vienva</i>	2	
<i>viorele</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>emzahh</i>	2	
<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
<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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
ELIGARD	4	PA NSO
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	
LANREOTIDE ACETATE INJ 120MG/0.5ML	5	PA NSO
<i>lanreotide acetate inj 120mg/0.5ml</i>	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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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)		
Antithyroid Agents		
<i>methimazole tabs 10mg, 5mg</i>	1	GC
<i>propylthiouracil tabs</i>	1	GC
Immunological Agents		
Angioedema Agents		
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
Immunoglobulins		
ALYGLO	5	B/D
ASCENIV	5	B/D
ATGAM	5	
BEYFORTUS	4	
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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
TYENNE	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
ADALIMUMAB-ADBIM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	PA
ADALIMUMAB-ADBIM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	PA
ADALIMUMAB-ADBIM INJ 40MG/0.4ML	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
HADLIMA PUSH TOUCH	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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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	
MRESVIA	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	
VAXELIS	4	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
DIPENTUM	5	

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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		

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>methylergonovine maleate inj</i>	1	GC
<i>methylergonovine maleate tabs</i>	5	
MYALEPT	5	PA
NUTRILIPID	3	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	PA
OMNIPOD 5 G6 PODS (GEN 5)	4	PA

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	PA
OMNIPOD 5 G7 PODS (GEN 5)	4	PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	PA
OMNIPOD CLASSIC PODS (GEN 3)	4	PA
OMNIPOD DASH INTRO KIT (GEN 4)	4	PA
OMNIPOD DASH PDM KIT (GEN 4)	4	PA
OMNIPOD DASH PODS (GEN 4)	4	PA
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	
TAVNEOS	5	QL(180 EA per 30 days); PA
<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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<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		
ALOCIL	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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
<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 REDHALER	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 5mg/5ml</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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
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
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 INSTITUTIONAL KIT	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

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs</i>	2	PA
<i>methocarbamol tabs 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<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: 16, Effective Date: 08/01/2024
Last Updated: July 2024

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Index of Drugs

Drug Name	Page #
<i>abacavir</i>	30
<i>abacavir sulfate</i>	30
<i>abacavir sulfate/lamivudine</i>	30
ABELCET	14
ABILIFY MAINTENA	27
ABILIFY MYCITE MAINTENANCE KIT	27
ABILIFY MYCITE STARTER KIT	27
<i>abiraterone acetate</i>	17
ABRAXANE	19
ABRYSVO	64
<i>acamprosate calcium dr</i>	4
<i>acarbose</i>	32
<i>accutane</i>	44
<i>acebutolol hydrochloride</i>	38
<i>acetaminophen/codeine</i>	2
<i>acetaminophen/codeine phosphate</i>	2
<i>acetazolamide</i>	70
<i>acetazolamide er</i>	70
<i>acetazolamide sodium</i>	40
<i>acetic acid</i>	70
<i>acetic acid 0.25%</i>	52
<i>acetylcysteine</i>	67
<i>acetylcysteine</i>	73
<i>acitretin</i>	44
ACTEMRA	62
ACTEMRA ACTPEN	62
ACTHIB	64
ACTIMMUNE	62
<i>acyclovir</i>	31
<i>acyclovir sodium</i>	31
ADACEL	64
ADALIMUMAB-ADAZ	63
ADALIMUMAB-ADBM	63
ADALIMUMAB-ADBM STARTER	63
PACKAGE FOR CROHNS	
DISEASE/UC/HS	
ADALIMUMAB-ADBM STARTER	63
PACKAGE FOR PSORIASIS/UEITIS	
<i>adapalene</i>	44
<i>adapalene pump</i>	44
ADCETRIS	24

Drug Name	Page #
<i>adefovir dipivoxil</i>	29
ADEMPAS	72
<i>adriamycin</i>	19
ADSTILADRIN	19
ADTHYZA	59
AEMCOLO	5
<i>afirmelle</i>	54
AIMOVIG	16
AKEEGA	19
<i>ak-poly-bac</i>	68
<i>ala-cort</i>	52
<i>albendazole</i>	25
<i>albuterol sulfate</i>	72
<i>albuterol sulfate hfa</i>	71
<i>alclometasone dipropionate</i>	52
ALCOHOL PREP PADS	67
ALDURAZYME	50
ALECENSA	22
<i>alendronate sodium</i>	66
<i>alfuzosin hcl er</i>	52
ALIMTA	18
ALIQOPA	22
<i>aliskiren</i>	40
<i>allopurinol</i>	15
ALOCRI	69
ALOGLIPTIN	32
ALOGLIPTIN/METFORMIN HCL	32
ALOGLIPTIN/METFORMIN	32
HYDROCHLORIDE	
ALOGLIPTIN/PIOGLITAZONE	32
<i>alosetron hydrochloride</i>	49
<i>alprazolam</i>	31
<i>alprazolam er</i>	31
<i>alprazolam odt</i>	31
<i>alprazolam xr</i>	31
<i>altavera</i>	54
ALUNBRIG	22
<i>alyacen 1/35</i>	54
<i>alyacen 7/7/7</i>	54
ALYGLO	61
ALYMSYS	24
<i>alyq</i>	72
<i>amabelz</i>	54
<i>amantadine hcl</i>	31

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 2024

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Drug Name	Page #	Drug Name	Page #
<i>ambrisentan</i>	72	<i>aprepitant</i>	14
<i>amcinonide</i>	52	APRETUDE	29
<i>amethia</i>	54	<i>apri</i>	55
<i>amethyst</i>	54	APTIOM	9
<i>amikacin sulfate</i>	4	APTIVUS	30
<i>amiloride hcl</i>	41	ARALAST NP	73
<i>amiloride/hydrochlorothiazide</i>	41	<i>aranelle</i>	55
<i>aminocaproic acid</i>	36	ARANESP ALBUMIN FREE	35
<i>aminophylline</i>	72	ARCALYST	62
AMINOSYN II	67	AREXVY	64
AMINOSYN-PF	67	<i>arformoterol tartrate</i>	72
AMINOSYN-PF 7%	67	<i>aripiprazole</i>	27
<i>amiodarone hcl</i>	37	<i>aripiprazole odt</i>	27
<i>amiodarone hydrochloride</i>	37	ARISTADA	27
<i>amitriptyline hcl</i>	13	ARISTADA INITIO	27
<i>amitriptyline hydrochloride</i>	13	<i>armodafinil</i>	74
AMJEVITA	63	ARMOUR THYROID	59
<i>amlodipine besylate</i>	39	ARNUITY ELLIPTA	70
<i>amlodipine besylate/benazepril hcl</i>	40	ARRANON	18
<i>amlodipine besylate/benazepril hydrochloride</i>	40	ARSENIC TRIOXIDE	19
<i>amlodipine besylate/valsartan</i>	40	ARZERRA	24
<i>ammonium lactate</i>	45	ASCENIV	61
<i>amnestem</i>	44	<i>ascomp/codeine</i>	2
<i>amoxapine</i>	13	ASENAPINE MALEATE SL	27
<i>amoxicillin</i>	7	<i>ashlyna</i>	55
<i>amoxicillin/clavulanate potassium</i>	7	<i>aspirin/dipyridamole</i>	36
<i>amoxicillin/clavulanate potassium er</i>	7	<i>aspirin/dipyridamole er</i>	36
<i>amphetamine/dextroamphetamine</i>	42	ASTAGRAF XL	63
<i>amphotericin b</i>	14	<i>atazanavir</i>	30
<i>amphotericin b liposome</i>	14	<i>atazanavir sulfate</i>	30
<i>ampicillin</i>	7	<i>atenolol</i>	38
<i>ampicillin sodium</i>	7	<i>atenolol/chlorthalidone</i>	38
<i>ampicillin/sulbactam</i>	7	ATGAM	61
<i>ampicillin-sulbactam</i>	7	<i>atomoxetine</i>	42
<i>anagrelide hydrochloride</i>	35	<i>atomoxetine hydrochloride</i>	42
<i>anastrozole</i>	22	<i>atorvastatin calcium</i>	41
ANKTIVA	19	<i>atovaquone</i>	25
ANNOVERA	54	<i>atovaquone/proguanil hcl</i>	25
ANORO ELLIPTA	73	<i>atropine sulfate</i>	40
<i>apomorphine hydrochloride</i>	26	<i>atropine sulfate</i>	68
APONVIE	14	ATROVENT HFA	71
APO-VARENICLINE	4	<i>aubra eq</i>	55
<i>apraclonidine</i>	70	AUGMENTIN	7
		AUGTYRO	67

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 2024

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Drug Name	Page #	Drug Name	Page #
<i>aurovela 1.5/30</i>	55	BD PEN NEEDLE/ORIGINAL/ULTRA-	67
<i>aurovela 1/20</i>	55	FINE/29G X 12.7MM	
<i>aurovela 24 fe</i>	55	BELBUCA	1
<i>aurovela fe 1.5/30</i>	55	BELEODAQ	22
<i>aurovela fe 1/20</i>	55	BELSOMRA	74
AUVELITY	12	<i>benazepril hcl</i>	37
AVASTIN	24	<i>benazepril hydrochloride</i>	37
<i>aviane</i>	55	<i>benazepril</i>	37
<i>avita</i>	44	<i>hydrochloride/hydrochlorothiazide</i>	
AVONEX	43	<i>bendamustine hydrochloride</i>	17
AVONEX PEN	43	BENDEKA	17
AVSOLA	63	BENLYSTA	63
AVYCAZ	6	<i>benztropine mesylate</i>	26
<i>ayuna</i>	55	BERINERT	61
AYVAKIT	22	BESPONSA	24
<i>azacitidine</i>	19	BESREMI	19
<i>azathioprine</i>	63	<i>betaine anhydrous</i>	50
<i>azelaic acid</i>	44	<i>betamethasone dipropionate</i>	52
<i>azelastine hcl</i>	69	<i>betamethasone dipropionate augmented</i>	52
<i>azelastine hcl</i>	71	<i>betamethasone sodium</i>	52
<i>azelastine hydrochloride</i>	71	<i>phosphate/betamethasone acetate</i>	
AZELEX	44	<i>betamethasone valerate</i>	52
<i>azithromycin</i>	8	BETASERON	43
<i>aztreonam</i>	7	<i>betaxolol hcl</i>	38
<i>azurette</i>	55	<i>betaxolol hcl</i>	70
BACITRACIN	5	<i>bethanechol chloride</i>	52
<i>bacitracin/polymyxin b</i>	68	BEVESPI AEROSPHERE	72
<i>baclofen</i>	28	<i>bexarotene</i>	25
BAFIERTAM	43	BEXSERO	64
<i>balsalazide disodium</i>	65	BEYFORTUS	61
BALVERSA	22	<i>bicalutamide</i>	18
<i>balziva</i>	55	BICILLIN C-R	7
BARACLUDE	29	BICILLIN L-A	7
BAVENCIO	24	BICNU	17
BAXDELA	8	BIKTARVY	29
BCG VACCINE	64	<i>bisoprolol fumarate</i>	38
BD INSULIN SYRINGE	67	<i>bisoprolol fumarate/hydrochlorothiazide</i>	38
SAFETYGLIDE/1ML/29G X 1/2"		BIVIGAM	61
B-D INSULIN SYRINGE ULTRAFINE	67	<i>bleomycin sulfate</i>	19
II/0.3ML/31G X 5/16"		BLINCYTO	24
BD INSULIN SYRINGE ULTRA-	67	<i>blisovi 24 fe</i>	55
FINE/0.5ML/30G X 12.7MM		<i>blisovi fe 1.5/30</i>	55
BD INSULIN SYRINGE ULTRA-	67	<i>blisovi fe 1/20</i>	55
FINE/1ML/31G X 8MM		BOOSTRIX	64

