

HCR DE Comprehensive

Key

Notes

Prior Authorization = Coverage of this drug is subject to review by the plan and is based on Pharmacy policy.

Quantity Limit = Limits the amount of drug that a beneficiary may receive in a certain period.

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SP = To assist in the management of select specialty medications, some pharmacy benefit designs require the use of a preferred specialty pharmacy. Please call the number on the back of your member ID card for assistance.

Step Therapy = For a step therapy drug to be covered, the beneficiary will be first required to try a therapeutically equivalent medication.

Status

\$0 = Preventative Medication

1 = Generic

2 = Preferred Brand

3 = Non Preferred Brand

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Drug	Status	Notes
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (Nccbs)		
PRIALT	3	Prior Authorization; Quantity Limit
Analgesic Opioid Agonists		
ACTIQ	3	Prior Authorization; Step Therapy; Quantity Limit
<i>alfentanil</i>	1	Prior Authorization; Quantity Limit
<i>codeine sulfate</i>	1	Prior Authorization; Quantity Limit
CONZIP	3	Prior Authorization; Quantity Limit
DEMEROL (PF) INJECTION SYRINGE	3	Prior Authorization; Quantity Limit

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Drug	Status	Notes
DILAUDID	3	Prior Authorization; Quantity Limit
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	3	Prior Authorization; Step Therapy
DILAUDID (PF) INJECTION SYRINGE 4 MG/ML	3	Prior Authorization; Quantity Limit
DISKETS	1	Prior Authorization; Quantity Limit
DURAMORPH (PF)	1	Prior Authorization; Quantity Limit
<i>fentanyl citrate buccal lozenge on a handle</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 800 mcg</i>	3	Prior Authorization; Quantity Limit
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	Prior Authorization; Quantity Limit
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit
FENTORA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i>	1	Prior Authorization; Quantity Limit
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 20 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/ml</i>	3	Prior Authorization; Quantity Limit
<i>hydromorphone in d5w (pf) intravenous syringe</i>	3	Prior Authorization; Step Therapy
<i>hydromorphone oral liquid</i>	1	Prior Authorization; Quantity Limit
<i>hydromorphone oral tablet</i>	1	Prior Authorization; Quantity Limit
<i>hydromorphone oral tablet extended release 24 hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>hydromorphone rectal</i>	1	Prior Authorization; Step Therapy; Quantity Limit
HYSINGLA ER	3	Prior Authorization; Quantity Limit

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Drug	Status	Notes
INFUMORPH P/F	3	Prior Authorization; Quantity Limit
LAZANDA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>levorphanol tartrate</i>	1	Prior Authorization; Quantity Limit
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	Prior Authorization; Quantity Limit
<i>meperidine oral solution</i>	1	Prior Authorization; Quantity Limit
<i>meperidine oral tablet 50 mg</i>	1	Prior Authorization; Quantity Limit
<i>methadone injection solution</i>	1	Prior Authorization; Quantity Limit
METHADONE INTENSOL	1	Prior Authorization; Step Therapy; Quantity Limit
<i>methadone intravenous</i>	1	Prior Authorization; Step Therapy
<i>methadone oral concentrate</i>	1	Prior Authorization; Quantity Limit
<i>methadone oral solution</i>	1	Prior Authorization; Quantity Limit
<i>methadone oral tablet</i>	1	Prior Authorization; Quantity Limit
<i>methadone oral tablet, soluble</i>	1	Prior Authorization; Quantity Limit
METHADOSE ORAL CONCENTRATE	1	Prior Authorization; Quantity Limit
METHADOSE ORAL TABLET, SOLUBLE	1	Prior Authorization; Quantity Limit
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	Prior Authorization; Quantity Limit
<i>morphine concentrate oral solution</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>morphine injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	3	Prior Authorization; Quantity Limit
<i>morphine injection solution 8 mg/ml</i>	1	Prior Authorization; Quantity Limit
<i>morphine intravenous solution 10 mg/ml</i>	1	Prior Authorization; Quantity Limit
<i>morphine intravenous syringe 4 mg/ml</i>	1	Prior Authorization; Quantity Limit

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<i>morphine oral solution</i>	1	Prior Authorization; Quantity Limit
<i>morphine oral tablet</i>	1	Prior Authorization; Quantity Limit
<i>morphine oral tablet extended release</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>morphine rectal suppository 10 mg, 20 mg</i>	1	Prior Authorization; Quantity Limit
<i>morphine rectal suppository 30 mg, 5 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 30 MG, 60 MG	3	Prior Authorization; Quantity Limit
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG	3	Prior Authorization; Step Therapy; Quantity Limit
NUCYNTA	3	Prior Authorization; Quantity Limit
NUCYNTA ER	3	Prior Authorization; Quantity Limit
OXAYDO	3	Prior Authorization; Step Therapy; Quantity Limit
<i>oxycodone oral capsule</i>	1	Prior Authorization; Quantity Limit
<i>oxycodone oral concentrate</i>	1	Prior Authorization; Quantity Limit
<i>oxycodone oral solution</i>	1	Prior Authorization; Quantity Limit
<i>oxycodone oral tablet</i>	1	Prior Authorization; Quantity Limit
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	Prior Authorization; Quantity Limit
<i>oxymorphone</i>	1	Prior Authorization; Quantity Limit
QDOLO	3	Prior Authorization; Step Therapy
ROXICODONE	3	Prior Authorization; Quantity Limit
SUBSYS	3	Prior Authorization; Step Therapy; Quantity Limit
<i>tramadol oral capsule,er biphasic 24 hr 17-83</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i>	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
<i>tramadol oral solution</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>tramadol oral tablet 100 mg</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>tramadol oral tablet 50 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>tramadol oral tablet extended release 24 hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit
ULTRAM	3	Prior Authorization; Step Therapy; Quantity Limit
XTAMPZA ER	3	Prior Authorization; Step Therapy; Quantity Limit
Analgesic Opioid Codeine Combinations		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	Quantity Limit
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	Prior Authorization; Step Therapy
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	Prior Authorization
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
ASCOMP WITH CODEINE	1	Prior Authorization; Quantity Limit
BUTALBITAL COMPOUND W/CODEINE	1	Prior Authorization; Quantity Limit
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	1	Prior Authorization; Quantity Limit
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	Prior Authorization; Step Therapy
<i>codeine-bitalbital-asa-caff</i>	1	Prior Authorization; Quantity Limit
FIORICET WITH CODEINE	3	Prior Authorization; Quantity Limit
Analgesic Opioid Dihydrocodeine Combinations		
<i>acetaminophen-caff-dihydrocod oral tablet</i>	3	Prior Authorization; Quantity Limit

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Drug	Status	Notes
TREZIX	3	Prior Authorization; Step Therapy; Quantity Limit
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic, Xanthine		
<i>acetaminophen-caff-dihydrocod oral tablet</i>	3	Prior Authorization; Quantity Limit
TREZIX	3	Prior Authorization; Step Therapy; Quantity Limit
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg</i>	1	Prior Authorization; Quantity Limit
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-300 mg</i>	1	Prior Authorization
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	Prior Authorization; Step Therapy
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	1	
LORTAB ELIXIR	3	Prior Authorization; Quantity Limit
VICODIN HP	1	Prior Authorization; Step Therapy; Quantity Limit
Analgesic Opioid Hydrocodone And Nsaid Combinations		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	1	Prior Authorization; Quantity Limit
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
Analgesic Opioid Hydrocodone Combinations		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg</i>	1	Prior Authorization; Quantity Limit
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-300 mg</i>	1	Prior Authorization
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	Prior Authorization; Step Therapy

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Drug	Status	Notes
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	1	Prior Authorization; Quantity Limit
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
LORTAB ELIXIR	3	Prior Authorization; Quantity Limit
VICODIN HP	1	Prior Authorization; Step Therapy; Quantity Limit
Analgesic Opioid Oxycodone And Non-Salicylate Combinations		
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	Prior Authorization
ENDOCET ORAL TABLET 2.5-325 MG	1	Prior Authorization; Quantity Limit
NALOCET	3	Prior Authorization; Step Therapy
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	Prior Authorization; Step Therapy
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	1	Prior Authorization; Step Therapy
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	Prior Authorization
PERCOCET	3	Prior Authorization; Step Therapy
PRIMLEV	3	Prior Authorization; Step Therapy; Quantity Limit
PROLATE ORAL SOLUTION	3	Prior Authorization
PROLATE ORAL TABLET	1	Prior Authorization; Step Therapy
Analgesic Opioid Oxycodone Combinations		
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	Prior Authorization
ENDOCET ORAL TABLET 2.5-325 MG	1	Prior Authorization; Quantity Limit
NALOCET	3	Prior Authorization; Step Therapy
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	Prior Authorization; Step Therapy
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	1	Prior Authorization; Step Therapy

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<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	Prior Authorization
PERCOCET	3	Prior Authorization; Step Therapy
PRIMLEV	3	Prior Authorization; Step Therapy; Quantity Limit
PROLATE ORAL SOLUTION	3	Prior Authorization
PROLATE ORAL TABLET	1	Prior Authorization; Step Therapy
Analgesic Opioid Partial-Mixed Agonists		
BELBUCA	3	Prior Authorization; Step Therapy; Quantity Limit
BUPRENEX	3	Prior Authorization; Quantity Limit
<i>buprenorphine</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>buprenorphine hcl injection</i>	1	Prior Authorization; Quantity Limit
<i>butorphanol injection</i>	1	Prior Authorization; Step Therapy
<i>butorphanol nasal</i>	1	Prior Authorization; Quantity Limit
BUTRANS	3	Prior Authorization; Step Therapy; Quantity Limit
<i>nalbuphine</i>	1	Prior Authorization; Quantity Limit
<i>pentazocine-naloxone</i>	1	Prior Authorization; Quantity Limit
Analgesic Opioid Tramadol And Non-Salicylate Combinations		
<i>tramadol-acetaminophen</i>	1	Prior Authorization; Step Therapy
ULTRACET	3	Prior Authorization; Step Therapy
Analgesic Opioid Tramadol And Nsaid Combinations		
SEGLENTIS	3	Prior Authorization; Quantity Limit
Analgesic Opioid Tramadol Combinations		
<i>tramadol-acetaminophen</i>	1	Prior Authorization; Step Therapy
ULTRACET	3	Prior Authorization; Step Therapy

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Analgesic Or Antipyretic Non-Opioid/Sedative Combinations		
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
ESGIC	3	
FIORICET	3	
ZEBUTAL	1	Step Therapy
Anti-Inflammatory - Complement (C5) Receptor Inhibitors		
TAVNEOS	3	Prior Authorization; Step Therapy; Quantity Limit
Anti-Inflammatory - Interleukin-1 Receptor Antagonist		
ARCALYST	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective		
ENBREL SUBCUTANEOUS RECON SOLN	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	2	Prior Authorization; Step Therapy; Quantity Limit
ENBREL SURECLICK	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts, Tnf-Alpha Sel		
CIMZIA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
CIMZIA POWDER FOR RECONST	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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CIMZIA STARTER KIT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA PEN	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
HUMIRA PEN CROHNS-UC-HS START	2	Prior Authorization; Step Therapy; Quantity Limit
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	Prior Authorization; Step Therapy; Quantity Limit
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF)	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
HUMIRA(CF) PEDI CROHNS STARTER	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN CROHNS-UC-HS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN PEDIATRIC UC	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SIMPONI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents		
CIMZIA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
CIMZIA POWDER FOR RECONST	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
CIMZIA STARTER KIT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ENBREL SUBCUTANEOUS RECON SOLN	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	2	Prior Authorization; Step Therapy; Quantity Limit

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ENBREL SURECLICK	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA PEN	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
HUMIRA PEN CROHNS-UC-HS START	2	Prior Authorization; Step Therapy; Quantity Limit
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	Prior Authorization; Step Therapy; Quantity Limit
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF)	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN CROHNS-UC-HS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN PEDIATRIC UC	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SIMPONI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dmard - Antimalarials		
<i>hydroxychloroquine</i>	1	
PLAQUENIL	3	
Dmard - Antimetabolites		
<i>methotrexate sodium oral</i>	1	
OTREXUP (PF)	3	Prior Authorization; Step Therapy
RASUVO (PF)	3	Prior Authorization; Step Therapy
REDITREX (PF)	3	Prior Authorization; Step Therapy
TREXALL	2	
XATMEP	3	

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Dmard - Antinflammatory, Select. Costimulation Modulator, T-Cell Inhib.		
ORENCIA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ORENCIA CLICKJECT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dmard - Gold Compounds		
RIDAURA	2	
Dmard - Immunosuppressives		
AZASAN	3	
<i>azathioprine</i>	1	
CELLCEPT	3	
<i>cyclophosphamide oral capsule</i>	1	
<i>cyclophosphamide oral tablet</i>	3	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
GENGRAF	1	
IMURAN	3	
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	
NEORAL	3	
SANDIMMUNE ORAL	3	

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Drug	Status	Notes
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dmard - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody		
ACTEMRA ACTPEN	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ACTEMRA INTRAVENOUS	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
ACTEMRA SUBCUTANEOUS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
KEVZARA SUBCUTANEOUS PEN INJECTOR	Tier 4	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
KEVZARA SUBCUTANEOUS SYRINGE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dmard - Janus Kinase (Jak) Inhibitors		
OLUMIANT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 45 MG	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XELJANZ ORAL SOLUTION	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
XELJANZ ORAL TABLET 5 MG	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dmard - Other		
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	

Drug	Status	Notes
CUPRIMINE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
DEPEN TITRATABS	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	Prior Authorization; Step Therapy
<i>penicillamine oral capsule</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>sulfasalazine</i>	1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors		
OTEZLA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
OTEZLA STARTER	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dmard - Pyrimidine Synthesis Inhibitors		
ARAVA	3	
<i>leflunomide</i>	1	
Immunomodulator - Rho Kinase Inhibitor		
REZUROCK	3	Prior Authorization; Step Therapy; Quantity Limit
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab		
BENLYSTA SUBCUTANEOUS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations		
DUEXIS	3	Prior Authorization; Step Therapy
<i>ibuprofen-famotidine</i>	1	Prior Authorization; Step Therapy
Nsaid Analgesic And Prostaglandin Analog Combinations		
ARTHROTEC 50	3	
ARTHROTEC 75	3	