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
BORTEZOMIB	19	CABLIVI	36
BOSULIF	22	CABOMETYX	22
BOTOX	28	<i>caffeine citrate</i>	43
BRAFTOVI	19	<i>calcipotriene</i>	45
BREO ELLIPTA	73	<i>calcitonin salmon</i>	66
BREZTRI AEROSPHERE	70	<i>calcitonin-salmon</i>	66
<i>brillyn</i>	55	<i>calcitriol</i>	45
BRILINTA	36	<i>calcitriol</i>	66
<i>brimonidine tartrate</i>	70	<i>calcium acetate</i>	48
<i>brimonidine tartrate/timolol maleate</i>	68	CALQUENCE	22
<i>brinzolamide</i>	70	<i>camila</i>	59
BRIVIACT	9	<i>camrese</i>	55
<i>bromfenac</i>	69	<i>camrese lo</i>	55
BROMFENAC SODIUM	69	CAMZYOS	40
<i>bromocriptine mesylate</i>	26	<i>candesartan cilexetil</i>	37
BROMSITE	69	<i>candesartan cilexetil/hydrochlorothiazide</i>	37
BRONCHITOL	73	CAPLYTA	27
BRUKINSA	22	CAPRELSA	22
BUDESONIDE	52	<i>captopril</i>	37
<i>budesonide</i>	66	<i>carbamazepine</i>	11
<i>budesonide</i>	70	<i>carbamazepine er</i>	11
<i>budesonide er</i>	66	<i>carbidopa</i>	26
<i>bumetanide</i>	40	<i>carbidopa/levodopa</i>	26
<i>buprenorphine</i>	1	<i>carbidopa/levodopa er</i>	26
<i>buprenorphine hcl</i>	4	<i>carbidopa/levodopa odt</i>	26
<i>buprenorphine hcl/naloxone hcl</i>	4	<i>carbidopa/levodopa/entacapone</i>	26
<i>buprenorphine hydrochloride/naloxone</i>	4	<i>carboplatin</i>	17
<i>hydrochloride</i>		<i>carglumic acid</i>	46
<i>bupropion hcl</i>	12	CARMUSTINE	17
<i>bupropion hydrochloride</i>	12	<i>carteolol hcl</i>	70
<i>bupropion hydrochloride er (sr)</i>	4	<i>cartia xt</i>	39
<i>bupropion hydrochloride er (sr)</i>	12	<i>carvedilol</i>	38
<i>bupropion hydrochloride er (xl)</i>	12	<i>carvedilol phosphate er</i>	38
<i>buspirone hcl</i>	31	<i>caspofungin acetate</i>	14
<i>buspirone hydrochloride</i>	31	CAYSTON	72
<i>busulfan</i>	17	<i>cefaclor</i>	6
BUSULFEX	17	<i>cefaclor er</i>	6
<i>butalbital/acetaminophen/caffeine</i>	43	<i>cefadroxil</i>	6
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	CEFAZOLIN	6
<i>butalbital/aspirin/caffeine</i>	43	<i>cefazolin sodium</i>	6
<i>butalbital/aspirin/caffeine/codeine</i>	2	<i>cefazolin sodium/dextrose</i>	6
<i>butorphanol tartrate</i>	2	<i>cefdinir</i>	6
CABENUVA	29	CEFEPIME	6
<i>cabergoline</i>	60	CEFEPIME HYDROCHLORIDE	6

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
CEFEPIME/DEXTROSE	6	CIMDUO	30
<i>cefixime</i>	6	<i>cimetidine</i>	50
CEFOTAXIME SODIUM	6	<i>cimetidine hcl</i>	50
<i>cefotetan</i>	6	<i>cimetidine hydrochloride</i>	50
<i>cefoxitin sodium</i>	6	CIMZIA	63
<i>cefpodoxime proxetil</i>	7	CIMZIA STARTER KIT	63
<i>cefprozil</i>	7	<i>cinacalcet hydrochloride</i>	66
<i>ceftazidime</i>	7	CINRYZE	61
<i>ceftazidime/dextrose</i>	7	CINVANTI	14
<i>ceftriaxone in iso-osmotic dextrose</i>	7	<i>ciprofloxacin</i>	8
<i>ceftriaxone sodium</i>	7	<i>ciprofloxacin hcl</i>	8
<i>ceftriaxone/dextrose</i>	7	<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>	70
<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>	71	<i>clarithromycin</i>	8
<i>cevimeline hydrochloride</i>	44	<i>clarithromycin er</i>	8
<i>charlotte 24 fe</i>	55	CLEOCIN	5
<i>chateal eq</i>	55	<i>clindacin</i>	5
CHEMET	48	<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>	32	<i>clindamycin palmitate hydrochloride</i>	5
<i>chlordiazepoxide hydrochloride</i>	32	<i>clindamycin phosphate</i>	5
<i>chlordiazepoxide/amitriptyline</i>	13	<i>clindamycin phosphate</i>	46
<i>chlorhexidine gluconate</i>	44	<i>clindamycin phosphate/dextrose</i>	5
<i>chloroquine phosphate</i>	25	CLINIMIX 4.25%/DEXTROSE 10%	46
<i>chlorothiazide sodium</i>	41	CLINIMIX 4.25%/DEXTROSE 5%	46
<i>chlorpromazine hcl</i>	26	CLINIMIX 5%/DEXTROSE 15%	46
<i>chlorpromazine hydrochloride</i>	26	CLINIMIX 5%/DEXTROSE 20%	46
<i>chlorthalidone</i>	41	CLINIMIX 6/5	46
CHOLBAM	49	CLINIMIX 8/10	46
<i>cholestyramine</i>	41	CLINIMIX 8/14	46
<i>cholestyramine light</i>	41	CLINIMIX E 2.75%/DEXTROSE 5%	46
<i>chorionic gonadotropin</i>	54	CLINIMIX E 4.25%/DEXTROSE 10%	46
<i>ciclodan</i>	14	CLINIMIX E 4.25%/DEXTROSE 5%	46
<i>ciclopirox</i>	14	CLINIMIX E 5%/DEXTROSE 15%	46
<i>ciclopirox nail lacquer</i>	14	CLINIMIX E 5%/DEXTROSE 20%	46
<i>ciclopirox olamine</i>	14	CLINIMIX E 8/10	46
<i>cidofovir</i>	28	CLINIMIX E 8/14	46
<i>cilostazol</i>	36	CLINISOL SF 15%	67

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
CLINOLIPID	67	<i>cromolyn sodium</i>	49
<i>clobazam</i>	10	<i>cromolyn sodium</i>	69
<i>clobetasol propionate</i>	45	<i>cromolyn sodium</i>	72
<i>clobetasol propionate</i>	52	<i>crotan</i>	46
<i>clobetasol propionate e</i>	45	<i>cryselle-28</i>	55
<i>clobetasol propionate emollient</i>	45	CRYSVITA	46
<i>clofarabine</i>	18	CURITY ALL PURPOSE SPONGES	67
<i>clomipramine hydrochloride</i>	13	2"X2"	
<i>clonazepam</i>	10	CURITY GAUZE PADS 2"X2" 12 PLY	67
<i>clonazepam odt</i>	10	CUVITRU	61
<i>clonidine</i>	36	<i>cyclobenzaprine hydrochloride</i>	74
<i>clonidine hydrochloride</i>	36	<i>cyclopentolate hcl</i>	68
<i>clonidine hydrochloride</i>	42	<i>cyclopentolate hydrochloride</i>	68
<i>clonidine hydrochloride er</i>	42	CYCLOPHOSPHAMIDE	17
<i>clopidogrel</i>	36	CYCLOPHOSPHAMIDE	17
<i>clorazepate dipotassium</i>	32	MONOHYDRATE	
<i>clotrimazole</i>	14	<i>cycloserine</i>	16
<i>clotrimazole/betamethasone dipropionate</i>	14	CYCLOSET	32
<i>clozapine</i>	28	<i>cyclosporine</i>	63
CLOZAPINE ODT	28	<i>cyclosporine</i>	68
COARTEM	25	<i>cyclosporine modified</i>	63
<i>codeine sulfate</i>	2	<i>cyproheptadine hcl</i>	71
<i>colchicine</i>	15	<i>cyproheptadine hydrochloride</i>	71
<i>colesevelam hydrochloride</i>	41	CYRAMZA	24
<i>colestipol hcl</i>	41	<i>cyred eq</i>	55
<i>colistimethate sodium</i>	5	CYSTADROPS	68
COLUMVI	19	CYSTAGON	51
COMBIVENT RESPIMAT	71	CYSTARAN	68
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	53	<i>dactinomycin</i>	19
CORLANOR	40	<i>dalfampridine er</i>	43
CORTIFOAM	66	DALVANCE	5
COSELA	67	<i>danazol</i>	54
COSENTYX	62	<i>dantrolene sodium</i>	28
COSENTYX SENSOREADY PEN	62	DANYELZA	24
COSENTYX UNOREADY	62	<i>dapsone</i>	16
COTELLIC	19	DAPTACEL	64
CREON	50	<i>daptomycin</i>	5
CRESEMBA	14	DAPTOMYCIN/SODIUM CHLORIDE	5
CRINONE	59	DARIFENACIN HYDROBROMIDE ER	51

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>darunavir</i>	31	<i>dextrose 5% /electrolyte #48 viaflex</i>	46
DARZALEX	24	<i>dextrose 10%</i>	46
DARZALEX FASPRO	24	<i>dextrose 10%/sodium chloride 0.2%</i>	46
<i>dasetta 1/35</i>	55	<i>dextrose 10%/sodium chloride 0.45%</i>	46
<i>dasetta 7/7/7</i>	55	<i>dextrose 2.5%/sodium chloride 0.45%</i>	46
<i>daunorubicin hydrochloride</i>	19	<i>dextrose 25%</i>	46
DAURISMO	19	<i>dextrose 5%</i>	46
<i>daysee</i>	55	<i>dextrose 5%/lactated ringers</i>	46
DAYVIGO	74	<i>dextrose 5%/sodium chloride 0.2%</i>	46
<i>deblitane</i>	59	<i>dextrose 5%/sodium chloride 0.3%</i>	46
<i>decitabine</i>	19	<i>dextrose 5%/sodium chloride 0.33%</i>	46
<i>deferasirox</i>	48	<i>dextrose 5%/sodium chloride 0.45%</i>	46
<i>deferiprone</i>	48	<i>dextrose 5%/sodium chloride 0.9%</i>	46
<i>deferoxamine mesylate</i>	67	<i>dextrose 50%</i>	46
DELSTRIGO	29	<i>dextrose/sodium chloride</i>	46
<i>delyla</i>	55	DIACOMIT	10
<i>demeclocycline hcl</i>	9	<i>diazepam</i>	32
<i>demeclocycline hydrochloride</i>	9	<i>diazepam intensol</i>	32
DENG VAXIA	64	<i>diazepam rectal gel</i>	10
DEPO-ESTRADIOL	55	<i>diazoxide</i>	33
DEPO-SUBQ PROVERA 104	59	<i>dichlorphenamide</i>	67
DESCOVY	30	<i>diclofenac potassium</i>	1
<i>desipramine hydrochloride</i>	13	<i>diclofenac sodium</i>	1
<i>desloratadine</i>	71	<i>diclofenac sodium</i>	69
<i>desmopressin acetate</i>	54	<i>diclofenac sodium dr</i>	1
<i>desogestrel/ethinyl estradiol</i>	55	<i>diclofenac sodium er</i>	1
<i>desonide</i>	53	<i>diclofenac sodium/misoprostol</i>	1
<i>desoximetasone</i>	45	<i>dicloxacillin sodium</i>	7
<i>desvenlafaxine er</i>	12	<i>dicyclomine hcl</i>	49
<i>dexamethasone</i>	53	<i>dicyclomine hydrochloride</i>	49
DEXAMETHASONE INTENSOL	53	DIFICID	8
<i>dexamethasone sodium phosphate</i>	53	<i>diflunisal</i>	1
<i>dexamethasone sodium phosphate</i>	69	<i>digitek</i>	37
DEXAMETHASONE SODIUM	53	<i>digox</i>	38
PHOSPHATE +RFID		DIGOXIN	37
<i>dexlansoprazole</i>	50	<i>dihydroergotamine mesylate</i>	15
<i>dexmethylphenidate hcl</i>	42	DILANTIN	11
<i>dexmethylphenidate hcl er</i>	42	DILANTIN INFATABS	11
<i>dexmethylphenidate hydrochloride</i>	43	<i>diltiazem hcl</i>	39
<i>dexmethylphenidate hydrochloride er</i>	42	<i>diltiazem hcl cd</i>	39
<i>dexrazoxane</i>	19	<i>diltiazem hcl er</i>	39
DEXTROAMPHETAMINE SULFATE	42	<i>diltiazem hydrochloride</i>	40
<i>dextroamphetamine sulfate er</i>	42	<i>diltiazem hydrochloride er</i>	39
<i>dextrose</i>	46	<i>dilt-xr</i>	39

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>dimenhydrinate</i>	13	<i>doxorubicin hydrochloride liposomal</i>	20
<i>dimethyl fumarate</i>	43	<i>doxy 100</i>	9
<i>dimethyl fumarate starterpack</i>	43	<i>doxycycline</i>	9
DIPENTUM	65	<i>doxycycline hyclate</i>	9
<i>diphenhydramine hcl</i>	71	<i>doxycycline hyclate dr</i>	9
<i>diphenhydramine hydrochloride</i>	71	<i>doxycycline monohydrate</i>	9
<i>diphenoxylate hydrochloride/atropine</i>	49	DRIZALMA SPRINKLE	12
<i>sulfate</i>		<i>dronabinol</i>	14
<i>diphenoxylate/atropine</i>	49	<i>droperidol</i>	13
DIPHThERIA/TETANUS TOXOIDS	64	DROPLET PEN NEEDLES 29GX10MM	67
ADSORBED PEDIATRIC		<i>drospirenone/ethinyl estradiol</i>	55
<i>disulfiram</i>	4	<i>drospirenone/ethinyl estradiol/levomefolate</i>	55
DIURIL	41	<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	73
<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	62
<i>docetaxel</i>	20	<i>duramorph</i>	2
<i>dofetilide</i>	38	<i>dutasteride</i>	52
<i>dolishale</i>	55	DYSPORT	28
<i>donepezil hcl</i>	11	EASY COMFORT INSULIN	67
<i>donepezil hydrochloride</i>	11	SYRINGE/1ML/32GX5/16"	
<i>donepezil hydrochloride odt</i>	11	EASY COMFORT INSULIN	67
<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>	68	<i>efavirenz</i>	29
<i>dorzolamide hydrochloride</i>	70	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	29
<i>dorzolamide hydrochloride/timolol maleate</i>	68	<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>	52	ELAPRASE	51
<i>doxazosin mesylate</i>	52	ELELYSO	51
<i>doxepin hcl</i>	13	ELEPSIA XR	9
<i>doxepin hydrochloride</i>	13	ELIGARD	60
DOXEPIN HYDROCHLORIDE	45	<i>elimest</i>	55
<i>doxepin hydrochloride</i>	74	ELIQUIS	34
<i>doxercalciferol</i>	66	ELIQUIS STARTER PACK	34
<i>doxorubicin hcl</i>	20	ELITEK	25
<i>doxorubicin hydrochloride</i>	20	<i>elixophyllin</i>	72

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
ELLA	67	epoprostenol sodium	72
ELMIRON	52	EPRONTIA	9
ELREXFIO	20	EQUETRO	32
<i>eluryng</i>	55	ERAXIS	14
ELZONRIS	20	ERBITUX	24
EMCYT	18	ERGOMAR	15
EMEND	14	ERGOTAMINE TARTRATE/CAFFEINE	15
EMGALITY	16	<i>eribulin mesylate</i>	20
<i>emoquette</i>	55	ERIVEDGE	22
EMPAVELI	62	ERLEADA	18
EMPLICITI	24	<i>erlotinib hydrochloride</i>	22
EMSAM	12	<i>errin</i>	59
<i>emtricitabine</i>	30	<i>ertapenem</i>	8
<i>emtricitabine/tenofovir disoproxil</i>	30	<i>ertapenem sodium</i>	8
<i>emtricitabine/tenofovir disoproxil fumarate</i>	30	<i>ery</i>	8
EMTRIVA	30	ERYTHROCIN LACTOBIONATE	8
<i>emzahh</i>	59	<i>erythrocine stearate</i>	8
<i>enalapril maleate</i>	37	<i>erythromycin</i>	8
<i>enalapril maleate/hydrochlorothiazide</i>	37	<i>erythromycin base</i>	8
<i>enalaprilat</i>	37	<i>erythromycin dr</i>	8
ENBREL	63	<i>erythromycin ethylsuccinate</i>	8
ENBREL MINI	63	<i>erythromycin lactobionate</i>	8
ENBREL SURECLICK	63	<i>escitalopram oxalate</i>	12
ENDARI	51	<i>esmolol hcl</i>	38
<i>endocet</i>	2	<i>esmolol hydrochloride in sodium chloride</i>	38
ENGERIX-B	64	<i>esmolol hydrochloride in sodium chloride</i>	38
ENHERTU	24	<i>double strength</i>	
<i>enilloring</i>	55	<i>esmolol hydrochloride/sodium chloride</i>	38
<i>enoxaparin sodium</i>	34	<i>esomeprazole magnesium</i>	50
<i>enpresse-28</i>	55	<i>estarylla</i>	55
<i>enskyce</i>	55	<i>estazolam</i>	32
<i>entacapone</i>	26	ESTRADIOL	55
<i>entecavir</i>	29	<i>estradiol valerate</i>	55
ENTRESTO	40	<i>estradiol/norethindrone acetate</i>	55
<i>enulose</i>	49	ESTRING	56
EPCLUSA	29	<i>ethacrynate sodium</i>	41
EPIDIOLEX	9	<i>ethacrynic acid</i>	41
<i>epinastine hcl</i>	69	<i>ethambutol hydrochloride</i>	16
<i>epinephrine</i>	72	<i>ethosuximide</i>	10
<i>epitol</i>	11	<i>ethynodiol diacetate/ethinyl estradiol</i>	56
EPIVIR HBV	29	<i>etodolac</i>	1
EPKINLY	20	<i>etodolac er</i>	1
<i>eplerenone</i>	41	<i>etonogestrel/ethinyl estradiol</i>	56
EPOGEN	35	ETOPOPHOS	22

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>etoposide</i>	22	<i>finzala</i>	56
<i>etravirine</i>	29	FIRMAGON	60
<i>euthyrox</i>	59	<i>flac</i>	70
<i>everolimus</i>	22	<i>flavoxate hcl</i>	51
<i>everolimus</i>	63	FLEBOGAMMA DIF	61
EVOMELA	17	<i>flecainide acetate</i>	38
EVOTAZ	31	FLOVENT DISKUS	71
<i>exemestane</i>	22	FLOVENT HFA	71
EXKIVITY	22	<i>floxuridine</i>	18
EXONDYS 51	51	<i>fluconazole</i>	15
EXSERVAN	43	<i>fluconazole in nacl</i>	14
EXTAVIA	43	<i>fluconazole in sodium chloride</i>	14
<i>ezetimibe</i>	41	<i>flucytosine</i>	15
FABRAZYME	51	<i>fludarabine phosphate</i>	20
<i>falmina</i>	56	<i>fludrocortisone acetate</i>	53
<i>famciclovir</i>	31	<i>flunisolide</i>	71
<i>famotidine</i>	50	<i>fluocinolone acetate</i>	53
<i>famotidine premixed</i>	50	<i>fluocinolone acetate</i>	70
FANAPT	27	<i>fluocinolone acetate body</i>	53
FANAPT TITRATION PACK	27	<i>fluocinolone acetate ear drops</i>	70
FARXIGA	32	<i>fluocinolone acetate scalp</i>	53
FASLODEX	18	<i>fluocinolone acetate topical</i>	53
<i>febuxostat</i>	15	<i>fluocinonide</i>	45
<i>felbamate</i>	9	<i>fluoride</i>	46
<i>felodipine er</i>	39	<i>fluoritab</i>	47
FEMRING	56	<i>fluorometholone</i>	69
<i>femynor</i>	56	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>	53
<i>fentanyl citrate oral transmucosal</i>	2	<i>flurazepam hcl</i>	74
FERRIPROX	48	<i>flurazepam hydrochloride</i>	74
FERRIPROX TWICE-A-DAY	48	<i>flurbiprofen</i>	1
<i>fesoterodine fumarate er</i>	51	<i>flurbiprofen sodium</i>	69
FETROJA	7	<i>flutamide</i>	18
FETZIMA	12	<i>fluticasone propionate</i>	53
FETZIMA TITRATION PACK	12	<i>fluticasone propionate</i>	71
FINACEA	45	<i>fluticasone propionate/salmeterol</i>	71
<i>finasteride</i>	52	<i>fluticasone propionate/salmeterol diskus</i>	71
<i>fingolimod hydrochloride</i>	43	<i>fluvastatin sodium er</i>	41
FINTEPLA	9	<i>flvoxamine maleate</i>	12

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>fluvoxamine maleate er</i>	12	<i>gefitinib</i>	22
FOLOTYN	18	<i>gemcitabine hydrochloride</i>	18
<i>fomepizole</i>	67	<i>gemfibrozil</i>	41
<i>fondaparinux sodium</i>	35	<i>gemmily</i>	56
FORTEO	66	GEMTESA	51
<i>fosamprenavir calcium</i>	31	<i>generlac</i>	49
<i>fosaprepitant dimeglumine</i>	14	<i>gengraf</i>	63
<i>fosfomycin tromethamine</i>	5	<i>gentak</i>	4
<i>fosinopril sodium</i>	37	<i>gentamicin sulfate</i>	4
<i>fosinopril sodium/hydrochlorothiazide</i>	37	<i>gentamicin sulfate pediatric</i>	4
<i>fosphenytoin sodium</i>	11	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
FOSRENOL	48	GENVOYA	29
FOTIVDA	18	GILENYA	43
FRAGMIN	35	GILOTRIF	22
FRUZAQLA	22	GLASSIA	73
FULPHILA	35	<i>glatiramer acetate</i>	43
<i>fulvestrant</i>	18	<i>glatopa</i>	44
<i>furosemide</i>	41	GLEOSTINE	17
FUZEON	30	<i>glimepiride</i>	32
FYARRO	22	GLIPIZIDE	33
<i>fyavolv</i>	56	<i>glipizide er</i>	32
FYCOMPA	9	<i>glipizide xl</i>	32
FYLNETRA	35	<i>glipizide/metformin hydrochloride</i>	33
<i>gabapentin</i>	10	GLOBAL ALCOHOL PREP EASE PADS	67
GABLOFEN	28	GLUCAGEN HYPOKIT	33
GALAFOLD	51	GLUCAGON EMERGENCY KIT	33
<i>galantamine hydrobromide</i>	11	GLUCAGON EMERGENCY KIT FOR	34
<i>galantamine hydrobromide er</i>	11	LOW BLOOD SUGAR	
GAMASTAN	61	<i>glycopyrrolate</i>	49
GAMMAGARD LIQUID	61	<i>glydo</i>	3
GAMMAGARD S/D IGA LESS THAN	61	GLYXAMBI	33
1MCG/ML		<i>granisetron hcl</i>	14
GAMMAKED	61	<i>granisetron hydrochloride</i>	14
GAMMAPLEX	61	GRANIX	35
GAMUNEX-C	61	GRASTEK	67
<i>ganciclovir</i>	28	<i>griseofulvin microsize</i>	15
GARDASIL 9	64	<i>griseofulvin ultramicrosize</i>	15
<i>gatifloxacin</i>	8	HADLIMA	63
GATTEX	49	HADLIMA PUSHTOUCH	63
<i>gavilyte-c</i>	49	HAEGARDA	61
<i>gavilyte-g</i>	49	<i>hailey 1.5/30</i>	56
<i>gavilyte-n/flavor pack</i>	49	<i>hailey 24 fe</i>	56
GAVRETO	20	<i>hailey fe 1.5/30</i>	56
GAZYVA	24	<i>hailey fe 1/20</i>	56