Drug	Status	Notes
Nsaid Analgesic And Proton Pump Inhibitor Combinations		
<i>naproxen-esomeprazole</i>	1	Prior Authorization; Step Therapy
VIMOVO	3	Prior Authorization; Step Therapy
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
CELEBREX	3	
<i>celecoxib</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives		
<i>meclofenamate</i>	1	Prior Authorization; Step Therapy
<i>mefenamic acid</i>	1	Prior Authorization; Step Therapy
Nsaid Analgesics (Cox Non-Specific) - Other		
<i>ketorolac nasal</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>ketorolac oral</i>	1	Quantity Limit
<i>nabumetone</i>	1	
RELAFEN DS	3	Prior Authorization; Step Therapy
SPRIX	3	Prior Authorization; Step Therapy; Quantity Limit
<i>sulindac</i>	1	
<i>tolmetin</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
FELDENE	3	
<i>meloxicam oral suspension</i>	3	
<i>meloxicam oral tablet</i>	1	\$3 Copay
<i>meloxicam submicronized</i>	1	Prior Authorization; Step Therapy; Quantity Limit
MOBIC ORAL TABLET	3	
<i>piroxicam</i>	1	
QMIIZ ODT	3	
VIVLODEX	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
CAMBIA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>diclofenac potassium oral capsule</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>diclofenac potassium oral powder in packet</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>diclofenac potassium oral tablet 25 mg</i>	3	Prior Authorization; Step Therapy
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	\$3 Copay
<i>diclofenac submicronized</i>	3	Prior Authorization; Step Therapy; Quantity Limit
LOFENA	1	Prior Authorization; Step Therapy
ZIPSOR	3	Prior Authorization; Step Therapy; Quantity Limit
ZORVOLEX	3	Prior Authorization; Step Therapy; Quantity Limit
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
ANAPROX DS	3	
DAYPRO	3	
EC-NAPROSYN	3	
<i>fenoprofen oral capsule 400 mg</i>	1	Prior Authorization; Step Therapy
<i>fenoprofen oral tablet</i>	1	Prior Authorization; Step Therapy
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	\$3 Copay
<i>ketoprofen oral capsule 25 mg</i>	1	Prior Authorization; Step Therapy
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
NALFON ORAL CAPSULE 400 MG	3	Prior Authorization; Step Therapy

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Drug	Status	Notes
NAPRELAN CR	3	Prior Authorization; Step Therapy
NAPROSYN ORAL SUSPENSION	3	Prior Authorization; Step Therapy
NAPROSYN ORAL TABLET 500 MG	3	
<i>naproxen oral suspension</i>	1	Prior Authorization; Step Therapy
<i>naproxen oral tablet</i>	1	\$3 Copay
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i>	1	Prior Authorization; Step Therapy
<i>oxaprozin</i>	1	
Nsaid Analgesics (Cyclooxygenase Inhibitors-Non-Selective)		
CAMBIA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>diclofenac potassium oral powder in packet</i>	3	Prior Authorization; Step Therapy; Quantity Limit
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
<i>etodolac</i>	1	Prior Authorization; Step Therapy
INDOCIN ORAL	2	
INDOCIN RECTAL	3	
<i>indomethacin oral capsule</i>	1	\$3 Copay
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin submicronized</i>	3	Prior Authorization; Step Therapy
TIVORBEX	3	Prior Authorization; Step Therapy
Salicylate Analgesic And Sedative Combinations		
<i>butalbital-aspirin-caffeine</i>	1	
Salicylate Analgesic Combinations		
<i>choline, magnesium salicylate</i>	1	
Salicylate Analgesics		
ADULT LOW DOSE ASPIRIN	\$0	
ASPIRIN CHILDRENS	\$0	
<i>aspirin oral tablet, chewable</i>	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	\$0	
ASPIR-TRIN	\$0	

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Drug	Status	Notes
BAYER CHEWABLE ASPIRIN	\$0	
BAYER LOW DOSE ASPIRIN	\$0	
CHILDREN'S ASPIRIN	1	
<i>diflunisal</i>	1	
DISALCID	3	
DURLAZA	3	Quantity Limit
ECOTRIN	\$0	
ECOTRIN LOW STRENGTH	\$0	
ENTERIC COATED ASPIRIN	\$0	
LO-DOSE ASPIRIN	\$0	
<i>salsalate</i>	1	

Anesthetics

General Anesthetic - Parenteral, Benzodiazepines

<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	3	
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General Anesthetic Adjuncts - Opioid

<i>remifentanyl</i>	1	Prior Authorization; Quantity Limit
<i>sufentanyl citrate</i>	1	Prior Authorization; Step Therapy
ULTIVA	3	Prior Authorization; Step Therapy; Quantity Limit

Local Anesthetic - Amides

BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (10 ML)	3	
<i>lidocaine topical ointment</i>	1	Prior Authorization; Quantity Limit

Anorectal Preparations

Anorectal - Glucocorticoids

ANUCORT-HC	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
PROCTOCORT RECTAL	3	
PROCTO-PAK	1	
PROCTOZONE-HC	1	

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Drug	Status	Notes
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb		
ANALPRAM-HC RECTAL CREAM 1-1 %	2	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	
ANALPRAM-HC SINGLES	3	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
PROCTOFOAM HC	2	
ZYPRAM	3	
Antidotes And Other Reversal Agents		
Antidote - Acetaminophen Poisoning		
<i>acetylcysteine</i>	1	
Antidote Others		
GALZIN	2	
Chelating Agents - Copper		
CUPRIMINE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
DEPEN TITRATABS	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
<i>penicillamine oral capsule</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SYPRINE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Chelating Agents - Iron		
<i>deferasirox oral granules in packet</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>deferasirox oral tablet 180 mg</i>	1	Prior Authorization; Step Therapy
<i>deferasirox oral tablet 360 mg, 90 mg</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
<i>deferiprone oral tablet 1,000 mg</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>deferiprone oral tablet 500 mg</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
EXJADE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
FERRIPROX ORAL SOLUTION	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
FERRIPROX ORAL TABLET 1,000 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
FERRIPROX ORAL TABLET 500 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
JADENU	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
JADENU SPRINKLE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Chelating Agents - Lead Poisoning		
CHEMET	2	
Emetics		
<i>ipecac</i>	1	
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
<i>alvimopan</i>	1	

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Drug	Status	Notes
ENTEREG	3	
MOVANTIK	2	Quantity Limit
RELISTOR ORAL	3	Prior Authorization; Step Therapy; Quantity Limit
RELISTOR SUBCUTANEOUS SYRINGE	3	Prior Authorization; Step Therapy; Quantity Limit
SYMPROIC	2	Quantity Limit
Opioid Reversal Agents - Opioid Antagonists		
KLOXXADO	2	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	1	
<i>naltrexone</i>	1	
NARCAN	3	
ZIMHI	2	
Anti-Infective Agents		
Amebicides		
<i>paromomycin</i>	1	
Aminoglycoside Antibiotic		
ARIKAYCE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>neomycin</i>	1	
Aminomethylcycline Antibiotics		
NUZYRA ORAL	3	Quantity Limit
Aminopenicillin Antibiotic		
<i>amoxicillin oral capsule</i>	1	\$3 Copay
<i>amoxicillin oral suspension for reconstitution</i>	1	\$3 Copay
<i>amoxicillin oral tablet</i>	1	\$3 Copay
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	

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Drug	Status	Notes
<i>ampicillin oral capsule 500 mg</i>	1	
MOXATAG	3	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	\$3 Copay
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
AUGMENTIN XR	3	
Anthelmintic Agents - Benzimidazole Derivatives		
ALBENZA	3	
EMVERM	2	
Anthelmintic Agents - Macrocyclic Lactones		
STROMEKTOL	3	Quantity Limit
Anthelmintic Agents Other		
BILTRICIDE	3	
Antibacterial Folate Antagonist - Other Combinations		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	\$3 Copay
SULFATRIM	1	

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Antibacterial Folate Antagonist Others		
PRIMSOL	3	
<i>trimethoprim</i>	1	
Antibacterial Nitrofurantoin Derivatives		
FURADANTIN	3	Prior Authorization
MACROBID	3	
MACRODANTIN	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
Antibacterial Other		
<i>fosfomycin tromethamine</i>	1	
MONUROL	3	
Antifungal - Allylamines		
<i>terbinafine hcl oral</i>	1	\$3 Copay
Antifungal - Amphoteric Polyene		
Macrolides		
<i>nystatin (bulk) powder 1 billion unit, 10 billion unit, 150 million unit, 2 billion unit, 5 billion unit, 50 million unit, 500 million unit</i>	3	Quantity Limit
<i>nystatin oral tablet</i>	1	
Antifungal - Fluorinated Pyrimidine-Type Agents		
ANCOBON	3	Prior Authorization; Step Therapy
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid		
BREXAFEMME	3	Prior Authorization; Step Therapy; Quantity Limit
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	3	Prior Authorization; Step Therapy; Quantity Limit
Antifungal - Imidazoles		
<i>ketoconazole oral</i>	1	
ORAVIG	3	

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Drug	Status	Notes
Antifungal - Tetrazoles		
VIVJOA	3	Prior Authorization; Step Therapy; Quantity Limit
Antifungal - Triazoles		
CRESEMBA ORAL	3	Prior Authorization; Step Therapy
DIFLUCAN	3	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	\$3 Copay
<i>itraconazole oral capsule</i>	1	
NOXAFIL ORAL	3	Prior Authorization; Step Therapy
<i>posaconazole</i>	1	Prior Authorization; Step Therapy
SPORANOX	3	
TOLSURA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VFEND	3	
<i>voriconazole oral</i>	1	
Antifungal Other		
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin ultramicrosize oral tablet 250 mg</i>	1	
Anti-Infective Immunologic Adjuvants - Interferons		
ACTIMMUNE	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
Antileprotic - Immunomodulators		
THALOMID	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antileprotic - Sulfone Agents		
<i>dapsone oral</i>	1	
Antimalarial Combinations		
<i>atovaquone-proguanil</i>	1	Prior Authorization; Quantity Limit
COARTEM	3	Prior Authorization; Quantity Limit
MALARONE	3	Prior Authorization; Quantity Limit
MALARONE PEDIATRIC	3	Prior Authorization; Quantity Limit
Antimalarials		
ARAKODA	3	Prior Authorization
<i>chloroquine phosphate</i>	1	
DARAPRIM	3	Prior Authorization; Step Therapy
<i>hydroxychloroquine</i>	1	
<i>mefloquine</i>	1	
PLAQUENIL	3	
<i>primaquine</i>	2	
<i>pyrimethamine</i>	1	Prior Authorization; Step Therapy
QUALAQUIN	3	Prior Authorization; Quantity Limit
<i>quinine sulfate</i>	1	Prior Authorization; Quantity Limit
Antiprotozoal Agents - Nitrofurantoin Derivatives		
LAMPIT	3	Prior Authorization

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Drug	Status	Notes
Antiprotozoal Agents - Nitroimidazole Derivatives		
<i>benznidazole</i>	3	Prior Authorization; Quantity Limit
Antiprotozoal Agents - Other		
MEPRON	3	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives		
ALINIA	3	
<i>nitazoxanide</i>	1	
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
FLAGYL ORAL CAPSULE	3	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	\$3 Copay
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole		
SOLOSEC	3	Quantity Limit
Antiretroviral - Ccr5 Co-Receptor Antagonist		
<i>maraviroc</i>	1	Quantity Limit
SELZENTRY ORAL SOLUTION	2	Quantity Limit
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	Quantity Limit
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	Quantity Limit
Antiretroviral - Cd4 Attachment Inhibitors		
RUKOBIA	3	
Antiretroviral - Hiv-1 Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN	3	Quantity Limit
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors		
ISENTRESS HD	2	Quantity Limit
ISENTRESS ORAL POWDER IN PACKET	3	Quantity Limit
ISENTRESS ORAL TABLET	2	Quantity Limit
ISENTRESS ORAL TABLET,CHEWABLE	2	Quantity Limit

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Drug	Status	Notes
TIVICAY	2	Quantity Limit
TIVICAY PD	2	Quantity Limit
Antiretroviral - Integrase Inhibitor And Nrti Combinations		
JULUCA	2	Quantity Limit
Antiretroviral - Integrase Inhibitor And Nrti Combinations		
DOVATO	2	Quantity Limit
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)		
EDURANT	3	Quantity Limit
<i>efavirenz oral capsule</i>	1	Quantity Limit
<i>etravirine</i>	1	Quantity Limit
INTELENCE	3	Quantity Limit
<i>nevirapine</i>	1	Quantity Limit
PIFELTRO	3	Quantity Limit
SUSTIVA	3	Quantity Limit
VIRAMUNE XR	3	Quantity Limit
Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations		
CIMDUO	2	Quantity Limit
DESCOVY	2	Quantity Limit
<i>emtricitabine-tenofovir (tdf)</i>	1	Quantity Limit
TEMIXYS	2	Quantity Limit
TRUVADA	3	Prior Authorization; Step Therapy; Quantity Limit
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir</i>	1	Quantity Limit
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	Quantity Limit
<i>emtricitabine</i>	1	Quantity Limit
EMTRIVA	3	Quantity Limit
EPIVIR	3	Quantity Limit
<i>lamivudine oral solution</i>	1	Quantity Limit
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	Quantity Limit

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Drug	Status	Notes
RETROVIR INTRAVENOUS	3	
RETROVIR ORAL CAPSULE	3	Quantity Limit
RETROVIR ORAL SYRUP	3	Quantity Limit
<i>stavudine oral capsule</i>	1	Quantity Limit
ZIAGEN	3	Quantity Limit
<i>zidovudine</i>	1	Quantity Limit
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
<i>tenofovir disoproxil fumarate</i>	1	Quantity Limit
VIREAD	3	Quantity Limit
Antiretroviral Combinations - Protease Inhibitors		
EVOTAZ	2	Quantity Limit
KALETRA	3	Quantity Limit
<i>lopinavir-ritonavir</i>	1	Quantity Limit
PREZCOBIX	2	Quantity Limit
Antiretroviral- Nucleoside And Nucleotide Analogs,Protease Inhibitors		
SYMTUZA	2	Quantity Limit
Antiretroviral-Integrase Inhibitor,Nucleoside And Nucleotide Rtis Comb		
BIKTARVY	2	Quantity Limit
GENVOYA	2	Quantity Limit
STRIBILD	2	Quantity Limit
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations		
TRIUMEQ	2	Quantity Limit
TRIUMEQ PD	2	Quantity Limit
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb		
<i>abacavir-lamivudine</i>	1	Quantity Limit
<i>abacavir-lamivudine-zidovudine</i>	1	Quantity Limit
COMBIVIR	3	Quantity Limit
EPZICOM	3	Quantity Limit
<i>lamivudine-zidovudine</i>	1	Quantity Limit

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Drug	Status	Notes
TRIZIVIR	3	Quantity Limit
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti		
ATRIPLA	3	Quantity Limit
COMPLERA	2	Quantity Limit
DELSTRIGO	3	Quantity Limit
<i>efavirenz-emtricitabin-tenofov</i>	1	Quantity Limit
<i>efavirenz-lamivu-tenofov disop</i>	1	Quantity Limit
ODEFSEY	2	Quantity Limit
SYMFI	3	Quantity Limit
SYMFI LO	3	Quantity Limit
Antitubercular - Aminobenzoic Acid Analogs		
PASER	3	
Antitubercular - Diarylquinoline Antibiotics		
SIRTURO	3	
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	\$3 Copay
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide</i>	1	
Antitubercular - Nitroimidazole Derivatives		
<i>pretomanid</i>	3	Prior Authorization; Step Therapy; Quantity Limit
Antitubercular - Rifamycin And Derivatives		
MYCOBUTIN	3	
PRIFTIN	2	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
Antitubercular Agents Other		
<i>ethambutol</i>	1	

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Drug	Status	Notes
MYAMBUTOL ORAL TABLET 400 MG	3	
TRECTOR	3	
Cephalosporin Antibiotics - 1St Generation		
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	\$3 Copay
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
Cephalosporin Antibiotics - 2Nd Generation		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	\$3 Copay
Cephalosporin Antibiotics - 3Rd Generation		
<i>cefdinir</i>	1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	1	
<i>cefixime</i>	1	
<i>cefpodoxime</i>	1	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 200 MG	3	
Cmv Antiviral Agent - Inorganic Pyrophosphate Analogs		
<i>foscarnet</i>	1	
FOSCAVIR	3	

Drug	Status	Notes
Cmv Antiviral Agent - Nucleoside Analogs		
CYTOVENE	3	
<i>ganciclovir sodium intravenous recon soln</i>	1	
VALCYTE	3	
<i>valganciclovir</i>	1	
Cmv Antiviral Agent - Nucleotide Analogs		
<i>cidofovir</i>	1	
Cmv Antiviral Agent - Protein Kinase Inhibitors		
LIVTENCITY	3	Prior Authorization; Quantity Limit
Cmv Antiviral Agent - Terminase Complex Inhibitors		
PREVYMIS INTRAVENOUS	3	
PREVYMIS ORAL	3	Quantity Limit
Fluoroquinolone Antibiotics		
BAXDELA ORAL	3	Quantity Limit
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	\$3 Copay
FACTIVE	3	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Glycopeptide Antibiotics		
FIRVANQ	2	Quantity Limit
VANCOCIN	3	Prior Authorization; Quantity Limit
<i>vancomycin oral capsule</i>	1	Prior Authorization; Quantity Limit
<i>vancomycin oral recon soln</i>	1	Quantity Limit

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Drug	Status	Notes
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
BARACLUDE	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>entecavir</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
EPIVIR HBV ORAL SOLUTION	2	Quantity Limit
EPIVIR HBV ORAL TABLET	3	
<i>lamivudine oral tablet 100 mg</i>	1	
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
HEPSERA	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>tenofovir disoproxil fumarate</i>	1	Quantity Limit
VEMLIDY	2	Quantity Limit
VIREAD	3	Quantity Limit

Drug	Status	Notes
Hepatitis C - Interferons		
PEGASYS	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination		
MAVYRET	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZEPATIER	3	Prior Authorization; Step Therapy; Quantity Limit
Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb		
VOSEVI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations		
EPCLUSA	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HARVONI ORAL PELLETS IN PACKET	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HARVONI ORAL TABLET 45-200 MG	2	Prior Authorization; Step Therapy; Quantity Limit
HARVONI ORAL TABLET 90-400 MG	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>ledipasvir-sofosbuvir</i>	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
<i>sofosbuvir-velpatasvir</i>	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Hepatitis C - Nucleos(T)Ide Analog Ns5b Polymerase Inhibitors		
SOVALDI ORAL PELLETS IN PACKET	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SOVALDI ORAL TABLET 200 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SOVALDI ORAL TABLET 400 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Hepatitis C - Nucleoside Analogs		
<i>ribavirin oral capsule</i>	1	

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Drug	Status	Notes
<i>ribavirin oral tablet 200 mg</i>	1	
Hepatitis C- Ns5a, Ns3/4A Protease And Non-Nucleo.Ns5b Poly Inh. Comb		
VIEKIRA PAK	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir oral capsule</i>	1	\$3 Copay
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	\$3 Copay
SITAVIG	3	Prior Authorization; Step Therapy
<i>valacyclovir</i>	1	
VALTREX	3	
ZOVIRAX ORAL SUSPENSION	3	
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir</i>	1	
Influenza Antiviral Agents - Neuraminidase Inhibitors		
<i>oseltamivir</i>	1	Quantity Limit
RELENZA DISKHALER	2	Quantity Limit
TAMIFLU	3	Quantity Limit
Influenza Antiviral Agents - Pa Endonuclease Inhibitor		
XOFLUZA	2	Quantity Limit
Influenza-A Antiviral Agents		
FLUMADINE ORAL TABLET	3	
<i>rimantadine</i>	1	
Lincosamide Antibiotics		
CLEOCIN HCL	3	

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Drug	Status	Notes
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	1	
Macrolide Antibiotics		
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	1	\$3 Copay
<i>azithromycin oral tablet 600 mg</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
E.E.S. 400 ORAL TABLET	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	
<i>erythromycin stearate oral tablet 250 mg</i>	1	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	

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Drug	Status	Notes
Misc Anti-Infective		
HIPREX	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
NEBUPENT	3	
<i>pentamidine inhalation</i>	1	
UROQID-ACID NO.2	3	
Misc Anti-Infective Combinations		
URELLE	3	
URETRON D-S	1	
UROGESIC-BLUE	1	
UTIRA-C	1	
Oxazolidinone Antibiotics		
<i>linezolid oral tablet</i>	1	Prior Authorization; Quantity Limit
SIVEXTRO ORAL	3	Quantity Limit
ZYVOX ORAL	3	Prior Authorization; Quantity Limit
Penicillin Antibiotic - Natural		
<i>penicillin v potassium</i>	1	\$3 Copay
Penicillin Antibiotic - Penicillinase-Resistant		
<i>dicloxacillin</i>	1	
Pleuromutilin Antibiotics		
XENLETA ORAL	3	Quantity Limit
Protease Inhibitors (Non-Peptidic) Antiretroviral		
APTIVUS	3	Quantity Limit
PREZCOBIX	2	Quantity Limit
PREZISTA ORAL SUSPENSION	2	Quantity Limit
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	Quantity Limit
Protease Inhibitors (Peptidic) Antiretroviral		
<i>atazanavir</i>	1	Quantity Limit
EVOTAZ	2	Quantity Limit

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Drug	Status	Notes
<i>fosamprenavir</i>	1	Quantity Limit
INVIRASE ORAL TABLET	2	Quantity Limit
LEXIVA	3	Quantity Limit
NORVIR ORAL POWDER IN PACKET	3	Quantity Limit
NORVIR ORAL SOLUTION	2	Quantity Limit
NORVIR ORAL TABLET	3	Quantity Limit
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	Quantity Limit
REYATAZ ORAL POWDER IN PACKET	3	Quantity Limit
<i>ritonavir</i>	1	Quantity Limit
VIRACEPT ORAL TABLET	3	Quantity Limit
Rifamycins And Related Derivative Antibiotics		
AEMCOLO	2	Quantity Limit
MYCOBUTIN	3	
PRIFTIN	2	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
XIFAXAN ORAL TABLET 200 MG	2	Quantity Limit
XIFAXAN ORAL TABLET 550 MG	2	Prior Authorization; Step Therapy
Sars-Cov-2 Antiviral Agent - Main Protease (Mpro) Inhibitors		
PAXLOVID (EUA)	2	Quantity Limit
Sars-Cov-2 Antiviral Agent - Rna Polymerase Inhibitors		
LAGEVRIO (EUA)	2	Quantity Limit
<i>molnupiravir</i>	2	Quantity Limit
Sulfonamide Antibiotic		
<i>sulfadiazine</i>	1	
Tetracycline Antibiotics		
ACTICLATE	3	Prior Authorization; Step Therapy
AVIDOXY	1	
<i>demeclocycline</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	3	Prior Authorization; Step Therapy
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	3	Prior Authorization; Step Therapy

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Drug	Status	Notes
<i>doxycycline hyclate oral capsule 100 mg</i>	1	\$3 Copay
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	\$3 Copay
<i>doxycycline monohydrate oral capsule 100 mg</i>	1	\$3 Copay
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral capsule,extended release 24hr</i>	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>minocycline oral tablet</i>	1	Prior Authorization; Step Therapy
<i>minocycline oral tablet extended release 24 hr 105 mg, 135 mg</i>	3	Prior Authorization; Step Therapy
<i>minocycline oral tablet extended release 24 hr 45 mg, 90 mg</i>	1	Prior Authorization; Step Therapy
MONODOX	3	Prior Authorization; Step Therapy
NUZYRA ORAL	3	Quantity Limit
ORACEA	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
TARGADOX	3	Prior Authorization; Step Therapy
<i>tetracycline</i>	1	
VIBRAMYCIN (CALCIUM)	2	Prior Authorization; Step Therapy
VIBRAMYCIN (MONO)	3	Prior Authorization; Step Therapy
VIBRAMYCIN ORAL CAPSULE 100 MG	3	Prior Authorization; Step Therapy
Antineoplastics		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib		
EXKIVITY	3	Prior Authorization; Step Therapy; Quantity Limit

Drug	Status	Notes
<i>lapatinib</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TYKERB	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor		
<i>abiraterone oral tablet 500 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
YONSA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZYTIGA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor		
<i>erlotinib</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
IRESSA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TARCEVA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
GILOTRIF	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
NERLYNX	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VIZIMPRO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor		
TAGRISSE	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
MYLERAN	2	
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE	2	
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
ALKERAN	3	
<i>cyclophosphamide oral capsule</i>	1	

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Drug	Status	Notes
<i>cyclophosphamide oral tablet</i>	3	
LEUKERAN	2	Quantity Limit
<i>melfalan</i>	1	
Antineoplastic - Alkylating Agent - Nitrosoureas		
GLEOSTINE	3	
Antineoplastic - Alkylating Agent - Triazines		
TEMODAR INTRAVENOUS	3	
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>temozolomide</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors		
ALECENSA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
ALUNBRIG ORAL TABLET 30 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ALUNBRIG ORAL TABLETS,DOSE PACK	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
LORBRENA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XALKORI	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
ZYKADIA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Antiadrenals		
LYSODREN	2	
Antineoplastic - Antiandrogens		
<i>abiraterone oral tablet 500 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>bicalutamide</i>	1	
CASODEX	3	Prior Authorization; Step Therapy
ERLEADA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>flutamide</i>	1	
NILANDRON	3	Prior Authorization; Step Therapy
<i>nilutamide</i>	1	
NUBEQA	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
XTANDI ORAL CAPSULE	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XTANDI ORAL TABLET	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
YONSA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZYTIGA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Antimetabolite - Folic Acid Analogs		
<i>methotrexate sodium oral</i>	1	
TREXALL	2	
XATMEP	3	

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Drug	Status	Notes
Antineoplastic - Antimetabolite - Purine Analogs		
<i>mercaptopurine</i>	1	
PURIXAN	3	
TABLOID	2	
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
<i>capecitabine</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
ONUREG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XELODA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Antimetabolite - Urea Derivatives		
HYDREA	3	
<i>hydroxyurea</i>	1	

Drug	Status	Notes
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations		
LONSURF	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole</i>	1	
ARIMIDEX	3	Prior Authorization; Step Therapy
AROMASIN	3	Prior Authorization; Step Therapy
<i>exemestane</i>	1	
FEMARA	3	Prior Authorization; Step Therapy
<i>letrozole</i>	1	
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors		
VENCLEXTA	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VENCLEXTA STARTING PACK	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TAFINLAR	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZELBORAF	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor		
BRUKINSA	3	Prior Authorization; Step Therapy; Quantity Limit
CALQUENCE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
CALQUENCE (ACALABRUTINIB MAL)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
IMBRUVICA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
IBRANCE	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
KISQALI	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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VERZENIO	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor		
TUKYSA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Epipodophyllotoxins		
<i>etoposide intravenous</i>	1	
<i>etoposide oral</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
TOPOSAR	1	
Antineoplastic - Estrogens		
EMCYT	2	

Drug	Status	Notes
Antineoplastic - Exportin-1 (Xpo1) Inhibitors		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	3	Quantity Limit
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	3	Prior Authorization; Step Therapy; Quantity Limit
Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor		
TAZVERIK	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib		
BALVERSA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
LYTGOBI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
PEMAZYRE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Copay Armor (Copay Armor, powered by PillarRx, helps members afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars.)