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
HALAVEN	20	HUMULIN N KWIKPEN	34
<i>halobetasol propionate</i>	53	<i>humulin r</i>	34
<i>haloette</i>	56	HUMULIN R U-500 (CONCENTRATED)	34
<i>haloperidol</i>	27	HUMULIN R U-500 KWIKPEN	34
<i>haloperidol decanoate</i>	26	<i>hydralazine hcl</i>	42
<i>haloperidol lactate</i>	27	<i>hydralazine hydrochloride</i>	42
HARVONI	29	<i>hydrochlorothiazide</i>	41
HAVRIX	64	<i>hydrocodone bitartrate/acetaminophen</i>	3
<i>heather</i>	59	<i>hydrocodone/acetaminophen</i>	3
HEMANGEOL	38	<i>hydrocodone/ibuprofen</i>	3
HEPAGAM B	61	<i>hydrocortisone</i>	53
<i>heparin sodium</i>	35	<i>hydrocortisone</i>	66
<i>heparin sodium/d5w</i>	35	<i>hydrocortisone butyrate</i>	53
<i>heparin sodium/dextrose</i>	35	<i>hydrocortisone butyrate (lipid)</i>	53
<i>heparin sodium/nacl 0.45%</i>	35	<i>hydrocortisone butyrate (lipophilic)</i>	53
<i>heparin sodium/sodium chloride</i>	35	<i>hydrocortisone/acetic acid</i>	70
<i>heparin sodium/sodium chloride 0.9%</i>	35	<i>hydromorphone hcl</i>	3
<i>heparin sodium/sodium chloride 0.9% premix</i>	35	<i>hydromorphone hydrochloride</i>	3
HEPLISAV-B	64	<i>hydroxychloroquine sulfate</i>	25
HERCEPTIN	24	<i>hydroxyprogesterone caproate</i>	59
HERCEPTIN HYLECTA	24	<i>hydroxyurea</i>	18
HERZUMA	24	<i>hydroxyzine hcl</i>	71
HETLIOZ LQ	74	<i>hydroxyzine hydrochloride</i>	71
HIBERIX	64	<i>hydroxyzine pamoate</i>	71
HIZENTRA	61	HYPERHEP B	62
HUMALOG	34	HYPERRHO S/D	62
HUMALOG JUNIOR KWIKPEN	34	HYPERRHO S/D MINI-DOSE	62
HUMALOG KWIKPEN	34	HYQVIA	62
HUMALOG MIX 50/50	34	<i>ibandronate sodium</i>	66
HUMALOG MIX 50/50 KWIKPEN	34	IBRANCE	20
HUMALOG MIX 75/25	34	<i>ibu</i>	1
HUMALOG MIX 75/25 KWIKPEN	34	<i>ibuprofen</i>	1
HUMIRA	64	<i>ibuprofen/famotidine</i>	1
HUMIRA PEDIATRIC CROHNS	63	<i>icatibant acetate</i>	61
DISEASE STARTER PACK		<i>iclevia</i>	56
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>	34	<i>ifosfamide</i>	17
HUMULIN 70/30 KWIKPEN	34	ILARIS	62
<i>humulin n</i>	34	ILEVRO	69
		<i>imatinib mesylate</i>	22

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
IMBRUVICA	22	isoproterenol hydrochloride	72
IMDELLTRA	20	isosorbide dinitrate	42
IMFINZI	24	isosorbide dinitrate/hydralazine	42
<i>imipenem/cilastatin</i>	8	<i>hydrochloride</i>	
<i>imipramine hcl</i>	13	<i>isosorbide mononitrate</i>	42
<i>imipramine hydrochloride</i>	13	<i>isosorbide mononitrate er</i>	42
<i>imipramine pamoate</i>	13	<i>isotonic gentamicin</i>	4
<i>imiquimod</i>	45	<i>isotretinoin</i>	45
<i>imiquimod pump</i>	45	<i>isradipine</i>	39
IMJUDO	24	ISTODAX	20
IMOVAX RABIES (H.D.C.V.)	65	ISTURISA	60
IMVEXXY MAINTENANCE PACK	56	<i>itraconazole</i>	15
IMVEXXY STARTER PACK	56	<i>ivermectin</i>	25
<i>incassia</i>	59	<i>ivermectin</i>	46
INCRELEX	54	IWILFIN	20
<i>indapamide</i>	41	IXCHIQ	65
INFANRIX	65	IXEMPRA KIT	20
INFLECTRA	64	IXIARO	65
<i>infliximab</i>	64	<i>jaimiess</i>	56
INFUGEM	19	JAKAFI	23
INGREZZA	43	<i>jantoven</i>	35
INLYTA	22	JANUMET	33
INQOVI	22	JANUMET XR	33
INREBIC	20	JANUVIA	33
INTELENCE	29	JARDIANCE	33
INTRALIPID	67	<i>jasmiel</i>	56
<i>introvale</i>	56	JAYPIRCA	23
INVEGA HAFYERA	27	JEMPERLI	24
INVEGA SUSTENNA	27	<i>jencycla</i>	59
INVEGA TRINZA	27	JENTADUETO	33
IONOSOL-MB/DEXTROSE 5%	47	JENTADUETO XR	33
IPOL INACTIVATED IPV	65	JEVTANA	20
<i>ipratropium bromide</i>	71	<i>jinteli</i>	56
<i>ipratropium bromide/albuterol sulfate</i>	71	<i>jolessa</i>	56
<i>irbesartan</i>	37	<i>joyeaux</i>	56
<i>irbesartan/hydrochlorothiazide</i>	37	<i>juleber</i>	56
<i>irinotecan hydrochloride</i>	22	JULUCA	29
ISENTRESS	29	<i>junel 1.5/30</i>	56
ISENTRESS HD	29	<i>junel 1/20</i>	56
<i>isibloom</i>	56	<i>junel fe 1.5/30</i>	56
ISOLYTE-P/DEXTROSE 5%	47	<i>junel fe 1/20</i>	56
ISOLYTE-S	47	<i>junel fe 24</i>	56
ISOLYTE-S PH 7.4	47	JUXTAPID	41
<i>isoniazid</i>	16	JYLAMVO	64

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
JYNARQUE	48	KORLYM	33
JYNNEOS	65	KOSELUGO	23
KADCYLA	24	<i>kourzeq</i>	44
<i>kaitlib fe</i>	56	KRAZATI	20
KALBITOR	67	KRINTAFEL	25
<i>kalliga</i>	56	KRISTALOSE	49
KALYDECO	72	KRYSTEXXA	15
KANJINTI	24	<i>kurvelo</i>	56
KANUMA	51	KYPROLIS	22
KAPSPARGO SPRINKLE	39	<i>labetalol hydrochloride</i>	39
<i>kariva</i>	56	<i>lacosamide</i>	11
KAZANO	33	<i>lactated ringers irrigation</i>	67
<i>kcl 0.075%/d5w/nacl 0.45%</i>	47	<i>lactulose</i>	49
<i>kcl 0.15%/d5w/nacl 0.2%</i>	47	LAGEVRIO	67
<i>kcl 0.15%/d5w/nacl 0.225%</i>	47	<i>lamivudine</i>	29
<i>kcl 0.15%/d5w/nacl 0.45%</i>	47	<i>lamivudine</i>	30
<i>kcl 0.15%/d5w/nacl 0.9%</i>	47	<i>lamivudine/zidovudine</i>	30
<i>kcl 0.3%/d5w/nacl 0.45%</i>	47	<i>lamotrigine</i>	9
<i>kcl 0.3%/d5w/nacl 0.9%</i>	47	<i>lamotrigine er</i>	9
<i>kelnor 1/35</i>	56	<i>lamotrigine starter kit/blue</i>	9
<i>kelnor 1/50</i>	56	<i>lamotrigine starter kit/green</i>	9
<i>kemoplat</i>	17	<i>lamotrigine starter kit/orange</i>	9
KEPIVANCE	44	<i>lamotrigine titration</i>	9
KERENDIA	40	LANOXIN PEDIATRIC	38
<i>ketoconazole</i>	15	LANREOTIDE ACETATE	60
<i>ketorolac tromethamine</i>	1	<i>lansoprazole</i>	50
<i>ketorolac tromethamine</i>	69	<i>lanthanum carbonate</i>	48
KEYTRUDA	24	LANTUS	34
KIMMTRAK	20	LANTUS SOLOSTAR	34
KIMYRSA	5	<i>lapatinib ditosylate</i>	23
KINERET	64	<i>larin 1.5/30</i>	56
KINRIX	65	<i>larin 1/20</i>	56
<i>kionex</i>	48	<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>	70
<i>klayesta</i>	15	<i>layolis fe</i>	57
<i>klor-con</i>	47	LEDIPASVIR/SOFOSBUVIR	29
<i>klor-con 10</i>	47	<i>leena</i>	57
<i>klor-con 8</i>	47	<i>leflunomide</i>	62
<i>klor-con m10</i>	47	LEMTRADA	62
<i>klor-con m15</i>	47	<i>lenalidomide</i>	18
<i>klor-con m20</i>	47	LENVIMA 10 MG DAILY DOSE	23

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
LENVIMA 12MG DAILY DOSE	23	<i>lidocaine hcl in d5w</i>	38
LENVIMA 14 MG DAILY DOSE	23	<i>lidocaine hcl jelly</i>	3
LENVIMA 18 MG DAILY DOSE	23	<i>lidocaine hcl viscous</i>	44
LENVIMA 20 MG DAILY DOSE	23	<i>lidocaine hcl/dextrose</i>	38
LENVIMA 24 MG DAILY DOSE	23	<i>lidocaine hydrochloride</i>	3
LENVIMA 4 MG DAILY DOSE	23	<i>lidocaine hydrochloride viscous</i>	44
LENVIMA 8 MG DAILY DOSE	23	<i>lidocaine viscous</i>	44
<i>lessina</i>	57	<i>lidocaine/prilocaine</i>	3
<i>letrozole</i>	22	<i>lillow</i>	57
<i>leucovorin calcium</i>	20	<i>lincomycin hcl</i>	5
LEUKERAN	17	<i>lincomycin hydrochloride</i>	5
LEUKINE	35	<i>lindane</i>	46
LEUPROLIDE ACETATE	60	<i>linezolid</i>	5
<i>levalbuterol hcl</i>	72	LINZESS	49
<i>levalbuterol hydrochloride</i>	72	LIORESAL INTRATHECAL	28
<i>levalbuterol tartrate hfa</i>	72	<i>liothyronine sodium</i>	60
LEVEMIR	34	<i>lisinopril</i>	37
LEVEMIR FLEXPEN	34	<i>lisinopril/hydrochlorothiazide</i>	37
LEVEMIR FLEXTOUCH	34	<i>lithium</i>	32
<i>levetiracetam</i>	10	<i>lithium carbonate</i>	32
<i>levetiracetam er</i>	9	<i>lithium carbonate er</i>	32
<i>levetiracetam/sodium chloride</i>	10	LITHOSTAT	52
<i>levobunolol hcl</i>	70	LIVTENCITY	28
<i>levocarnitine</i>	67	LO LOESTRIN FE	57
<i>levocetirizine dihydrochloride</i>	71	<i>lojaimiess</i>	57
<i>levofloxacin</i>	8	LONHALA MAGNAIR REFILL KIT	71
<i>levofloxacin in d5w</i>	8	LONHALA MAGNAIR STARTER KIT	71
<i>levoleucovorin</i>	20	LONSURF	19
<i>levonest</i>	57	<i>loperamide hcl</i>	49
<i>levonorgestrel and ethinyl estradiol</i>	57	<i>lopinavir/ritonavir</i>	31
<i>levonorgestrel/ethinyl estradiol</i>	57	LOQTORZI	24
<i>levonorgestrel/ethinyl estradiol/ferrous</i>	57	<i>lorazepam</i>	32
<i>bisglycinate</i>		LORBRENA	20
<i>levora 0.15/30-28</i>	57	<i>loryna</i>	57
<i>levo-t</i>	60	<i>losartan potassium</i>	37
<i>levothyroxine sodium</i>	60	<i>losartan potassium/hydrochlorothiazide</i>	37
<i>levoxyl</i>	60	<i>loteprednol etabonate</i>	69
LEXIVA	31	<i>lovastatin</i>	41
LIBERVANT	10	<i>low-ogestrel</i>	57
LIBTAYO	24	<i>loxapine</i>	27
<i>lidocaine</i>	4	<i>lo-zumandimine</i>	57
<i>lidocaine hcl</i>	3	LUBIPROSTONE	49
<i>lidocaine hcl</i>	38	LUCEMYRA	4
<i>lidocaine hcl</i>	44	LUMAKRAS	20

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
LUMIGAN	70	MEKTOVI	20
LUMIZYME	51	<i>meloxicam</i>	1
LUMOXITI	24	<i>melfalan hydrochloride</i>	17
LUNSUMIO	20	<i>memantine hcl titration pak</i>	11
LUPKYNIS	64	<i>memantine hydrochloride</i>	12
LUPRON DEPOT (1-MONTH)	60	<i>memantine hydrochloride er</i>	12
LUPRON DEPOT (3-MONTH)	60	MENACTRA	65
LUPRON DEPOT (4-MONTH)	60	MENQUADFI	65
LUPRON DEPOT (6-MONTH)	60	MENTAX	15
LUPRON DEPOT-PED (1-MONTH)	60	MENVEO	65
LUPRON DEPOT-PED (3-MONTH)	60	<i>meprobamate</i>	31
LUPRON DEPOT-PED (6-MONTH)	60	<i>mercaptopurine</i>	19
<i>lurasidone hydrochloride</i>	27	<i>meropenem</i>	8
<i>lutea</i>	57	MEROPENEM/SODIUM CHLORIDE	8
LYBALVI	27	<i>merzee</i>	57
<i>lyleq</i>	59	<i>mesalamine</i>	66
<i>lyllana</i>	57	<i>mesalamine dr</i>	66
LYNPARZA	20	<i>mesalamine er</i>	66
LYSODREN	60	<i>mesna</i>	25
LYTGOBI	20	MESNEX	25
<i>lyza</i>	59	<i>metformin hydrochloride</i>	33
<i>mafenide acetate</i>	5	<i>metformin hydrochloride er</i>	33
<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>	46	<i>methadose</i>	2
<i>maraviroc</i>	30	<i>methadose sugar-free</i>	2
MARGENZA	24	<i>methazolamide</i>	70
<i>marlissa</i>	57	<i>methenamine hippurate</i>	5
MARPLAN	12	<i>methergine</i>	67
MATULANE	17	<i>methimazole</i>	61
<i>matzim la</i>	40	<i>methocarbamol</i>	74
MAVENCLAD	44	<i>methotrexate</i>	64
MAVYRET	29	<i>methotrexate sodium</i>	64
MAYZENT	44	<i>methoxsalen</i>	45
MAYZENT STARTER PACK	44	<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>	43
<i>medroxyprogesterone acetate</i>	59	<i>methylphenidate hydrochloride cd</i>	43
<i>mefenamic acid</i>	1	<i>methylphenidate hydrochloride er</i>	43
<i>mefloquine hcl</i>	25	<i>methylprednisolone</i>	53
<i>megestrol acetate</i>	59	<i>methylprednisolone acetate</i>	53
MEKINIST	23	<i>methylprednisolone dose pack</i>	53

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>methylprednisolone sodium succinate</i>	53	M-M-R II	65
<i>methylprednisolone sodiumsuccinate</i>	53	MODAFINIL	74
<i>metoclopramide hcl</i>	49	<i>moexipril hcl</i>	37
<i>metoclopramide hydrochloride</i>	49	MOLINDONE HYDROCHLORIDE	27
<i>metoclopramide odt</i>	50	<i>mometasone furoate</i>	53
<i>metolazone</i>	41	<i>mondoxylene nl</i>	9
<i>metoprolol succinate er</i>	39	MONJUVI	24
<i>metoprolol tartrate</i>	39	<i>mono-lynyah</i>	57
<i>metoprolol/hydrochlorothiazide</i>	39	<i>montelukast sodium</i>	71
<i>metronidazole</i>	5	<i>morphine sulfate</i>	3
<i>metronidazole</i>	45	<i>morphine sulfate er</i>	2
<i>metronidazole vaginal</i>	5	MOUNJARO	33
<i>metryrosine</i>	40	MOVANTIK	50
<i>mexiletine hcl</i>	38	<i>moxifloxacin hydrochloride/sodium</i>	8
MIACALCIN	66	<i>hydrochloride</i>	
<i>mibelas 24 fe</i>	57	<i>moxifloxacin hydrochloride</i>	8
<i>micafungin</i>	15	MOZOBIL	35
<i>miconazole 3</i>	15	MRESVIA	65
MICRHOGAM ULTRA-FILTERED PLUS	62	MULPLETA	36
<i>microgestin 1.5/30</i>	57	MULTAQ	38
<i>microgestin 1/20</i>	57	<i>multiple electrolytes injection type 1</i>	47
<i>microgestin 24 fe</i>	57	<i>mupirocin</i>	5
<i>microgestin fe 1.5/30</i>	57	<i>mutamycin</i>	20
<i>microgestin fe 1/20</i>	57	MVASI	24
<i>midazolam hcl</i>	32	MYALEPT	67
<i>midazolam hydrochloride</i>	32	MYCOPHENOLATE MOFETIL	64
<i>midodrine hcl</i>	36	<i>mycophenolic acid dr</i>	64
<i>mifepristone</i>	33	MYLOTARG	24
MIGERGOT	15	MYOBLOC	28
<i>miglitol</i>	33	<i>myorisan</i>	45
<i>miglustat</i>	51	MYRBETRIQ	52
<i>mili</i>	57	NABI-HB	62
<i>milrinone lactate in dextrose</i>	40	<i>nabumetone</i>	1
<i>mimvey</i>	57	<i>nadolol</i>	39
MINOCIN	9	NAFCILLIN	7
<i>minocycline hcl</i>	9	<i>nafcillin sodium</i>	7
<i>minocycline hydrochloride</i>	9	<i>nafrinse</i>	47
<i>minocycline hydrochloride er</i>	9	NAFTIFINE HCL	15
<i>minoxidil</i>	42	NAFTIFINE HYDROCHLORIDE	15
<i>mirtazapine</i>	12	NAGLAZYME	51
<i>mirtazapine odt</i>	12	<i>nalbuphine hcl</i>	3
<i>misoprostol</i>	50	<i>naloxone hcl</i>	4
<i>mitomycin</i>	20	<i>naloxone hydrochloride</i>	4
<i>mitoxantrone hcl</i>	20	<i>naltrexone hcl</i>	4

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>naproxen</i>	1	<i>nicardipine hcl</i>	39
<i>naproxen dr</i>	1	NICARDIPINE HYDROCHLORIDE	39
<i>naproxen sodium</i>	1	NICARDIPINE	39
<i>naratriptan hcl</i>	16	HYDROCHLORIDE/SODIUM	
NARCAN	4	CHLORIDE	
NATACYN	15	NICOTROL INHALER	4
NATAZIA	57	NICOTROL NS	4
<i>nateglinide</i>	33	<i>nifedipine er</i>	39
NATPARA	66	<i>nikki</i>	57
NAYZILAM	10	<i>nilutamide</i>	18
<i>nebivolol</i>	39	<i>nimodipine</i>	39
<i>nebivolol hydrochloride</i>	39	NINLARO	20
<i>necon 0.5/35-28</i>	57	<i>nitazoxanide</i>	25
<i>nefazodone hydrochloride</i>	12	<i>nitisinone</i>	51
<i>nelarabine</i>	19	NITRO-BID	42
NEMBUTAL SODIUM	74	NITRO-DUR	42
<i>neomycin sulfate</i>	4	<i>nitrofurantoin macrocrystals</i>	6
<i>neomycin/bacitracin/polymyxin</i>	69	<i>nitrofurantoin monohydrate</i>	6
<i>neomycin/polymyxin b sulfates</i>	4	<i>nitrofurantoin monohydrate/macrocrystals</i>	6
<i>neomycin/polymyxin/bacitracin</i>	69	<i>nitroglycerin</i>	42
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	69	NITROGLYCERIN	50
<i>one</i>		<i>nitroglycerin in dextrose 5%</i>	42
<i>neomycin/polymyxin/dexamethasone</i>	69	<i>nitroglycerin transdermal</i>	42
<i>neomycin/polymyxin/gramicidin</i>	69	NIVA THYROID	60
<i>neomycin/polymyxin/hc</i>	70	NIVESTYM	36
<i>neomycin/polymyxin/hydrocortisone</i>	69	<i>nizatidine</i>	50
<i>neomycin/polymyxin/hydrocortisone</i>	70	<i>nora-be</i>	59
<i>neo-polycin</i>	69	NORDITROPIN FLEXP	54
<i>neo-polycin hc</i>	69	<i>norelgestromin/ethinyl estradiol</i>	57
NERLYNX	20	<i>norepinephrine bitartrate</i>	40
NESINA	33	<i>norethindrone</i>	59
NEULASTA	36	<i>norethindrone & ethinyl estradiol ferrous</i>	57
NEULASTA ONPRO KIT	36	<i>fumarate</i>	
NEUPOGEN	36	<i>norethindrone acetate</i>	59
NEUPRO	26	<i>norethindrone acetate/ethinyl estradiol</i>	57
<i>nevirapine</i>	29	<i>norethindrone acetate/ethinyl</i>	57
<i>nevirapine er</i>	30	<i>estradiol/ferrous fumarate</i>	
NEXLETOL	41	<i>norethindrone/ethinyl estradiol/ferrous</i>	57
NEXLIZET	41	<i>fumarate</i>	
NEXTERONE	38	<i>norgestimate/ethinyl estradiol</i>	57
NEXTSTELLIS	57	<i>norlyroc</i>	59
<i>niacin</i>	42	NORMOSOL-M/D5W	47
<i>niacin er</i>	42	NORMOSOL-R	47
<i>niacor</i>	42	<i>nortrel 0.5/35 (28)</i>	57