Drug	Status	Notes
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Copay Armor (Copay Armor, powered by PillarRx, helps members afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars.); Quantity Limit
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors		
XOSPATA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ERIVEDGE	2	Prior Authorization; Quantity Limit

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Drug	Status	Notes
ODOMZO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors		
FARYDAK	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZOLINZA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Hypoxia Inducible Factor (Hif) Inhibitors		
WELIREG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
Antineoplastic - Interferons		
BESREMI	3	Prior Authorization; Step Therapy; Quantity Limit
INTRON A INJECTION RECON SOLN	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Interleukins		
PROLEUKIN	2	
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI	2	Prior Authorization; Quantity Limit
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib		
INREBIC	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VONJO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Antineoplastic - Kinase Inhibitor And Aromatase Inhibitor Combination		
KISQALI FEMARA CO-PACK	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Kirsten Rat Sarcoma (Kras) Protein Inhibitor		
KRAZATI	3	
LUMAKRAS	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Copay Armor (Copay Armor, powered by PillarRx, helps members afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars.); Quantity Limit
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
ELIGARD	3	
ELIGARD (3 MONTH)	3	
ELIGARD (4 MONTH)	3	
ELIGARD (6 MONTH)	3	

Drug	Status	Notes
<i>leuprolide (3 month)</i>	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>leuprolide subcutaneous kit</i>	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	Step Therapy
LUPRON DEPOT (4 MONTH)	2	Step Therapy
LUPRON DEPOT (6 MONTH)	2	Step Therapy
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	Step Therapy
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	
ZOLADEX	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants		
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	3	
ORGOVYX	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Mast Cell Stabilizers		
GASTROCROM	3	

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Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
KOSELUGO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MEKINIST	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
AFINITOR ORAL TABLET 10 MG, 5 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
AFINITOR ORAL TABLET 2.5 MG, 7.5 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Multikinase Inhibitors		
CABOMETYX	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
COMETRIQ	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ICLUSIG	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
NEXAVAR	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>sorafenib</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
STIVARGA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
UKONIQ	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Mdh1) Inhibitors		
REZLIDHIA	3	

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TIBSOVO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Mdh2) Inhibitors		
IDHIFA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors		
COPIKTRA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZYDELIG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
Antineoplastic - Pi3k-Alpha Inhibitors		
PIQRAY	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Pi3k-Delta And Gamma Inhibitors		
COPIKTRA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Pi3k-Delta Inhibitors		
ZYDELIG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RUBRACA ORAL TABLET 200 MG, 300 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RUBRACA ORAL TABLET 250 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TALZENNA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
ZEJULA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Progestins		
<i>megestrol oral tablet</i>	1	
Antineoplastic - Proteasome Enzyme Inhibitors		
NINLARO	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
AYVAKIT ORAL TABLET 25 MG, 50 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
BOSULIF ORAL TABLET 100 MG, 500 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
BOSULIF ORAL TABLET 400 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
BRUKINSA	3	Prior Authorization; Step Therapy; Quantity Limit
CALQUENCE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
CALQUENCE (ACALABRUTINIB MAL)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
CAPRELSA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
FOTIVDA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Copay Armor (Copay Armor, powered by PillarRx, helps members afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars.); Quantity Limit
GLEEVEC	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>imatinib mesylate 100 mg tab f/c</i>	1	Prior Authorization; Step Therapy

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Drug	Status	Notes
<i>imatinib mesylate 400 mg tab f/c</i>	1	Prior Authorization; Step Therapy
IMBRUVICA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
INLYTA	3	Prior Authorization; Step Therapy; Quantity Limit
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
OFEV	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
QINLOCK	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
ROZLYTREK	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RYDAPT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SCEMBLIX	3	Prior Authorization; Step Therapy; Quantity Limit
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SPRYCEL ORAL TABLET 140 MG, 80 MG	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>sunitinib</i>	1	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
SUTENT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TABRECTA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TASIGNA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TEPMETKO	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
TURALIO ORAL CAPSULE 200 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VOTRIENT	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Retinoids		
<i>tretinoin (antineoplastic)</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
FARESTON	3	
SOLTAMOX	3	
<i>tamoxifen</i>	1	

Drug	Status	Notes
Antineoplastic - Selective Inhibitors Of Nuclear Export (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	3	Quantity Limit
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	3	Prior Authorization; Step Therapy; Quantity Limit
Antineoplastic - Selective Ret Kinase Inhibitor		
GAVRETO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RETEVMO ORAL CAPSULE 40 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
RETEVMO ORAL CAPSULE 80 MG	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Selective Retinoid X Receptor Agonists		
<i>bexarotene oral</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
TARGRETIN ORAL	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Antineoplastic - Thalidomide Analogs		
<i>lenalidomide</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
POMALYST	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
REVLIMID	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
THALOMID	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL	2	
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor		
VITRAKVI	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Antineoplastic - Vinca Alkaloids And Analogs		
NAVELBINE	3	
Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb		
INQOVI	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Epidermal Growth Factor Recept Blocker (Her-2 Type), Rec-Mc Antibody		
OGIVRI	3	
Methotrexate Rescue Agents		
<i>leucovorin calcium oral</i>	1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium oral</i>	1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy		
MESNEX ORAL	2	
Antiseptics And Disinfectants		
Antiseptic - Biguanides		
<i>chlorhexidine gluconate (bulk)</i>	3	Quantity Limit
Antiseptic - Iodine/Iodophores		
IODOFLEX	3	
IODOSORB	3	
Antiseptic - Others		
<i>glutaraldehyde</i>	3	
Antiseptic - Quaternary Ammonium		
<i>benzalkonium chloride (bulk)</i>	3	Quantity Limit

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Drug	Status	Notes
Biologicals		
Allergenic Extracts - Grass Pollen		
GRASTEK	3	Prior Authorization; Step Therapy; Quantity Limit
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	Prior Authorization; Step Therapy; Quantity Limit
Allergenic Extracts - Mite Extracts		
ODACTRA	3	Prior Authorization; Step Therapy; Quantity Limit
Allergenic Extracts - Weed Pollen		
RAGWITEK	3	Prior Authorization; Step Therapy; Quantity Limit
Hepatitis A And Hepatitis B Vaccine Combinations		
TWINRIX (PF)	\$0	
Hepatitis B Vaccine Combinations		
PEDIARIX (PF)	\$0	Quantity Limit
VAXELIS (PF)	\$0	
Hepatitis B Vaccines - Single Agents		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	\$0	Quantity Limit
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	\$0	
ENGERIX-B PEDIATRIC (PF)	\$0	Quantity Limit
HEPLISAV-B (PF)	\$0	Quantity Limit
PREHEVBRIO (PF)	\$0	Quantity Limit
RECOMBIVAX HB (PF)	\$0	Quantity Limit
Immune Globulin - Gamma Globulin (Igg), Human		
ASCENIV	3	
Live Vaccine And Live Virus Formulations		
DENGVAXIA (PF)	3	
FLUMIST QUAD 2021-2022	\$0	Quantity Limit
FLUMIST QUAD 2022-2023	\$0	Quantity Limit
PRIORIX (PF)	\$0	

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Drug	Status	Notes
Peanut Desensitization Agents		
PALFORZIA (LEVEL 1)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA (LEVEL 2)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA (LEVEL 3)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA (LEVEL 4)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
PALFORZIA (LEVEL 5)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA (LEVEL 6)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA (LEVEL 7)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA (LEVEL 8)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA (LEVEL 9)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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PALFORZIA (LEVEL 10)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA (LEVEL 11 UP-DOSE)	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
PALFORZIA INITIAL DOSE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PALFORZIA LEVEL 11 MAINTENANCE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Toxoid Vaccine Combinations		
PEDIARIX (PF)	\$0	Quantity Limit
QUADRACEL (PF)	\$0	
VAXELIS (PF)	\$0	

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Vaccine Bacterial - Gram Negative Cocci		
MENQUADFI (PF)	\$0	
MENVEO A-C-Y-W-135-DIP (PF)	\$0	
Vaccine Bacterial - Gram Positive Cocci		
PNEUMOVAX-23	\$0	Quantity Limit
PREVNAR 13 (PF)	\$0	Quantity Limit
PREVNAR 20 (PF)	3	
VAXNEUVANCE (PF)	2	Quantity Limit
Vaccine Mixed Combinations (Bacterial And Viral)		
VAXELIS (PF)	\$0	
Vaccine Viral - Covid-19 (Sars-Cov-2)		
COMIRNATY TRIS VACCINE(PF)	\$0	Quantity Limit
JANSSEN COVID-19 VACCINE (EUA)	\$0	Quantity Limit
MODERNA COVID BIVAL(6M-5Y)-PF	\$0	
MODERNA COVID(6M-5Y) VACC(EUA)	\$0	Quantity Limit
MODERNA COVID-19 (6-11YR)(EUA)	\$0	Quantity Limit
MODERNA COVID-19 VACCINE (EUA)	\$0	Quantity Limit
NOVAVAX COVID-19 VACC,ADJ(EUA)	\$0	Quantity Limit
PFIZER COVID BIVAL(12Y UP)(PF)	\$0	Quantity Limit
PFIZER COVID BIVAL(5-11YR)(PF)	\$0	Quantity Limit
PFIZER COVID BIVAL(6MO-4Y)(PF)	\$0	
PFIZER COVID-19 TRIS VACCN(PF)	\$0	Quantity Limit
PFIZER COVID-19 VACCINE (EUA)	\$0	Quantity Limit
SPIKEVAX (PF)	\$0	Quantity Limit
Vaccine Viral - Dengue		
DENGVAXIA (PF)	3	
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines		
GARDASIL 9 (PF)	\$0	
Vaccine Viral - Influenza A And B		
AFLURIA QD 2021-22(3YR UP)(PF)	\$0	Quantity Limit
AFLURIA QD 2021-22(6-35MO)(PF)	\$0	Quantity Limit
AFLURIA QD 2022-23(3YR UP)(PF)	\$0	Quantity Limit

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AFLURIA QUAD 2021-2022(6MO UP)	\$0	Quantity Limit
AFLURIA QUAD 2022-2023(6MO UP)	\$0	Quantity Limit
FLUAD QUAD 2021-22(65Y UP)(PF)	\$0	Quantity Limit
FLUAD QUAD 2022-23(65Y UP)(PF)	\$0	Quantity Limit
FLUARIX QUAD 2021-2022 (PF)	\$0	Quantity Limit
FLUARIX QUAD 2022-2023 (PF)	\$0	Quantity Limit
FLUBLOK QUAD 2021-2022 (PF)	\$0	Quantity Limit
FLUBLOK QUAD 2022-2023 (PF)	\$0	Quantity Limit
FLUCELVAX QUAD 2021-2022 (PF)	\$0	Quantity Limit
FLUCELVAX QUAD 2022-2023	\$0	Quantity Limit
FLUCELVAX QUAD 2022-2023 (PF)	\$0	Quantity Limit
FLULAVAL QUAD 2021-2022 (PF)	\$0	Quantity Limit
FLULAVAL QUAD 2022-2023 (PF)	\$0	Quantity Limit
FLUMIST QUAD 2021-2022	\$0	Quantity Limit
FLUMIST QUAD 2022-2023	\$0	Quantity Limit
FLUZONE HIGHDOSE QUAD 21-22 PF	\$0	Quantity Limit
FLUZONE HIGHDOSE QUAD 22-23 PF	\$0	Quantity Limit
FLUZONE QUAD 2021-2022 (PF)	\$0	Quantity Limit
FLUZONE QUAD 2022-2023	\$0	Quantity Limit
FLUZONE QUAD 2022-2023 (PF)	\$0	Quantity Limit
Vaccine Viral - Measles		
PRIORIX (PF)	\$0	
Vaccine Viral - Mumps And Related		
PRIORIX (PF)	\$0	
Vaccine Viral - Rubella		
PRIORIX (PF)	\$0	
Vaccine Viral - Varicella		
SHINGRIX (PF)	\$0	
Vaccine Viral Combinations		
PRIORIX (PF)	\$0	
Vaccine Viral- Tick-Borne Encephalitis		
TICOVAC	3	

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Drug	Status	Notes
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
<i>amlodipine-benazepril oral capsule 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>trandolapril-verapamil</i>	1	
Ace Inhibitor And Diuretic Combinations		
ACCURETIC ORAL TABLET 20-25 MG	3	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	\$3 Copay
LOTENSIN HCT	3	
<i>quinapril-hydrochlorothiazide</i>	1	
VASERETIC	3	
ZESTORETIC	3	
Ace Inhibitors		
ACCUPRIL	3	
ALTACE	3	
<i>benazepril</i>	1	\$3 Copay
<i>captopril</i>	1	
<i>enalapril maleate oral solution</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>enalapril maleate oral tablet</i>	1	
EPANED	3	Prior Authorization; Step Therapy; Quantity Limit
<i>fosinopril</i>	1	
<i>lisinopril</i>	1	\$3 Copay
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>moexipril</i>	1	
<i>perindopril erbumine</i>	1	

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QBRELIS	3	Prior Authorization; Step Therapy; Quantity Limit
<i>quinapril</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC	3	
ZESTRIL	3	
Aldosterone Receptor Antagonists		
ALDACTONE	3	
CAROSPIR	3	Prior Authorization; Step Therapy
<i>eplerenone</i>	1	
INSPRA	3	
KERENDIA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>spironolactone</i>	1	\$3 Copay
Alpha-Beta Blockers		
<i>carvedilol</i>	1	\$3 Copay
<i>carvedilol phosphate</i>	1	Prior Authorization; Step Therapy
COREG	3	Prior Authorization; Step Therapy
COREG CR	3	Prior Authorization; Step Therapy
<i>labetalol oral</i>	1	
Angiotensin Ii Receptor Blocker (Arb)- Calcium Channel Blocker Comb.		
<i>amlodipine-olmesartan</i>	1	Quantity Limit
<i>amlodipine-valsartan</i>	1	Quantity Limit
AZOR	3	Quantity Limit
EXFORGE	3	Quantity Limit
<i>telmisartan-amlodipine</i>	1	
TWYNSTA	3	
Angiotensin Ii Receptor Blocker (Arb)- Calcium Channel Blocker-Diuretic		
<i>amlodipine-valsartan-hcthiazyd</i>	1	
EXFORGE HCT	3	
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
TRIBENZOR	3	

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Angiotensin II Receptor Blocker (Arb)- Diuretic Combinations		
ATACAND HCT	3	
AVALIDE	3	Quantity Limit
BENICAR HCT	3	Quantity Limit
DIOVAN HCT	3	Quantity Limit
HYZAAR	3	
<i>irbesartan-hydrochlorothiazide</i>	1	Quantity Limit
<i>losartan-hydrochlorothiazide</i>	1	\$3 Copay
MICARDIS HCT	3	
<i>olmesartan-hydrochlorothiazide</i>	1	Quantity Limit
<i>valsartan-hydrochlorothiazide</i>	1	Quantity Limit
Angiotensin II Receptor Blocker- Neprilysin Inhibitor Comb. (Arni)		
ENTRESTO	2	Prior Authorization; Quantity Limit
Angiotensin II Receptor Blockers (Arbs)		
ATACAND	3	
AVAPRO	3	Quantity Limit
BENICAR	3	Quantity Limit
COZAAR	3	Quantity Limit
DIOVAN	3	Quantity Limit
EDARBI	3	
<i>eprosartan</i>	1	
<i>irbesartan</i>	1	Quantity Limit
<i>losartan</i>	1	\$3 Copay; Quantity Limit
MICARDIS	3	
<i>olmesartan</i>	1	Quantity Limit
<i>telmisartan</i>	1	
<i>valsartan oral solution</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>valsartan oral tablet</i>	1	Quantity Limit
Antianginal - Coronary Vasodilators (Nitrates)		
GONITRO	3	Quantity Limit
ISORDIL	3	

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ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg</i>	1	\$3 Copay
<i>isosorbide mononitrate oral tablet 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg, 60 mg</i>	1	\$3 Copay
MINITRAN	3	
NITRO-BID	1	
NITRO-DUR	3	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
NITROLINGUAL	3	
NITROSTAT	3	
NITRO-TIME	1	
Antianginal And Anti-Ischemic Agents		
VERQUVO	3	Prior Authorization; Step Therapy; Quantity Limit
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic		
ASPRUZYO SPRINKLE	3	Prior Authorization; Step Therapy; Quantity Limit
RANEXA	3	Prior Authorization; Step Therapy
<i>ranolazine</i>	1	Prior Authorization; Step Therapy
Antiarrhythmic - Class Ia		
<i>disopyramide phosphate oral capsule</i>	1	
NORPACE	3	
NORPACE CR	2	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
Antiarrhythmic - Class Ib		
<i>mexiletine</i>	1	
Antiarrhythmic - Class Ic		
<i>flecainide</i>	1	

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Drug	Status	Notes
<i>propafenone oral tablet</i>	1	
RYTHMOL SR	3	
Antiarrhythmic - Class Ii		
BETAPACE	3	
BETAPACE AF	3	
SORINE	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
SOTYLIZE	3	
Antiarrhythmic - Class Iii		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
MULTAQ	3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
TIKOSYN	3	
Antiarrhythmic - Class Iv		
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	\$3 Copay
<i>verapamil oral tablet 40 mg</i>	1	
Antihyperlipidemic - Atp-Citrate Lyase (Acly) Inhibitor		
NEXLETOL	3	Prior Authorization; Step Therapy; Quantity Limit
Antihyperlipidemic - Bile Acid Sequestrants		
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET	1	
<i>colesevelam oral powder in packet</i>	1	
COLESTID	3	
COLESTID FLAVORED ORAL PACKET	2	
<i>colestipol</i>	1	
PREVALITE ORAL POWDER IN PACKET	1	
QUESTRAN ORAL POWDER IN PACKET	3	
WELCHOL	3	

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Drug	Status	Notes
Antihyperlipidemic - Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	Prior Authorization; Step Therapy
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	1	
<i>fenofibrate micronized oral capsule 30 mg, 90 mg</i>	3	Prior Authorization; Step Therapy
<i>fenofibrate micronized oral capsule 67 mg</i>	1	\$3 Copay
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral capsule</i>	3	Prior Authorization; Step Therapy
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	Prior Authorization; Step Therapy
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
FENOGLIDE	3	Prior Authorization; Step Therapy
FIBRICOR	3	Prior Authorization; Step Therapy
<i>gemfibrozil</i>	1	
LIPOFEN	3	Prior Authorization; Step Therapy
LOPID	3	
TRICOR	3	Prior Authorization; Step Therapy
TRILIPIX	3	Prior Authorization; Step Therapy
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
ALTOPREV	3	Prior Authorization; Step Therapy; Quantity Limit
<i>atorvastatin</i>	1	\$3 Copay; Quantity Limit
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	3	Prior Authorization; Step Therapy; Quantity Limit
CRESTOR ORAL TABLET 40 MG	3	Prior Authorization; Quantity Limit
EZALLOR SPRINKLE	3	Prior Authorization; Quantity Limit
FLOLIPID	3	Prior Authorization; Quantity Limit
<i>fluvastatin</i>	1	Quantity Limit
LESCOL XL	3	Prior Authorization; Step Therapy; Quantity Limit
LIPITOR	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
LIVALO	3	Prior Authorization; Step Therapy; Quantity Limit
<i>lovastatin</i>	1	\$3 Copay; Quantity Limit
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$3 Copay; Quantity Limit
<i>pravastatin oral tablet 80 mg</i>	1	Quantity Limit
<i>rosuvastatin</i>	1	Quantity Limit
<i>simvastatin oral tablet</i>	1	\$3 Copay; Quantity Limit
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	Prior Authorization; Step Therapy; Quantity Limit
ZYPITAMAG	3	Prior Authorization; Step Therapy
Antihyperlipidemic - Nicotinic Acid Derivatives		
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	
NIASPAN EXTENDED-RELEASE	3	
Antihyperlipidemic - Omega-3 Fatty Acid Type		
<i>icosapent ethyl</i>	1	Quantity Limit
LOVAZA	3	
<i>omega-3 acid ethyl esters</i>	1	
VASCEPA	2	Quantity Limit
Antihyperlipidemic - Pcsk9 Inhibitor, Monoclonal Antibody (Mab)		
PRALUENT PEN	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
REPATHA PUSHTRONEX	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
REPATHA SURECLICK	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
REPATHA SYRINGE	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
REPATHA PUSHTRONEX	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
REPATHA SURECLICK	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
REPATHA SYRINGE	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
<i>ezetimibe</i>	1	
ZETIA	3	
Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib		
NEXLIZET	3	Prior Authorization; Quantity Limit
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker		
<i>amlodipine-atorvastatin</i>	1	Quantity Limit
CADUET	3	Quantity Limit

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Drug	Status	Notes
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit		
<i>ezetimibe-rosuvastatin</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>ezetimibe-simvastatin</i>	1	Quantity Limit
ROSZET	3	Prior Authorization; Step Therapy; Quantity Limit
VYTORIN 10-10	3	Prior Authorization; Step Therapy; Quantity Limit
VYTORIN 10-20	3	Prior Authorization; Step Therapy; Quantity Limit
VYTORIN 10-40	3	Prior Authorization; Step Therapy; Quantity Limit
VYTORIN 10-80	3	Prior Authorization; Step Therapy; Quantity Limit
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Beta Blockers Cardiac Selective		
<i>atenolol</i>	1	\$3 Copay
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	3	Prior Authorization; Step Therapy
KAPSPARGO SPRINKLE	3	Prior Authorization; Step Therapy
LOPRESSOR ORAL	3	Prior Authorization; Step Therapy
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$3 Copay
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	
<i>nebivolol</i>	1	Step Therapy

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Drug	Status	Notes
TENORMIN	3	Prior Authorization; Step Therapy
TOPROL XL	3	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
<i>acebutolol</i>	1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
<i>pindolol</i>	1	
Beta Blockers Non-Cardiac Selective		
BETAPACE	3	
BETAPACE AF	3	
CORGARD	3	Prior Authorization; Step Therapy
HEMANGEOL	3	Prior Authorization
INDERAL LA	3	Prior Authorization; Step Therapy
INDERAL XL	3	Prior Authorization; Step Therapy
INNOPRAN XL	3	Prior Authorization; Step Therapy
<i>nadolol</i>	1	
<i>propranolol oral</i>	1	
SORINE	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
SOTYLIZE	3	
<i>timolol maleate oral</i>	1	
Bradykinin B2 Receptor Antagonists		
FIRAZYR	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
<i>icatibant</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Calcium Channel Blocker - Nsaid, Cox-2 Selective Inhibitor Combination		
CONSENSI	3	Prior Authorization; Step Therapy
Calcium Channel Blockers - Benzothiazepines		
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARTIA XT	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
DILT-XR	1	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG	1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	1	
TIAZAC	3	
Calcium Channel Blockers - Dihydropyridines		
ADALAT CC	3	
<i>amlodipine</i>	1	\$3 Copay
CONJUPRI	3	Prior Authorization; Step Therapy; Quantity Limit
<i>felodipine</i>	1	

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Drug	Status	Notes
<i>isradipine</i>	1	
KATERZIA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>levamlodipine</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>nicardipine oral</i>	1	
<i>nifedipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg</i>	1	
NORLIQVA	3	Prior Authorization; Step Therapy; Quantity Limit
NORVASC	3	
PROCARDIA XL	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific		
<i>nimodipine</i>	1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3	
NYMALIZE ORAL SYRINGE	3	
Calcium Channel Blockers - Phenylalkylamines		
CALAN SR	3	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	\$3 Copay
<i>verapamil oral tablet 40 mg</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN	3	
VERELAN PM	3	
Cardiac Myosin Inhibitor		
CAMZYOS	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
DUTOPROL	3	Prior Authorization; Step Therapy
<i>metoprolol ta-hydrochlorothiaz</i>	1	
TENORETIC 100	3	Prior Authorization; Step Therapy
TENORETIC 50	3	Prior Authorization; Step Therapy
ZIAC	3	Prior Authorization; Step Therapy
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	Prior Authorization; Quantity Limit
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	Prior Authorization; Step Therapy; Quantity Limit
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	3	Quantity Limit
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	Quantity Limit
EPINEPHRINESNAP-V	3	
EPIPEN	3	Prior Authorization; Step Therapy; Quantity Limit
EPIPEN 2-PAK	3	Prior Authorization; Step Therapy; Quantity Limit
EPIPEN JR	3	Prior Authorization; Step Therapy; Quantity Limit
EPIPEN JR 2-PAK	3	Prior Authorization; Step Therapy; Quantity Limit
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	3	
Cardiovascular Sympathomimetics		
BIORPHEN	3	

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Drug	Status	Notes
<i>droxidopa</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>midodrine</i>	1	
NORTHERA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb.		
<i>methyldopa-hydrochlorothiazide</i>	1	
Central Alpha-2 Receptor Agonists		
CATAPRES-TTS-1	3	
CATAPRES-TTS-2	3	
CATAPRES-TTS-3	3	
<i>clonidine</i>	1	
<i>clonidine hcl oral tablet</i>	1	\$3 Copay
<i>clonidine hcl oral tablet extended release 24 hr</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>guanfacine oral tablet</i>	1	
<i>methyldopa</i>	1	
NEXICLON XR	3	Prior Authorization; Step Therapy; Quantity Limit
Digitalis Glycosides		
<i>digoxin oral</i>	1	
LANOXIN ORAL	3	

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Drug	Status	Notes
Direct Acting Vasodilators		
<i>hydralazine oral tablet 10 mg, 25 mg, 50 mg</i>	1	\$3 Copay
<i>hydralazine oral tablet 100 mg</i>	1	
<i>minoxidil oral</i>	1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
ALDACTONE	3	
CAROSPIR	3	Prior Authorization; Step Therapy
<i>spironolactone</i>	1	\$3 Copay
Diuretic - Aldosterone Receptor Antagonist, Selective		
<i>eplerenone</i>	1	
INSPRA	3	
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
Diuretic - Loop		
<i>bumetanide oral</i>	1	
EDECIN	3	
FUROSCIX	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral solution 40 mg/4 ml</i>	3	
<i>furosemide oral tablet</i>	1	\$3 Copay
LASIX	3	
SOAANZ	3	
<i>torseamide oral</i>	1	

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Drug	Status	Notes
Diuretic - Potassium Sparing		
<i>amiloride</i>	1	
DYRENIUM	3	
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
ALDACTAZIDE	3	
<i>amiloride-hydrochlorothiazide</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	\$3 Copay
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists		
SAMSCA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>tolvaptan</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Diuretic - Thiazides And Related		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL	2	
<i>hydrochlorothiazide</i>	1	\$3 Copay
<i>indapamide</i>	1	
<i>metolazone</i>	1	
THALITONE	3	

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Drug	Status	Notes
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors		
CORLANOR ORAL SOLUTION	3	Prior Authorization; Step Therapy; Quantity Limit
CORLANOR ORAL TABLET	3	Prior Authorization; Step Therapy
Muscarinic Receptor Antagonists (Anticholinergic)		
<i>atropine injection solution</i>	3	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>propranolol-hydrochlorothiazid</i>	1	
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists		
UPTRAVI ORAL	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Patent Ductus Arteriosus (Pda) Treatment Agents, Prostaglandin-Type		
<i>alprostadil</i>	1	
Peripheral Alpha-1 Receptor Blockers		
CARDURA	3	Prior Authorization; Step Therapy
CARDURA XL	3	Prior Authorization; Step Therapy
DIBENZYLINE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>doxazosin</i>	1	
MINIPRESS	3	

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<i>phenoxybenzamine</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>prazosin</i>	1	
<i>terazosin</i>	1	
Peripheral Vasodilators, Single Agents		
<i>isoxsuprine</i>	1	
Pheochromocytoma, Agents To Treat		
DEMSER	3	
<i>metyrosine</i>	1	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody		
TAKHZYRO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Plasma Kallikrein Inhibitor Agents, Small Molecule		
ORLADEYO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
Pulmonary Antihypertensive Agents - Prostacyclin-Type		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TYVASO 1.74 MG/2.9 ML SOLUTION	3	Prior Authorization; Quantity Limit
TYVASO DPI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TYVASO INHALATION REFILL KIT	3	Prior Authorization; Quantity Limit
TYVASO INHALATION STARTER KIT	3	Prior Authorization; Quantity Limit
TYVASO INSTITUTIONAL START KIT	3	Prior Authorization; Quantity Limit