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>nortrel 1/35</i>	57	<i>ocella</i>	58
<i>nortrel 7/7/7</i>	57	OCTAGAM	62
<i>nortriptyline hcl</i>	13	<i>octreotide acetate</i>	60
<i>nortriptyline hydrochloride</i>	13	ODEFSEY	30
NORVIR	31	ODOMZO	23
NOVAREL	54	OFEV	73
NOVOLOG	34	<i>ofloxacin</i>	8
NOVOLOG FLEXPEN	34	OGIVRI	24
NOVOLOG FLEXPEN RELION	34	OGSIVEO	20
NOVOLOG MIX 70/30	34	OJEMDA	23
NOVOLOG MIX 70/30 PREFILLED	34	OJJAARA	23
FLEXPEN		OLANZAPINE	27
NOVOLOG MIX 70/30 PREFILLED	34	<i>olanzapine odt</i>	27
FLEXPEN RELION		<i>olanzapine/fluoxetine</i>	12
NOVOLOG MIX 70/30 RELION	34	<i>olmesartan medoxomil</i>	37
NOVOLOG PENFILL	34	<i>olmesartan medoxomil/hydrochlorothiazide</i>	37
NOVOLOG RELION	34	<i>olopatadine hcl</i>	69
NOXAFIL	15	<i>olopatadine hydrochloride</i>	69
<i>np thyroid 120</i>	60	<i>omega-3-acid ethyl esters</i>	42
<i>np thyroid 15</i>	60	<i>omeprazole</i>	50
<i>np thyroid 30</i>	60	<i>omeprazole dr</i>	50
<i>np thyroid 60</i>	60	OMNIPOD 5 G6 INTRO KIT (GEN 5)	67
<i>np thyroid 90</i>	60	OMNIPOD 5 G6 PODS (GEN 5)	67
NPLATE	36	OMNIPOD 5 G7 INTRO KIT (GEN 5)	68
NUBEQA	18	OMNIPOD 5 G7 PODS (GEN 5)	68
NUCALA	73	OMNIPOD CLASSIC PDM STARTER	68
NUCYNTA ER	2	KIT (GEN 3)	
NUEDEXTA	43	OMNIPOD CLASSIC PODS (GEN 3)	68
NULOJIX	64	OMNIPOD DASH INTRO KIT (GEN 4)	68
NUPLAZID	27	OMNIPOD DASH PDM KIT (GEN 4)	68
NURTEC	16	OMNIPOD DASH PODS (GEN 4)	68
NUTRILIPID	67	OMNITROPE	54
NUVESSA	6	ONCASPAR	20
NUZYRA	9	<i>ondansetron hcl</i>	14
<i>nyamyc</i>	15	<i>ondansetron hydrochloride</i>	14
<i>nylia 1/35</i>	57	<i>ondansetron odt</i>	14
<i>nylia 7/7/7</i>	57	ONGENTYS	26
NYMALIZE	39	ONTRUZANT	24
<i>nymyo</i>	57	ONUREG	20
<i>nystatin</i>	15	OPDIVO	24
<i>nystatin/triamcinolone</i>	15	OPDUALAG	21
<i>nystop</i>	15	OPSUMIT	73
NYVEPRIA	36	ORALAIR	68
OALIVA	50	<i>oralone dental paste</i>	44

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
ORAVIG	15	PACLITAXEL PROTEIN-BOUND	21
ORBACTIV	6	PARTICLES	
ORENCIA	64	PADCEV	24
ORENCIA CLICKJECT	64	<i>paliperidone er</i>	27
ORENITRAM	73	<i>palonosetron hydrochloride</i>	14
ORENITRAM TITRATION KIT MONTH 1	73	<i>pamidronate disodium</i>	66
ORENITRAM TITRATION KIT MONTH 2	73	PANCREAZE	51
ORENITRAM TITRATION KIT MONTH 3	73	PANRETIN	25
ORFADIN	51	<i>pantoprazole sodium</i>	50
ORGOVYX	61	PANZYGA	62
ORKAMBI	72	<i>paraplatin</i>	17
ORLADEYO	68	PARICALCITOL	66
ORSERDU	21	<i>paromomycin sulfate</i>	5
<i>orsythia</i>	58	<i>paroxetine</i>	12
ORTIKOS	66	<i>paroxetine hcl</i>	12
<i>oseltamivir phosphate</i>	31	<i>paroxetine hcl er</i>	12
OSENI	33	<i>paroxetine hydrochloride</i>	13
OSMOPREP	49	<i>paroxetine hydrochloride er</i>	12
OSPHERA	59	PAXLOVID	68
OTEZLA	62	<i>pazopanib hydrochloride</i>	23
<i>oxacillin sodium</i>	7	PEDIARIX	65
<i>oxaliplatin</i>	17	PEDVAX HIB	65
OXANDROLONE	54	<i>peg-3350/electrolytes</i>	49
<i>oxaprozin</i>	1	<i>peg-3350/electrolytes/ascorbate</i>	50
<i>oxazepam</i>	32	<i>peg-3350/nacl/na bicarbonate/kcl</i>	49
<i>oxcarbazepine</i>	11	PEGASYS	63
OXERVATE	69	PEMAZYRE	21
OXTELLAR XR	11	PEMETREXED	19
<i>oxybutynin chloride</i>	52	<i>pemetrexed disodium</i>	19
<i>oxybutynin chloride er</i>	52	PEMFEXY	19
<i>oxycodone hcl</i>	3	PEMRYDI RTU	19
<i>oxycodone hcl er</i>	2	PENBRAYA	65
<i>oxycodone hydrochloride</i>	3	<i>penicillamine</i>	48
OXYCODONE HYDROCHLORIDE ER	2	<i>penicillin g potassium</i>	7
<i>oxycodone/acetaminophen</i>	3	<i>penicillin g potassium in iso-osmotic dextrose</i>	7
OXYCONTIN	2	<i>penicillin g procaine</i>	7
<i>oxymorphone hydrochloride</i>	3	<i>penicillin v potassium</i>	7
<i>oxymorphone hydrochloride er</i>	2	PENTACEL	65
<i>oxymorphone hydrochlorideer</i>	2	<i>pentamidine isethionate</i>	25
OZEMPIC	33	<i>pentobarbital sodium</i>	74
<i>paclitaxel</i>	21	<i>pentoxifylline er</i>	40
		<i>perindopril erbumine</i>	37
		<i>perigard</i>	44

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
PERJETA	25	PLENAMINE	68
<i>permethrin</i>	46	PLERIXAFOR	36
<i>perphenazine</i>	27	PLIAGLIS	4
<i>perphenazine/amitriptyline</i>	13	<i>podofilox</i>	45
PERSERIS	27	POLIVY	25
PEXEVA	13	<i>polycin</i>	69
<i>phenelzine sulfate</i>	12	<i>polymyxin b sulfate</i>	6
<i>phenobarbital</i>	10	<i>polymyxin b sulfate/trimethoprim sulfate</i>	69
<i>phenobarbital sodium</i>	10	POMALYST	18
<i>phenoxybenzamine hydrochloride</i>	36	<i>portia-28</i>	58
<i>phentolamine mesylate</i>	36	PORTRAZZA	25
<i>phenylephrine hcl</i>	69	<i>posaconazole</i>	15
<i>phenytek</i>	11	<i>posaconazole dr</i>	15
<i>phenytoin</i>	11	<i>potassium chloride</i>	47
<i>phenytoin infatabs</i>	11	<i>potassium chloride er</i>	47
<i>phenytoin sodium</i>	11	<i>potassium chloride/dextrose</i>	47
<i>phenytoin sodium extended</i>	11	<i>potassium chloride/dextrose/lactated</i>	47
PHESGO	21	<i>ringers</i>	
PHEXXI	52	<i>potassium chloride/dextrose/sodium</i>	47
<i>philith</i>	58	<i>chloride</i>	
PHOSLYRA	48	<i>potassium chloride/sodium chloride</i>	47
PIFELTRO	30	<i>potassium citrate er</i>	48
<i>pilocarpine hcl</i>	70	PRADAXA	35
<i>pilocarpine hydrochloride</i>	44	PRALATREXATE	19
<i>pimecrolimus</i>	45	PRALUENT	40
<i>pimozide</i>	27	<i>pramipexole dihydrochloride</i>	26
<i>pimtreea</i>	58	<i>pramipexole dihydrochloride er</i>	26
<i>pindolol</i>	39	<i>prasugrel hydrochloride</i>	36
<i>pioglitazone hcl</i>	33	<i>pravastatin sodium</i>	41
<i>pioglitazone hcl/metformin hcl</i>	33	<i>praziquantel</i>	25
<i>pioglitazone hcl-glimepiride</i>	33	<i>prazosin hydrochloride</i>	37
<i>pioglitazone hydrochloride</i>	33	<i>prednicarbate</i>	53
<i>piperacillin sodium/tazobactam sodium</i>	7	<i>prednisolone</i>	53
PIQRAY 200MG DAILY DOSE	21	<i>prednisolone acetate</i>	69
PIQRAY 250MG DAILY DOSE	21	<i>prednisolone sodium phosphate</i>	53
PIQRAY 300MG DAILY DOSE	21	<i>prednisolone sodium phosphate</i>	69
<i>pirfenidone</i>	73	<i>prednisolone sodium phosphate odt</i>	53
<i>pirmella 1/35</i>	58	<i>prednisone</i>	54
<i>pirmella 7/7/7</i>	58	PREDNISONE INTENSOL	53
<i>piroxicam</i>	1	<i>pregabalin</i>	10
PLASMA-LYTE A	47	PREGNYL	54
PLASMA-LYTE-148	47	<i>pregnyl w/diluent benzyl alcohol/nacl</i>	54
PLEGRIDY	44	PREHEVBRIO	65
PLEGRIDY STARTER PACK	44	PREMARIN	58

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
PREMASOL	68	<i>propranolol hydrochloride</i>	39
PREMPRO	58	<i>propranolol hydrochloride er</i>	39
<i>prenatal</i>	48	<i>propylthiouracil</i>	61
<i>prenatal 19</i>	48	PROQUAD	65
PRETOMANID	16	PROSOL	68
<i>prevalite</i>	42	PROTOPAM CHLORIDE	68
<i>previfem</i>	58	<i>protriptyline hcl</i>	13
PREVYMIS	28	PULMOZYME	72
PREZCOBIX	31	PURIXAN	19
PREZISTA	31	<i>pyrazinamide</i>	16
PRIFTIN	16	<i>pyridostigmine bromide</i>	16
PRIMAQUINE PHOSPHATE	26	<i>pyridostigmine bromide er</i>	16
<i>primidone</i>	10	<i>pyrimethamine</i>	26
PRIORIX	65	QINLOCK	18
PRIVIGEN	62	QUADRACEL	65
PROAIR DIGIHALER	72	<i>quetiapine fumarate</i>	27
PROAIR RESPICLICK	72	<i>quetiapine fumarate er</i>	27
<i>probenecid</i>	15	<i>quinapril hydrochloride</i>	37
<i>probenecid/colchicine</i>	15	<i>quinapril/hydrochlorothiazide</i>	37
<i>procainamide hcl</i>	38	<i>quinidine gluconate cr</i>	38
<i>procainamide hydrochloride</i>	38	<i>quinidine gluconate er</i>	38
<i>prochlorperazine</i>	14	<i>quinidine sulfate</i>	38
<i>prochlorperazine edisylate</i>	13	<i>quinine sulfate</i>	26
<i>prochlorperazine maleate</i>	14	QVAR REDIHALER	71
PROCRIPT	36	RABAVERT	65
<i>procto-med hc</i>	66	<i>rabeprazole sodium</i>	50
<i>procto-pak</i>	66	RAGWITEK	68
<i>proctosol hc</i>	66	<i>raloxifene hydrochloride</i>	59
<i>proctozone-hc</i>	66	<i>ramelteon</i>	74
PROCYSBI	51	<i>ramipril</i>	37
<i>progesterone</i>	59	<i>ranolazine er</i>	40
PROGRAF	64	<i>rasagiline mesylate</i>	26
PROLASTIN-C	73	RAVICTI	51
PROLEUKIN	21	REBIF	44
PROLIA	66	REBIF REBIDOSE	44
PROMACTA	36	REBIF REBIDOSE TITRATION PACK	44
<i>promethazine hcl</i>	14	REBIF TITRATION PACK	44
<i>promethazine hydrochloride</i>	14	REBLOZYL	36
<i>promethegan</i>	14	<i>reclipsen</i>	58
<i>propafenone hcl</i>	38	RECOMBIVAX HB	65
<i>propafenone hydrochloride er</i>	38	RECTIV	50
<i>proparacaine hcl</i>	69	REGONOL	16
<i>propranolol hcl</i>	39	REGRANEX	45
<i>propranolol hcl er</i>	39	RELENZA DISKHALER	31

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
RELISTOR	50	RITUXAN HYCELA	25
REMDESIVIR	68	<i>rivastigmine tartrate</i>	11
REMICADE	64	<i>rivastigmine transdermal system</i>	11
REMODULIN	73	<i>rivelsa</i>	58
RENACIDIN	52	<i>rizatriptan benzoate</i>	16
RENFLEXIS	64	<i>rizatriptan benzoate odt</i>	16
<i>repaglinide</i>	33	ROCKLATAN	69
REPATHA	40	<i>roflumilast</i>	72
REPATHA PUSHTRONEX SYSTEM	40	ROMIDEPSIN	21
REPATHA SURECLICK	40	<i>ropinirole er</i>	26
RESTASIS	69	<i>ropinirole hcl</i>	26
RESTASIS MULTIDOSE	69	<i>ropinirole hydrochloride</i>	26
RETACRIT	36	<i>rosadan</i>	45
RETEVMO	21	<i>rosuvastatin calcium</i>	41
RETROVIR IV INFUSION	30	ROTARIX	65
REVLIMID	18	ROTATEQ	65
REXULTI	27	<i>roweepra</i>	10
REYATAZ	31	ROZLYTREK	21
REYVOW	16	ROZLYTREK	23
REZLIDHIA	23	RUBRACA	23
REZUROCK	64	RUCONEST	61
RHOGAM ULTRA-FILTERED PLUS	62	<i>rufinamide</i>	11
RHOPHYLAC	62	RUKOBIA	30
RHOPRESSA	69	RUXIENCE	25
RIABNI	25	RYBELSUS	33
<i>ribavirin</i>	63	RYBREVANT	25
<i>ribavirin</i>	73	RYDAPT	21
RIDAURA	62	RYLAZE	21
<i>rifabutin</i>	16	RYTARY	26
<i>rifampin</i>	16	<i>sajazir</i>	61
<i>riluzole</i>	43	<i>salsalate</i>	1
<i>rimantadine hydrochloride</i>	31	SANCUSO	14
RIMSO-50	52	SANDOSTATIN LAR DEPOT	61
<i>ringers injection</i>	48	SANTYL	45
<i>ringers irrigation</i>	68	<i>sapropterin dihydrochloride</i>	51
RINVOQ	62	SARCLISA	25
<i>risedronate sodium</i>	66	SAVELLA	43
<i>risedronate sodium dr</i>	66	SAVELLA TITRATION PACK	43
RISPERDAL CONSTA	27	SCSEMBLIX	21
<i>risperidone</i>	27	<i>scopolamine</i>	14
<i>risperidone er</i>	28	SECUADO	28
<i>risperidone odt</i>	28	<i>selegiline hcl</i>	26
<i>ritonavir</i>	31	<i>selenium sulfide</i>	45
RITUXAN	25	SELZENTRY	30

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
SEREVENT DISKUS	72	<i>sorafenib</i>	23
SEROSTIM	54	<i>sorafenib tosylate</i>	23
<i>sertraline hcl</i>	13	<i>sorine</i>	38
<i>sertraline hydrochloride</i>	13	<i>sotalol hcl</i>	38
<i>setlakin</i>	58	<i>sotalol hcl (af)</i>	38
<i>sevelamer carbonate</i>	48	<i>sotalol hcl af</i>	38
<i>sevelamer hydrochloride</i>	48	<i>sotalol hydrochloride</i>	38
<i>sharobel</i>	59	<i>sotalol hydrochloride (af)</i>	38
SHINGRIX	65	SOTYLIZE	38
SIGNIFOR	61	SOVALDI	29
SIGNIFOR LAR	61	SPIRIVA HANDIHALER	71
SIKLOS	19	SPIRIVA RESPIMAT	71
<i>sildenafil</i>	73	<i>spironolactone</i>	41
SILDENAFIL CITRATE	73	<i>spironolactone/hydrochlorothiazide</i>	41
<i>silodosin</i>	52	SPRAVATO 56MG DOSE	12
<i>silver sulfadiazine</i>	6	SPRAVATO 84MG DOSE	12
SIMBRINZA	69	<i>sprintec 28</i>	58
<i>simliya</i>	58	SPRITAM	10
<i>simpesse</i>	58	SPRYCEL	23
SIMULECT	62	<i>sps</i>	48
<i>simvastatin</i>	41	<i>sronyx</i>	58
<i>sirolimus</i>	64	<i>ssd</i>	6
SIRTURO	16	STAMARIL	65
SIVEXTRO	6	STAVUDINE	30
SKYRIZI	62	STELARA	62
SKYRIZI PEN	62	<i>sterile water for irrigation</i>	68
SLYND	59	STIMUFEND	36
<i>sodium chloride</i>	48	STIOLTO RESPIMAT	73
<i>sodium chloride 0.45%</i>	48	STIVARGA	23
<i>sodium chloride 0.9%</i>	68	STRENSIQ	51
<i>sodium fluoride</i>	48	<i>streptomycin sulfate</i>	5
SODIUM OXYBATE	74	STRIBILD	29
<i>sodium phenylacetate/sodium benzoate</i>	68	STRIVERDI RESPIMAT	72
<i>sodium phenylbutyrate</i>	51	<i>subvenite</i>	10
<i>sodium polystyrene sulfonate</i>	48	<i>subvenite starter kit/blue</i>	10
<i>sodium sulfacetamide</i>	8	<i>subvenite starter kit/green</i>	10
SODIUM SULFATE/POTASSIUM	49	<i>subvenite starter kit/orange</i>	10
SULFATE/MAGNESIUM SULFATE		SUCRAID	51
SOFOSBUVIR/VELPATASVIR	29	<i>sucralfate</i>	50
<i>solifenacin succinate</i>	52	<i>sulfacetamide sodium</i>	8
SOLIRIS	62	<i>sulfacetamide sodium/prednisolone sodium</i>	70
SOLTAMOX	18	<i>phosphate</i>	
SOMATULINE DEPOT	61	<i>sulfadiazine</i>	9
SOMAVERT	61	<i>sulfamethoxazole/trimethoprim</i>	9

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>sulfamethoxazole/trimethoprim ds</i>	9	<i>tarina fe 1/20 eq</i>	58
SULFAMYLON	6	TASIGNA	23
<i>sulfasalazine</i>	66	<i>tasimelteon</i>	74
<i>sulindac</i>	1	TAVNEOS	68
<i>sumatriptan</i>	16	<i>taysofy</i>	58
<i>sumatriptan succinate</i>	16	<i>tazarotene</i>	45
SUMATRIPTAN SUCCINATE REFILL	16	<i>tazicef</i>	7
<i>sunitinib malate</i>	23	TAZORAC	45
SUNLENCA	30	<i>taztia xt</i>	40
SUNOSI	74	TAZVERIK	21
SUPRAX	7	TDVAX	65
SUPREP BOWEL PREP KIT	49	TECENTRIQ	25
SURE COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	68	TECVAYLI	21
<i>syeda</i>	58	TEFLARO	7
SYLVANT	62	<i>telmisartan</i>	37
SYMDEKO	72	<i>telmisartan/hydrochlorothiazide</i>	37
SYMLINPEN 120	33	<i>temazepam</i>	32
SYMLINPEN 60	33	TEMODAR	17
SYMPAZAN	10	<i>temsirolimus</i>	23
SYMPROIC	50	TENIVAC	65
SYMTUZA	31	<i>tenofovir disoproxil fumarate</i>	30
SYNAGIS	62	TEPMETKO	23
SYNAREL	61	<i>terazosin hcl</i>	52
SYNJARDY	33	<i>terazosin hydrochloride</i>	52
SYNJARDY XR	33	<i>terbinafine hcl</i>	15
SYNRIBO	21	<i>terbutaline sulfate</i>	72
SYNTHROID	60	<i>terconazole</i>	15
TABLOID	19	<i>teriflunomide</i>	44
TABRECTA	18	TERIPARATIDE	66
<i>tacrolimus</i>	45	<i>testosterone</i>	54
<i>tacrolimus</i>	64	<i>testosterone cypionate</i>	54
<i>tadalafil</i>	52	<i>testosterone enanthate</i>	54
<i>tadalafil</i>	73	<i>testosterone pump</i>	54
TAFINLAR	23	<i>tetrabenazine</i>	43
<i>tafluprost</i>	70	<i>tetracycline hydrochloride</i>	9
TAGRISSE	23	TEZSPIRE	73
TAKHZYRO	61	THALOMID	18
TALTZ	62	THEO-24	72
TALVEY	21	<i>theophylline</i>	72
TALZENNA	21	<i>theophylline er</i>	72
<i>tamoxifen citrate</i>	18	THIOLA EC	52
<i>tamsulosin hydrochloride</i>	52	<i>thioridazine hcl</i>	27
<i>tarina 24 fe</i>	58	<i>thiotepa</i>	17
		<i>thiothixene</i>	27