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VENTAVIS	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Pulmonary Antihypertensive Agents- Soluble Guanylate Cyclase Stimulator		
ADEMPAS	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>bosentan</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
LETAIRIS	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
OPSUMIT	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TRACLEER	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Pulmonary Arterial Hypertension - Selective Cgmp-Pde5 Inhibitors		
ADCIRCA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
ALYQ	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
REVATIO INTRAVENOUS	3	Prior Authorization; Quantity Limit
REVATIO ORAL	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	Prior Authorization; Quantity Limit
TADLIQ	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Renin Inhibitor, Direct		
TEKTURNA	3	

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Drug	Status	Notes
Renin Inhibitor, Direct And Diuretic Combinations		
TEKTURN A HCT	3	
Vasodilator Combinations		
BIDIL	3	
<i>isosorbide-hydralazine</i>	1	
Central Nervous System Agents		
Agents To Treat Episodic Cluster Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	Prior Authorization; Step Therapy; Quantity Limit
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	
<i>hydroxyzine hcl oral tablet</i>	1	\$3 Copay
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	\$3 Copay
VISTARIL	3	
Antianxiety Agent - Benzodiazepines		
<i>alprazolam</i>	1	Prior Authorization
ALPRAZOLAM INTENSOL	1	Prior Authorization
ATIVAN ORAL	3	
<i>chlordiazepoxide hcl</i>	1	
<i>clonazepam</i>	1	
<i>clorazepate dipotassium</i>	1	
DIAZEPAM INTENSOL	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
KLONOPIN	3	
LORAZEPAM INTENSOL	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
LOREEV XR	3	Quantity Limit
<i>oxazepam</i>	1	
TRANXENE T-TAB	3	
VALIUM	3	

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Drug	Status	Notes
XANAX	3	Prior Authorization
XANAX XR	3	Prior Authorization
Antianxiety Agent - Dicarbamate Type		
<i>meprobamate</i>	1	
Antianxiety Agent - Non-Benzodiazepine		
<i>bupirone oral tablet 10 mg, 5 mg</i>	1	\$3 Copay
<i>bupirone oral tablet 15 mg, 30 mg, 7.5 mg</i>	1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists		
FYCOMPA ORAL SUSPENSION	3	Quantity Limit
FYCOMPA ORAL TABLET	3	
Anticonvulsant - Barbiturates And Derivatives		
MYSOLINE	3	
<i>phenobarbital</i>	1	
<i>primidone</i>	1	
Anticonvulsant - Benzodiazepines		
<i>clonazepam</i>	1	
DIASTAT	3	Quantity Limit
DIASTAT ACUDIAL	3	Quantity Limit
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	1	Quantity Limit
KLONOPIN	3	
NAYZILAM	3	Prior Authorization; Quantity Limit
ONFI	3	Prior Authorization
SYMPAZAN	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VALTOCO	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Anticonvulsant - Carbamates		
<i>felbamate</i>	1	
FELBATOL	3	
Anticonvulsant - Carboxylic Acid Derivatives		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid (bulk)</i>	3	Quantity Limit
Anticonvulsant - Functionalized Amino Acid		
<i>lacosamide oral</i>	1	Prior Authorization
VIMPAT ORAL SOLUTION	3	Prior Authorization; Step Therapy
VIMPAT ORAL TABLET	3	Prior Authorization; Step Therapy
Anticonvulsant - Gaba Analogs		
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
LYRICA	3	Prior Authorization; Step Therapy
NEURONTIN	3	
<i>pregabalin oral capsule</i>	1	Prior Authorization; Step Therapy
<i>pregabalin oral solution</i>	1	Prior Authorization; Step Therapy

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Drug	Status	Notes
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives		
GABITRIL	3	
<i>tiagabine oral tablet 2 mg, 4 mg</i>	1	
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor		
SABRIL	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>vigabatrin oral powder in packet</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Anticonvulsant - Hydantoins		
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN KAPSEAL	3	
DILANTIN-125	3	
PHENYTEK	3	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
Anticonvulsant - Iminostilbene Derivatives		
APTIOM	3	
<i>carbamazepine</i>	1	
CARBATROL	3	

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Drug	Status	Notes
EPITOL	1	
EQUETRO	3	
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
TRILEPTAL	3	
Anticonvulsant - Monosaccharide Derivatives		
EPRONTIA	3	Prior Authorization; Step Therapy; Quantity Limit
QUDEXY XR	3	Prior Authorization; Step Therapy
TOPAMAX	3	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	Prior Authorization; Step Therapy
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	Prior Authorization; Step Therapy
Anticonvulsant - Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Anticonvulsant - Phenyltriazine Derivatives		
LAMICTAL ODT	3	
LAMICTAL ODT STARTER (BLUE)	3	
LAMICTAL ODT STARTER (GREEN)	3	
LAMICTAL ODT STARTER (ORANGE)	3	
LAMICTAL ORAL TABLET	3	

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Drug	Status	Notes
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG	2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG	3	
LAMICTAL STARTER (BLUE) KIT	2	
LAMICTAL STARTER (GREEN) KIT	2	
LAMICTAL STARTER (ORANGE) KIT	2	
LAMICTAL XR	3	
LAMICTAL XR STARTER (BLUE)	3	
LAMICTAL XR STARTER (GREEN)	3	
LAMICTAL XR STARTER (ORANGE)	3	
<i>lamotrigine</i>	1	
Anticonvulsant - Pyrrolidine Derivatives		
BRIVIACT ORAL	3	
ELEPSIA XR	3	Prior Authorization; Step Therapy
KEPPRA ORAL	3	
KEPPRA XR	3	
<i>levetiracetam oral</i>	1	
ROWEEPRA ORAL TABLET 500 MG	1	
SPRITAM	3	
Anticonvulsant - Succinimides		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide</i>	1	
ZARONTIN	3	
Anticonvulsant - Sulfonamide Derivatives		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
ZONISADE	3	Prior Authorization; Step Therapy; Quantity Limit
<i>zonisamide</i>	1	
Anticonvulsant - Triazole Derivatives		
BANZEL	3	
<i>rufinamide</i>	1	

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Drug	Status	Notes
Anticonvulsant Others		
DIACOMIT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
FINTEPLA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XCOPRI	3	Prior Authorization; Step Therapy
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	3	Prior Authorization; Step Therapy
XCOPRI TITRATION PACK	3	Prior Authorization; Step Therapy
Antidepressant - Alpha-2 Receptor Antagonists (Nassa)		
<i>mirtazapine</i>	1	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B		
EMSAM	3	
MARPLAN	3	
NARDIL	3	
PARNATE	3	
<i>phenelzine</i>	1	
<i>tranylcypromine</i>	1	

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Antidepressant - Ndma Receptor Antagonist And Ndri Combinations		
AUVELITY	3	Prior Authorization; Step Therapy; Quantity Limit
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris)		
CELEXA ORAL TABLET	3	
<i>citalopram oral capsule</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	\$3 Copay
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	Quantity Limit
<i>fluoxetine oral capsule</i>	1	\$3 Copay
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	Prior Authorization
<i>fluvoxamine oral tablet</i>	1	
LEXAPRO ORAL TABLET	3	Quantity Limit
<i>paroxetine hcl oral suspension</i>	1	
<i>paroxetine hcl oral tablet</i>	1	\$3 Copay
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	Prior Authorization; Step Therapy
PAXIL CR	3	Prior Authorization; Step Therapy
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	Prior Authorization; Step Therapy
PEXEVA	3	Prior Authorization; Step Therapy
PROZAC ORAL CAPSULE	3	
<i>sertraline oral capsule</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	\$3 Copay
ZOLOFT	3	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)		
<i>nefazodone</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	\$3 Copay

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Drug	Status	Notes
<i>trazodone oral tablet 300 mg</i>	1	Step Therapy
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris)		
CYMBALTA	3	Quantity Limit
<i>desvenlafaxine succinate</i>	1	Prior Authorization; Step Therapy
DRIZALMA SPRINKLE	3	Prior Authorization; Step Therapy; Quantity Limit
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	Quantity Limit
EFFEXOR XR	3	Prior Authorization; Step Therapy; Quantity Limit
FETZIMA	3	Prior Authorization; Step Therapy
PRISTIQ	3	Prior Authorization; Step Therapy
SAVELLA	3	Prior Authorization
<i>venlafaxine besylate</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>venlafaxine oral capsule, extended release 24hr</i>	1	Quantity Limit
<i>venlafaxine oral tablet</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	1	Quantity Limit
Antidepressant - Ssri And 5Ht1a Partial Agonist		
VIIBRYD ORAL TABLET	3	Prior Authorization; Step Therapy
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	Prior Authorization; Step Therapy
<i>vilazodone</i>	1	Prior Authorization; Step Therapy
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator		
TRINTELLIX	3	Prior Authorization; Step Therapy
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb		
<i>perphenazine-amitriptyline</i>	1	
Antidepressant - Tricyclic-Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide</i>	1	

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Drug	Status	Notes
Antidepressant- Ssri And Atypical Antipsych,Dopamine,Serotonin Antagon		
<i>olanzapine-fluoxetine</i>	1	Prior Authorization; Step Therapy; Quantity Limit
SYMBYAX	3	Prior Authorization; Step Therapy; Quantity Limit
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris)		
APLENZIN	3	Prior Authorization; Step Therapy
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	Quantity Limit
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	Quantity Limit
WELLBUTRIN SR	3	Quantity Limit
WELLBUTRIN XL	3	Quantity Limit
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors)		
<i>amitriptyline oral tablet 10 mg, 25 mg</i>	1	\$3 Copay
<i>amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	
<i>clomipramine</i>	1	
<i>desipramine</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>imipramine hcl</i>	1	\$3 Copay
<i>imipramine pamoate</i>	1	
<i>maprotiline</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg</i>	1	\$3 Copay
<i>nortriptyline oral capsule 75 mg</i>	1	
<i>nortriptyline oral solution</i>	1	
PAMELOR	3	

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Drug	Status	Notes
<i>protriptyline</i>	1	
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb		
<i>carbidopa-levodopa-entacapone</i>	1	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb		
<i>carbidopa-levodopa</i>	1	
DHIVY	3	Prior Authorization; Step Therapy
DUOPA	3	
RYTARY	3	Step Therapy
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
Antiparkinson Adjuvant - Adenosine Receptor Antagonist		
NOURIANZ	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors		
TASMAR ORAL TABLET 100 MG	3	
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
COMTAN	3	
<i>entacapone</i>	1	

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Drug	Status	Notes
ONGENTYS	3	Prior Authorization; Step Therapy; Quantity Limit
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
LODOSYN	3	
Antiparkinson Therapy - Anticholinergic Agents		
<i>benztropine oral</i>	1	\$3 Copay
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet 2 mg</i>	1	\$3 Copay
<i>trihexyphenidyl oral tablet 5 mg</i>	1	
Antiparkinson Therapy - Dopamine Precursors		
INBRIJA	3	Prior Authorization; Step Therapy; Quantity Limit
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
<i>bromocriptine</i>	1	
PARLODEL	3	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)		
AZILECT	3	Prior Authorization; Step Therapy
<i>rasagiline</i>	1	Prior Authorization; Step Therapy
<i>selegiline hcl</i>	1	
XADAGO	3	Prior Authorization; Step Therapy; Quantity Limit
ZELAPAR	3	
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
<i>amantadine hcl</i>	1	

Drug	Status	Notes
APOKYN	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>apomorphine</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
GOCOVRI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MIRAPEX	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG	3	

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Drug	Status	Notes
OSMOLEX ER	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole oral tablet</i>	1	
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles		
<i>asenapine maleate</i>	1	Quantity Limit
SAPHRIS	3	Prior Authorization; Step Therapy; Quantity Limit
SECUADO	3	Prior Authorization; Step Therapy; Quantity Limit
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones		
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	Quantity Limit
LATUDA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>ziprasidone hcl</i>	1	Quantity Limit
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv		
FANAPT	3	Quantity Limit
INVEGA	3	Quantity Limit
<i>paliperidone</i>	1	Quantity Limit
RISPERDAL ORAL SOLUTION	3	Quantity Limit
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	Quantity Limit
<i>risperidone oral solution</i>	1	Quantity Limit
<i>risperidone oral tablet</i>	1	Quantity Limit
<i>risperidone oral tablet, disintegrating</i>	1	

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Drug	Status	Notes
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv		
CAPLYTA	3	Prior Authorization; Step Therapy; Quantity Limit
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der		
<i>clozapine</i>	1	Quantity Limit
CLOZARIL	3	Quantity Limit
VERSACLOZ	3	Quantity Limit
Antipsychotic - Butyrophenone Derivatives		
HALDOL DECANOATE	3	
<i>haloperidol</i>	1	Quantity Limit
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	
Antipsychotic - Dibenzoxazepine Derivatives		
ADASUVE	3	
<i>loxapine succinate</i>	1	
Antipsychotic - Dihydroindolones		
<i>molindone</i>	1	
Antipsychotic - Diphenylbutylpiperidine Derivatives		
<i>pimozide</i>	1	
Antipsychotic - Phenothiazines, Aliphatic		
<i>chlorpromazine</i>	1	
Antipsychotic - Phenothiazines, Piperazine		
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>trifluoperazine</i>	1	

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Drug	Status	Notes
Antipsychotic - Phenothiazines, Piperidine		
<i>thioridazine</i>	1	
Antipsychotic - Thioxanthenes		
<i>thiothixene</i>	1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	Quantity Limit
<i>quetiapine oral tablet 150 mg</i>	3	Quantity Limit
<i>quetiapine oral tablet extended release 24 hr</i>	1	Quantity Limit
SEROQUEL	3	Quantity Limit
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	Quantity Limit
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines		
LYBALVI	3	Prior Authorization; Step Therapy; Quantity Limit
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	Quantity Limit
<i>olanzapine-fluoxetine</i>	1	Prior Authorization; Step Therapy; Quantity Limit
SYMBYAX	3	Prior Authorization; Step Therapy; Quantity Limit
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL	3	Quantity Limit
ZYPREXA ZYDIS	3	Quantity Limit