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
THYMOGLOBULIN	62	tovet	45
THYROID	60	TRADJENTA	33
<i>tiadylt er</i>	40	<i>tramadol hcl er</i>	2
<i>tiagabine hydrochloride</i>	11	<i>tramadol hydrochloride</i>	3
TIBSOVO	23	<i>tramadol hydrochloride er</i>	2
TICE BCG	21	<i>tramadol hydrochloride/acetaminophen</i>	3
TICOVAC	65	<i>trandolapril</i>	37
<i>tigecycline</i>	6	<i>trandolapril/verapamil hcl er</i>	37
<i>tilia fe</i>	58	<i>tranexamic acid</i>	36
<i>timolol maleate</i>	16	<i>tranylcypromine sulfate</i>	12
<i>timolol maleate</i>	70	TRAVASOL	68
<i>timolol maleate ophthalmic gel forming</i>	70	<i>travoprost</i>	70
<i>tinidazole</i>	26	TRAZIMERA	25
<i>tiopronin</i>	52	<i>trazodone hydrochloride</i>	13
TIOTROPIUM BROMIDE	71	TREANDA	17
TIROSINT	60	TRECATOR	16
<i>tis-u-sol</i>	68	TRELEGY ELLIPTA	73
TIVDAK	25	TRELSTAR MIXJECT	61
TIVICAY	29	<i>treprostinil</i>	73
TIVICAY PD	29	TRESIBA	34
<i>tizanidine hcl</i>	28	TRESIBA FLEXTOUCH	34
<i>tizanidine hydrochloride</i>	28	<i>tretinoin</i>	25
TOBI PODHALER	72	<i>tretinoin</i>	45
<i>tobramycin</i>	5	<i>tretinoin microsphere</i>	45
<i>tobramycin</i>	72	<i>tretinoin microsphere pump</i>	45
<i>tobramycin sulfate</i>	5	<i>tri femynor</i>	58
<i>tobramycin/dexamethasone</i>	70	<i>triamcinolone acetonide</i>	54
TODAYS HEALTH ORIGINAL PEN	68	<i>triamcinolone acetonide dental paste</i>	44
NEEDLES 29G X 1/2"		<i>triamterene</i>	41
<i>tolcapone</i>	26	<i>triamterene/hydrochlorothiazide</i>	41
<i>tolterodine tartrate</i>	52	<i>triazolam</i>	32
<i>tolterodine tartrate er</i>	52	<i>triderm</i>	54
TOLVAPTAN	48	<i>trientine hydrochloride</i>	48
<i>topiramate</i>	10	<i>tri-estarylla</i>	58
<i>topiramate er</i>	10	<i>trifluoperazine hcl</i>	27
<i>toposar</i>	22	<i>trifluoperazine hydrochloride</i>	27
<i>topotecan hcl</i>	22	<i>trifluridine</i>	31
<i>topotecan hydrochloride</i>	22	<i>trihexyphenidyl hydrochloride</i>	26
<i>toremifene citrate</i>	18	TRIJARDY XR	33
TORISEL	23	TRIKAFTA	72
TORPENZ	23	<i>tri-legest fe</i>	58
<i>torseamide</i>	41	<i>tri-lynyah</i>	58
TOUJEO MAX SOLOSTAR	34	<i>tri-lo-estarylla</i>	58
TOUJEO SOLOSTAR	34	<i>tri-lo-marzia</i>	58

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>tri-lo-mili</i>	58	UDENYCA	36
<i>tri-lo-sprintec</i>	58	UDENYCA ONBODY	36
<i>trimethoprim</i>	6	ULTOMIRIS	63
<i>trimethoprim sulfate/polymyxin b sulfate</i>	69	<i>unithroid</i>	60
<i>tri-mili</i>	58	UPTRAVI	73
<i>trimipramine maleate</i>	13	UPTRAVI TITRATION PACK	73
TRINTELLIX	13	<i>ursodiol</i>	50
<i>tri-nymyo</i>	58	VABYSMO	69
TRISENOX	21	<i>valacyclovir hydrochloride</i>	31
<i>tri-sprintec</i>	58	VALCHLOR	17
TRIUMEQ	30	<i>valganciclovir</i>	28
TRIUMEQ PD	30	<i>valganciclovir hydrochloride</i>	28
<i>trivora-28</i>	58	<i>valproate sodium</i>	11
<i>tri-vylibra</i>	58	<i>valproic acid</i>	11
<i>tri-vylibra lo</i>	58	<i>valrubicin</i>	21
TRIZIVIR	30	<i>valsartan</i>	37
TRODELVY	25	<i>valsartan/hydrochlorothiazide</i>	37
TROGARZO	30	VALSTAR	21
TROPHAMINE	68	VALTOCO 10 MG DOSE	11
<i>trospium chloride</i>	52	VALTOCO 15 MG DOSE	11
<i>trospium chloride er</i>	52	VALTOCO 20 MG DOSE	11
TRULICITY	33	VALTOCO 5 MG DOSE	11
TRUMENBA	65	<i>vancomycin</i>	6
TRUQAP	23	<i>vancomycin hcl</i>	6
TRUSELTIQ	21	<i>vancomycin hydrochloride</i>	6
TRUXIMA	25	<i>vancomycin hydrochloride/dextrose</i>	6
TUDORZA PRESSAIR	71	VANFLYTA	21
TUKYSA	21	VAQTA	65
TURALIO	23	<i>varenicline starting month box</i>	4
<i>turqoz</i>	58	<i>varenicline tartrate</i>	4
TWINRIX	65	<i>varenicline tartrate continuing month</i>	4
TWIRLA	58	VARIVAX	65
TYBLUME	58	VARIZIG	65
TYBOST	30	VASCEPA	42
<i>tydemy</i>	58	<i>vasopressin</i>	54
TYENNE	63	<i>vasopressin +rfid</i>	54
TYPHIM VI	65	<i>vasostrict</i>	54
TYSABRI	44	VAXELIS	65
TYVASO	73	VECTIBIX	25
TYVASO DPI INSTITUTIONAL KIT	73	VEGZELMA	25
TYVASO DPI MAINTENANCE KIT	73	VEKLURY	68
TYVASO DPI TITRATION KIT	73	VELCADE	21
TYVASO REFILL	73	VELIVET	58
TYVASO STARTER	73	VELTASSA	48

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 #
VEMLIDY	29	VPRIV	51
VENCLEXTA	23	VRAYLAR	28
VENCLEXTA STARTING PACK	23	VUMERITY	44
VENLAFAXINE BESYLATE ER	13	VYEPTI	16
<i>venlafaxine hydrochloride</i>	13	<i>vyfemla</i>	59
<i>venlafaxine hydrochloride er</i>	13	<i>vylibra</i>	59
VENTAVIS	73	VYNDAMAX	40
<i>ventolin hfa</i>	72	VYNDAQEL	40
<i>verapamil hcl</i>	40	VYXEOS	19
<i>verapamil hcl er</i>	40	VYZULTA	70
<i>verapamil hcl sr</i>	40	<i>warfarin sodium</i>	35
<i>verapamil hydrochloride</i>	40	WELIREG	23
<i>verapamil hydrochloride er</i>	40	<i>wera</i>	59
VEREGEN	45	WINRHO SDF	62
VERQUVO	42	<i>wixela inhub</i>	71
VERSACLOZ	28	<i>wymzya fe</i>	59
VERZENIO	21	XALKORI	23
<i>vestura</i>	58	XARELTO	35
VIBERZI	49	XARELTO STARTER PACK	35
VIBRAMYCIN	9	XATMEP	64
<i>vienva</i>	59	XCOPRI	10
<i>vigabatrin</i>	11	XELJANZ	63
<i>vigadrone</i>	11	XELJANZ XR	63
<i>vigpoder</i>	11	XELPROS	70
VIIBRYD STARTER PACK	13	XEMBIFY	62
<i>vilazodone hydrochloride</i>	13	XEOMIN	28
VIMIZIM	51	XERAVA	9
VIMPAT	11	XERMELO	49
<i>vinblastine sulfate</i>	21	XGEVA	66
<i>vincasar pfs</i>	21	XIAFLEX	51
<i>vincristine sulfate</i>	21	XIFAXAN	6
<i>vinorelbine tartrate</i>	21	XIGDUO XR	33
<i>viorele</i>	59	XIIDRA	69
VIRACEPT	31	XOFLUZA	31
VIREAD	30	XOLAIR	73
VISTOGARD	68	XOSPATA	24
VITRAKVI	21	XPOVIO	21
VIVITROL	4	XPOVIO 60 MG TWICE WEEKLY	21
VIZIMPRO	23	XPOVIO 80 MG TWICE WEEKLY	21
VOCABRIA	29	XTANDI	18
<i>volnea</i>	59	<i>xulane</i>	59
VONJO	21	XULTOPHY 100/3.6	34
<i>voriconazole</i>	15	XURIDEN	51
VOTRIENT	23	XYREM	74

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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>yargesa</i>	51	ZYPREXA RELPREVV	28
YERVOY	25		
YF-VAX	65		
YONDELIS	17		
YONSA	18		
YUVAFEM	59		
<i>zafemy</i>	59		
<i>zafirlukast</i>	71		
ZALTRAP	21		
ZANOSAR	17		
ZEJULA	24		
ZELAPAR	26		
ZELBORAF	24		
ZEMAIRA	73		
ZEMDRI	5		
<i>zenatane</i>	45		
ZENPEP	51		
ZEPATIER	29		
ZEPOSIA	44		
ZEPOSIA 7-DAY STARTER PACK	44		
ZEPOSIA STARTER KIT	44		
ZEPZELCA	17		
ZERBAXA	7		
<i>zidovudine</i>	30		
ZIEXTENZO	36		
<i>ziprasidone hcl</i>	28		
<i>ziprasidone mesylate</i>	28		
ZIRGAN	28		
ZOLADEX	61		
<i>zoledronic acid</i>	66		
ZOLINZA	21		
<i>zolmitriptan</i>	16		
<i>zolmitriptan odt</i>	16		
<i>zolpidem tartrate</i>	74		
ZONISADE	10		
<i>zonisamide</i>	10		
<i>zovia 1/35</i>	59		
ZTALMY	43		
<i>zumandimine</i>	59		
ZURZUVAE	12		
ZYDELIG	22		
ZYKADIA	24		
ZYNLONTA	25		
ZYNYZ	25		

Formulary ID: 24437, Version: 16, Effective Date: 08/01/2024
Last Updated: July 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 (800) 965-4022 (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 (800) 965-4022 (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 (800) 965-4022 (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 (800) 965-4022 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (800) 965-4022 (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 (800) 965-4022 (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 (800) 965-4022 (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 (800) 965-4022 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (800) 965-4022 (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 (800) 965-4022 (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 (800-965-4022) 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 (800) 965-4022 (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 (800) 965-4022 (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 (800) 965-4022 (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 (800) 965-4022 (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 (800) 965-4022 (TTY: 711). Ta usługa jest bezpłatna.



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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ございます。通訳をご用命になるには、**(800) 965-4022 (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

Health Alliance™ 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). Health Alliance 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). Health Alliance:

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 Health Alliance 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: Health Alliance Medicare, Member Services, 3310 Fields South Drive, Champaign, IL 61822 or 411 N. Chelan Avenue, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: (800) 965-4022; telephone for members in Washington: (877) 750-3350 TTY: 711, fax: (217) 902-9705,

MemberServices@HealthAlliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, TTY: (800) 537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame (800) 965-4022, WA Llame: (877) 750-3350 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 (800) 965-4022, WA: 呼叫 (877) 750-3350 (TTY: 711)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń (800) 965-4022, WA: Zadzwoń (877) 750-3350 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi (800) 965-4022, WA: Gọi (877) 750-3350 (TTY: 711).

주의: 당신이한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. (800) 965-4022 IA, IL, IN, OH: 전화 WA: (877) 750-3350 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов (800) 965-4022, WA: Вызов (877) 750-3350 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag (800) 965-4022, WA: Tumawag (877) 750-3350 (TTY: 711).

ت المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أوهايو: اتصل بالرقم 965-4022 (800)، ولاية واشنطن: اتصل بالرقم: 750-3350 (877) (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistentenzdienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf (800) 965-4022, WA: Anruf (877) 750-3350 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez (800) 965-4022, WA: Appelez (877) 750-3350 (TTY: 711).

યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારી મીટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ (800) 965-4022, WA: કોલ (877) 750-3350 (TTY: 711).

注意: あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。(800) 965-4022 IA, IL, IN, OH: コール (877) 750-3350 WA: コール (TTY: 711)。

LET OP: Services Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: IA, IL, IN, OH: Call (800) 851-3379 WA: Call (877) 750-3515 (TTY: 711).

УВАГА: Якщо ви говорите український, вставки послуги мовної допомоги, безкоштовно, доступні для вас. IA, IL, IN, OH: Виклик (800) 965-4022, WA: Виклик (877) 750-3350 (TTY: 711).

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare (800) 965-4022, WA: Chiamare (877) 750-3350 (TTY: 711).

This formulary was updated on 08/01/2024. For more recent information or other questions, please contact Health Alliance Medicare Member Services, at (800) 965-4022 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 HealthAlliance.org/Medicare.



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