Drug	Status	Notes
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed		
ABILIFY MYCITE MAINTENANCE KIT	3	Prior Authorization; Step Therapy; Quantity Limit
ABILIFY MYCITE STARTER KIT	3	Prior Authorization; Step Therapy; Quantity Limit
ABILIFY ORAL TABLET	3	Prior Authorization; Step Therapy; Quantity Limit
<i>aripiprazole oral solution</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>aripiprazole oral tablet</i>	1	Quantity Limit
<i>aripiprazole oral tablet,disintegrating</i>	1	Prior Authorization; Step Therapy; Quantity Limit
REXULTI	3	Prior Authorization; Step Therapy; Quantity Limit
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed		
VRAYLAR	3	Prior Authorization; Step Therapy; Quantity Limit
Antipsychotics,Atypical,Dopamine,Serotonin Antag And Opioid Antag Comb		
LYBALVI	3	Prior Authorization; Step Therapy; Quantity Limit
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
<i>guanfacine oral tablet extended release 24 hr</i>	1	Prior Authorization; Quantity Limit
INTUNIV ER	3	Prior Authorization; Step Therapy; Quantity Limit
KAPVAY	3	Prior Authorization; Step Therapy; Quantity Limit
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
ADDERALL	3	Quantity Limit
ADDERALL XR	3	Quantity Limit
ADHANSIA XR	3	Prior Authorization; Step Therapy; Quantity Limit
ADZENYS XR-ODT	3	
<i>amphetamine</i>	3	Quantity Limit
AZSTARYS	3	Prior Authorization; Step Therapy; Quantity Limit
CONCERTA	3	Quantity Limit
COTEMPLA XR-ODT	3	Quantity Limit
DAYTRANA	3	Quantity Limit
DESOXYN	3	Quantity Limit
DEXEDRINE SPANSULE	3	Quantity Limit
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	Quantity Limit
<i>dexmethylphenidate oral tablet</i>	1	Quantity Limit
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	Quantity Limit
<i>dextroamphetamine sulfate oral tablet</i>	1	Quantity Limit
<i>dextroamphetamine-amphetamine</i>	1	Quantity Limit
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	Quantity Limit
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	Prior Authorization; Step Therapy; Quantity Limit
EVEKEO	3	Prior Authorization; Step Therapy
EVEKEO ODT	3	Prior Authorization; Step Therapy; Quantity Limit
FOCALIN	3	Quantity Limit
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	Quantity Limit

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Drug	Status	Notes
JORNAY PM	3	Quantity Limit
METADATE ER	1	Quantity Limit
<i>methamphetamine</i>	1	Quantity Limit
METHYLIN ORAL SOLUTION	3	Quantity Limit
<i>methylphenidate</i>	1	Quantity Limit
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	Quantity Limit
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	Quantity Limit
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg</i>	1	Quantity Limit
<i>methylphenidate hcl oral solution</i>	1	Quantity Limit
<i>methylphenidate hcl oral tablet</i>	1	Quantity Limit
<i>methylphenidate hcl oral tablet extended release</i>	1	Quantity Limit
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	Quantity Limit
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	3	Prior Authorization; Step Therapy
MYDAYIS	3	Quantity Limit
QUILLICHEW ER	3	Quantity Limit
QUILLIVANT XR	3	Quantity Limit
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	Prior Authorization; Step Therapy
RITALIN	3	Quantity Limit
RITALIN LA	3	Quantity Limit
VYVANSE	2	Quantity Limit
XELSTRYM	3	Prior Authorization; Step Therapy; Quantity Limit
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	Quantity Limit
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	Quantity Limit
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type		
<i>atomoxetine</i>	1	Prior Authorization; Step Therapy; Quantity Limit
QELBREE	3	Prior Authorization; Step Therapy; Quantity Limit
STRATTERA	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
Benzodiazepines		
<i>alprazolam</i>	1	Prior Authorization
ALPRAZOLAM INTENSOL	1	Prior Authorization
<i>amitriptyline-chlordiazepoxide</i>	1	
ATIVAN ORAL	3	
<i>chlordiazepoxide hcl</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>clonazepam</i>	1	
<i>clorazepate dipotassium</i>	1	
DIASTAT	3	Quantity Limit
DIASTAT ACUDIAL	3	Quantity Limit
DIAZEPAM INTENSOL	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	1	Quantity Limit
DORAL	3	
<i>estazolam</i>	1	
<i>flurazepam</i>	1	
HALCION ORAL TABLET 0.25 MG	3	Prior Authorization
KLONOPIN	3	
LIBRAX (WITH CLIDINIUM)	3	
LORAZEPAM INTENSOL	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
LOREEV XR	3	Quantity Limit
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	Prior Authorization
NAYZILAM	3	Prior Authorization; Quantity Limit
ONFI	3	Prior Authorization
<i>oxazepam</i>	1	
RESTORIL	3	

Drug	Status	Notes
SYMPAZAN	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>temazepam</i>	1	
TRANXENE T-TAB	3	
<i>triazolam</i>	1	Prior Authorization
VALIUM	3	
VALTOCO	3	Prior Authorization; Step Therapy; Quantity Limit
XANAX	3	Prior Authorization
XANAX XR	3	Prior Authorization
Bipolar Therapy Agents - Anticonvulsant Type		
<i>carbamazepine</i>	1	
CARBATROL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex</i>	1	
EPITOL	1	
EQUETRO	3	
LAMICTAL ODT	3	
LAMICTAL ODT STARTER (BLUE)	3	
LAMICTAL ODT STARTER (GREEN)	3	
LAMICTAL ODT STARTER (ORANGE)	3	
LAMICTAL STARTER (BLUE) KIT	2	
LAMICTAL STARTER (GREEN) KIT	2	
LAMICTAL STARTER (ORANGE) KIT	2	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet,disintegrating</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	

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Drug	Status	Notes
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
Bipolar Therapy Agents - Atypical Antipsychotics		
ABILIFY MYCITE MAINTENANCE KIT	3	Prior Authorization; Step Therapy; Quantity Limit
ABILIFY MYCITE STARTER KIT	3	Prior Authorization; Step Therapy; Quantity Limit
ABILIFY ORAL TABLET	3	Prior Authorization; Step Therapy; Quantity Limit
<i>aripiprazole oral solution</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>aripiprazole oral tablet</i>	1	Quantity Limit
<i>aripiprazole oral tablet, disintegrating</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>asenapine maleate</i>	1	Quantity Limit
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	Quantity Limit
LYBALVI	3	Prior Authorization; Step Therapy; Quantity Limit
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	Quantity Limit
<i>olanzapine-fluoxetine</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	Quantity Limit
<i>quetiapine oral tablet 150 mg</i>	3	Quantity Limit
<i>quetiapine oral tablet extended release 24 hr</i>	1	Quantity Limit
RISPERDAL ORAL SOLUTION	3	Quantity Limit
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	Quantity Limit
<i>risperidone oral solution</i>	1	Quantity Limit
<i>risperidone oral tablet</i>	1	Quantity Limit
<i>risperidone oral tablet, disintegrating</i>	1	

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Drug	Status	Notes
SAPHRIS	3	Prior Authorization; Step Therapy; Quantity Limit
SEROQUEL	3	Quantity Limit
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	Quantity Limit
SYMBYAX	3	Prior Authorization; Step Therapy; Quantity Limit
VRAYLAR	3	Prior Authorization; Step Therapy; Quantity Limit
<i>ziprasidone hcl</i>	1	Quantity Limit
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL	3	Quantity Limit
ZYPREXA ZYDIS	3	Quantity Limit
Bipolar Therapy Agents - Lithium		
<i>lithium carbonate oral capsule</i>	1	\$3 Copay
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
LITHOBID	3	
Cannabis And Cannabinoids		
<i>dronabinol</i>	1	
MARINOL	3	
SYNDROS	3	Prior Authorization; Step Therapy
Cns Stimulant - Amphetamine Combinations		
ADDERALL	3	Quantity Limit
ADDERALL XR	3	Quantity Limit
ADZENYS XR-ODT	3	
<i>amphetamine</i>	3	Quantity Limit
<i>dextroamphetamine-amphetamine</i>	1	Quantity Limit
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	Quantity Limit
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	Prior Authorization; Step Therapy; Quantity Limit
MYDAYIS	3	Quantity Limit
Cns Stimulant - Amphetamines		
DESOXYN	3	Quantity Limit
DEXEDRINE SPANSULE	3	Quantity Limit

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Drug	Status	Notes
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	Quantity Limit
<i>dextroamphetamine sulfate oral tablet</i>	1	Quantity Limit
EVEKEO	3	Prior Authorization; Step Therapy
EVEKEO ODT	3	Prior Authorization; Step Therapy; Quantity Limit
<i>methamphetamine</i>	1	Quantity Limit
PROCENTRA	1	Quantity Limit
XELSTRYM	3	Prior Authorization; Step Therapy; Quantity Limit
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	Quantity Limit
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	Quantity Limit
Cns Stimulant - Analeptics, Methylxanthine-Type		
<i>caffeine citrate oral</i>	1	
Diabetic Peripheral Neuropathy Agents		
LYRICA CR	3	Prior Authorization; Step Therapy; Quantity Limit
<i>pregabalin oral tablet extended release 24 hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit
Fibromyalgia Agents - Gaba Analogs		
LYRICA	3	Prior Authorization; Step Therapy
<i>pregabalin oral capsule</i>	1	Prior Authorization; Step Therapy
<i>pregabalin oral solution</i>	1	Prior Authorization; Step Therapy
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA	3	Quantity Limit
DRIZALMA SPRINKLE	3	Prior Authorization; Step Therapy; Quantity Limit
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	Quantity Limit
SAVELLA	3	Prior Authorization
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI	3	Prior Authorization; Quantity Limit

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Drug	Status	Notes
Hsdd Agents-Non-Selective Melanocortin Receptor Agonist		
VYLEESI	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Hypnotics - Melatonin M1/M2 Receptor Agonists		
HETLIOZ	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HETLIOZ LQ	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ROZEREM	3	Prior Authorization
Migraine Therapy - Carboxylic Acid Derivatives		
DEPAKOTE ER	3	
<i>divalproex oral tablet extended release 24 hr</i>	1	
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody		
AJOVY AUTOINJECTOR	2	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
AJOVY SYRINGE	2	Prior Authorization; Step Therapy; Quantity Limit
EMGALITY PEN	2	Prior Authorization; Step Therapy; Quantity Limit
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	Prior Authorization; Step Therapy; Quantity Limit
Migraine Therapy - Cgrp Receptor Blockers (Gepants And Mab)		
AIMOVIG AUTOINJECTOR	2	Prior Authorization; Step Therapy; Quantity Limit
NURTEC ODT	3	Prior Authorization; Step Therapy; Quantity Limit
QULIPTA	3	Prior Authorization; Step Therapy; Quantity Limit
UBRELVY	3	Prior Authorization; Step Therapy; Quantity Limit
Migraine Therapy - Ergot Alkaloids And Derivatives		
D.H.E.45	3	Quantity Limit
<i>dihydroergotamine</i>	1	Prior Authorization; Step Therapy; Quantity Limit
ERGOMAR	2	Prior Authorization; Step Therapy; Quantity Limit
MIGRANAL	3	Prior Authorization; Step Therapy
TRUDHESA	3	Prior Authorization; Step Therapy; Quantity Limit
Migraine Therapy - Ergot Combinations		
CAFERGOT	3	
<i>ergotamine-caffeine</i>	1	
MIGERGOT	1	
Migraine Therapy - Nsaid Analgesics (Cyclooxygenase Inhibitor)		
CAMBIA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>diclofenac potassium oral powder in packet</i>	3	Prior Authorization; Step Therapy; Quantity Limit
ELYXYB	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
AMERGE ORAL TABLET 1 MG	3	Prior Authorization; Step Therapy
AMERGE ORAL TABLET 2.5 MG	3	Prior Authorization; Step Therapy; Quantity Limit
<i>eletriptan</i>	1	Quantity Limit
FROVA	3	Prior Authorization; Step Therapy
IMITREX NASAL	3	Prior Authorization; Step Therapy
IMITREX ORAL	3	Prior Authorization; Step Therapy
IMITREX STATDOSE PEN	3	Prior Authorization; Step Therapy
IMITREX STATDOSE REFILL	3	Prior Authorization; Step Therapy
IMITREX SUBCUTANEOUS	3	Prior Authorization; Step Therapy; Quantity Limit
MAXALT ORAL TABLET 10 MG	3	Prior Authorization; Step Therapy
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	Prior Authorization; Step Therapy
<i>naratriptan oral tablet 1 mg</i>	1	
<i>naratriptan oral tablet 2.5 mg</i>	1	Quantity Limit
ONZETRA XSAIL	3	Prior Authorization; Step Therapy; Quantity Limit
RELPAX	3	Prior Authorization; Step Therapy
<i>rizatriptan oral tablet 10 mg</i>	1	Quantity Limit
<i>rizatriptan oral tablet 5 mg</i>	1	
<i>rizatriptan oral tablet,disintegrating</i>	1	Quantity Limit
<i>sumatriptan</i>	1	
<i>sumatriptan succinate oral</i>	1	\$3 Copay
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	Quantity Limit
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	
<i>sumatriptan succinate subcutaneous pen injector</i>	1	
<i>sumatriptan succinate subcutaneous solution</i>	1	
TOSYMRA	3	Prior Authorization; Step Therapy
ZEMBRACE SYMTOUCH	3	Prior Authorization; Step Therapy; Quantity Limit
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg</i>	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>zolmitriptan oral tablet</i>	1	
ZOMIG NASAL	3	Prior Authorization; Step Therapy; Quantity Limit
ZOMIG ORAL	3	Prior Authorization; Step Therapy
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1F)		
REYVOW	3	Prior Authorization; Quantity Limit
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb.		
TREXIMET	3	Prior Authorization; Step Therapy
Movement Disorder Drug Therapy		
AUSTEDO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
INGREZZA INITIATION PACK	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
INGREZZA ORAL CAPSULE 40 MG, 80 MG	\$0	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
INGREZZA ORAL CAPSULE 60 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>tetrabenazine</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XENAZINE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Movement Disorder Therapy - Huntington's Disease		
AUSTEDO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>tetrabenazine</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XENAZINE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Movement Disorder Therapy - Restless Legs Syndrome		
HORIZANT	3	Prior Authorization; Step Therapy

Drug	Status	Notes
Movement Disorder Therapy - Tardive Dyskinesia		
AUSTEDO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
INGREZZA INITIATION PACK	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
INGREZZA ORAL CAPSULE 40 MG, 80 MG	\$0	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
INGREZZA ORAL CAPSULE 60 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type		
<i>sodium oxybate</i>	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XYREM	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XYWAV	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri)		
SUNOSI	3	Prior Authorization; Step Therapy; Quantity Limit

Drug	Status	Notes
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist		
WAKIX	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Narcolepsy Therapy Agents - Non-Sympathomimetic		
<i>armodafinil</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>modafinil</i>	1	Prior Authorization; Quantity Limit
NUVIGIL	3	Prior Authorization; Step Therapy; Quantity Limit
PROVIGIL	3	Prior Authorization; Step Therapy; Quantity Limit
Narcolepsy Therapy Agents - Stimulant-Type, Piperidine Derivative		
METHYLIN ORAL SOLUTION	3	Quantity Limit
<i>methylphenidate hcl oral solution</i>	1	Quantity Limit
<i>methylphenidate hcl oral tablet</i>	1	Quantity Limit
RITALIN	3	Quantity Limit
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines		
ADDERALL	3	Quantity Limit
DEXEDRINE SPANSULE	3	Quantity Limit
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	Quantity Limit
<i>dextroamphetamine sulfate oral tablet</i>	1	Quantity Limit
<i>dextroamphetamine-amphetamine oral tablet</i>	1	Quantity Limit
EVEKEO	3	Prior Authorization; Step Therapy
ZENZEDI ORAL TABLET 10 MG, 5 MG	1	Quantity Limit
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	Quantity Limit

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Drug	Status	Notes
Neuropathic Pain Therapy		
LYRICA CR	3	Prior Authorization; Step Therapy; Quantity Limit
<i>pregabalin oral tablet extended release 24 hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit
Postherpetic Neuralgia Agents		
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	Prior Authorization
LYRICA CR	3	Prior Authorization; Step Therapy; Quantity Limit
<i>pregabalin oral tablet extended release 24 hr</i>	1	Prior Authorization; Step Therapy; Quantity Limit
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type		
NUEDEXTA	3	Prior Authorization
Sedative-Hypnotic - Barbiturates		
<i>phenobarbital</i>	1	
Sedative-Hypnotic - Benzodiazepines		
DORAL	3	
<i>estazolam</i>	1	
<i>flurazepam</i>	1	
HALCION ORAL TABLET 0.25 MG	3	Prior Authorization
<i>midazolam oral syrup 2 mg/ml</i>	1	Prior Authorization
RESTORIL	3	
<i>temazepam</i>	1	
<i>triazolam</i>	1	Prior Authorization
Sedative-Hypnotic - Gaba-Receptor Modulators		
AMBIEN	3	Prior Authorization; Step Therapy
AMBIEN CR	3	Prior Authorization; Step Therapy
EDLUAR	3	Prior Authorization; Step Therapy
<i>eszopiclone</i>	1	
INTERMEZZO SUBLINGUAL TABLET 3.5 MG	3	Prior Authorization; Step Therapy
LUNESTA	3	Prior Authorization; Step Therapy
<i>zaleplon</i>	1	
<i>zolpidem oral</i>	1	

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<i>zolpidem sublingual</i>	1	Prior Authorization; Step Therapy
ZOLPIMIST	3	Prior Authorization; Step Therapy; Quantity Limit
Sedative-Hypnotic - Orexin Receptor Antagonist		
BELSOMRA	3	Prior Authorization; Quantity Limit
DAYVIGO	3	Prior Authorization; Step Therapy; Quantity Limit
QUVIVIQ	3	Prior Authorization; Step Therapy; Quantity Limit
Sedative-Hypnotic - Tricyclic Antidepressant Type		
<i>doxepin oral tablet</i>	1	Prior Authorization; Step Therapy
SILENOR	3	Prior Authorization; Step Therapy
Chemical Dependency, Agents To Treat Agents For Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type		
LUCEMYRA	3	Quantity Limit
Agents For Opioid Withdrawal, Opioid-Type		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	3	Quantity Limit
<i>buprenorphine hcl sublingual</i>	1	Quantity Limit
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	1	Quantity Limit
<i>buprenorphine-naloxone sublingual tablet</i>	1	Quantity Limit
SUBOXONE	3	Quantity Limit
ZUBSOLV	3	Quantity Limit
Alcohol Abstinence Therapy - Glutamate And Gaba System Type		
<i>acamprosate</i>	1	
Alcohol Deterrents		
<i>disulfiram</i>	1	

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Drug	Status	Notes
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
<i>bupropion hcl (smoking deter)</i>	\$0	
Smoking Deterrents - Nicotine-Type		
NICODERM CQ	\$0	
NICORETTE BUCCAL GUM	\$0	
NICORETTE BUCCAL LOZENGE	\$0	
<i>nicotine</i>	\$0	
<i>nicotine (polacrilex) buccal gum</i>	\$0	
NICOTROL	\$0	
NICOTROL NS	\$0	
QUIT 2	\$0	
QUIT 4	\$0	
STOP SMOKING AID	\$0	
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
<i>varenicline</i>	\$0	
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
ALBA-DERM	3	Quantity Limit
<i>belladonna tincture (bulk)</i>	2	Quantity Limit
<i>benzalkonium chloride (bulk)</i>	3	Quantity Limit
<i>chlorhexidine gluconate (bulk)</i>	3	Quantity Limit
<i>coal tar (bulk)</i>	3	Quantity Limit
<i>ferric subsulfate (bulk) solution</i>	2	Quantity Limit
<i>glipizide (bulk)</i>	2	Quantity Limit
<i>glyburide (bulk)</i>	3	Quantity Limit
<i>hydroxyprogesterone capr(bulk)</i>	2	Quantity Limit
<i>nystatin (bulk) powder 1 billion unit, 10 billion unit, 150 million unit, 2 billion unit, 5 billion unit, 50 million unit, 500 million unit</i>	3	Quantity Limit
<i>permethrin (bulk)</i>	2	Quantity Limit

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Drug	Status	Notes
<i>phytonadione (vit k1) (bulk)</i>	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
<i>polyethylene glycol 400 (bulk)</i>	3	Quantity Limit
<i>polysorbate 20 (bulk)</i>	3	Quantity Limit
<i>pyrithione zinc (bulk)</i>	3	Quantity Limit
<i>simethicone (bulk)</i>	2	Quantity Limit
<i>sodium hydroxide (bulk) solution</i>	3	Quantity Limit
<i>sodium lactate (bulk)</i>	3	Quantity Limit
<i>valproic acid (bulk)</i>	3	Quantity Limit
VITAMIN K1	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
Chemicals - Bases		
<i>sodium hydroxide (bulk) solution</i>	3	Quantity Limit
Pharmaceutical Adjuvant - Cream/Ointment Vehicles		
ALBA-DERM	3	Quantity Limit
<i>polyethylene glycol 400 (bulk)</i>	3	Quantity Limit
Pharmaceutical Adjuvant - Flavoring Agents		
<i>ethyl acetate</i>	1	
Pharmaceutical Adjuvant - Inhalation Vehicles		
<i>sodium chloride inhalation</i>	1	
Pharmaceutical Adjuvant - Oral Vehicles		
ORA-PLUS	3	
<i>sorbitol solution</i>	1	
Pharmaceutical Adjuvant - Preservatives		
<i>benzalkonium chloride (bulk)</i>	3	Quantity Limit

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Drug	Status	Notes
Pharmaceutical Adjuvant - Surfactants		
<i>polysorbate 20 (bulk)</i>	3	Quantity Limit
<i>polysorbate 60</i>	3	
<i>polysorbate 80</i>	1	
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
ADLARITY	3	Prior Authorization; Step Therapy; Quantity Limit
ARICEPT	3	
<i>donepezil</i>	1	
EXELON PATCH	3	
<i>galantamine</i>	1	
RAZADYNE ER	3	
<i>rivastigmine tartrate</i>	1	
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
<i>memantine oral tablets,dose pack</i>	3	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR	3	
Alzheimer's Thx - Nmda Receptor Antag. And Cholinesterase Inhib. Comb		
NAMZARIC	3	
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid</i>	1	
Contraceptives		
Contraceptive - Vaginal Ph Modulator		
PHEXXI	3	
Contraceptive Implant - Progestin		
NEXPLANON	\$0	

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Drug	Status	Notes
Contraceptive Injectable - Progestin		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	\$0	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	\$0	
DEPO-SUBQ PROVERA 104	\$0	
<i>medroxyprogesterone intramuscular</i>	\$0	
Contraceptive Intrauterine - Copper Iud		
PARAGARD T 380A	\$0	
Contraceptive Intrauterine - Progesterone Iud		
KYLEENA	\$0	
LILETTA	\$0	
MIRENA	\$0	
SKYLA	\$0	
Contraceptive Oral - Biphasic		
AMETHIA	\$0	
ASHLYNA	\$0	
AZURETTE (28)	\$0	
CAMRESE	\$0	
CAMRESE LO	\$0	
DAYSEE	\$0	
<i>desog-e.estradiol/e.estradiol</i>	\$0	
KARIVA (28)	\$0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	
LO LOESTRIN FE	\$0	
LOSEASONIQUE	\$0	
MIRCETTE (28)	\$0	
PIMTREA (28)	\$0	
SEASONIQUE	\$0	
VIORELE (28)	\$0	
Contraceptive Oral - Monophasic		
ALTAVERA (28)	\$0	

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ALYACEN 1/35 (28)	\$0	
AMETHYST (28)	\$0	
APRI	\$0	
AUBRA	\$0	
AUROVELA 1/20 (21)	\$0	
AUROVELA FE 1.5/30 (28)	\$0	
AVIANE	\$0	
BALZIVA (28)	\$0	
BEYAZ	\$0	
BLISOVI 24 FE	\$0	
BLISOVI FE 1.5/30 (28)	\$0	
BLISOVI FE 1/20 (28)	\$0	
BRIELLYN	\$0	
CHATEAL (28)	\$0	
CRYSSELLE (28)	\$0	
CYCLAFEM 1/35 (28)	\$0	
CYRED	\$0	
DASETTA 1/35 (28)	\$0	
<i>desogestrel-ethinyl estradiol</i>	\$0	
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.02-0.451 mg (24) (4)</i>	\$0	
<i>drospirenone-ethinyl estradiol</i>	\$0	
ELINEST	\$0	
EMOQUETTE	\$0	
ENSKYCE	\$0	
ESTARYLLA	\$0	
FALMINA (28)	\$0	
GEMMILY	\$0	
GENERESS FE	\$0	
HAILEY 24 FE	\$0	
HAILEY FE 1.5/30 (28)	\$0	
JOLESSA	\$0	
JULEBER	\$0	
JUNEL 1.5/30 (21)	\$0	
JUNEL 1/20 (21)	\$0	
JUNEL FE 1.5/30 (28)	\$0	

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Drug	Status	Notes
JUNEL FE 1/20 (28)	\$0	
JUNEL FE 24	\$0	
KAITLIB FE	\$0	
KELNOR 1/35 (28)	\$0	
KURVELO (28)	\$0	
LARIN 1.5/30 (21)	\$0	
LARIN 1/20 (21)	\$0	
LARIN 24 FE	\$0	
LARIN FE 1.5/30 (28)	\$0	
LARIN FE 1/20 (28)	\$0	
LAYOLIS FE	\$0	
LESSINA	\$0	
<i>levonorgestrel-ethinyl estrad</i>	\$0	
LEVORA-28	\$0	
LOESTRIN 1.5/30 (21)	\$0	
LOESTRIN 1/20 (21)	\$0	
LOESTRIN FE 1.5/30 (28-DAY)	\$0	
LOESTRIN FE 1/20 (28-DAY)	\$0	
LORYNA (28)	\$0	
LOW-OGESTREL (28)	\$0	
LUTERA (28)	\$0	
MARLISSA (28)	\$0	
MIBELAS 24 FE	\$0	
MICROGESTIN 1.5/30 (21)	\$0	
MICROGESTIN 1/20 (21)	\$0	
MICROGESTIN 24 FE	\$0	
MICROGESTIN FE 1.5/30 (28)	\$0	
MICROGESTIN FE 1/20 (28)	\$0	
MINASTRIN 24 FE	\$0	
MONO-LINYAH	\$0	
NECON 0.5/35 (28)	\$0	
NEXTSTELLIS	\$0	
NIKKI (28)	\$0	
<i>noreth-ethinyl estradiol-iron</i>	\$0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	

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<i>norethindrone-e.estradiol-iron oral capsule</i>	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	
NORTREL 0.5/35 (28)	\$0	
NORTREL 1/35 (21)	\$0	
NORTREL 1/35 (28)	\$0	
NYLIA 1/35 (28)	\$0	
OCELLA	\$0	
ORSYTHIA	\$0	
PHILITH	\$0	
PIRMELLA ORAL TABLET 1-35 MG-MCG	\$0	
PORTIA 28	\$0	
PREVIFEM	\$0	
RECLIPSEN (28)	\$0	
SAFYRAL	\$0	
SETLAKIN	\$0	
SPRINTEC (28)	\$0	
SRONYX	\$0	
SYEDA	\$0	
TARINA FE 1/20 (28)	\$0	
TAYTULLA	\$0	
VESTURA (28)	\$0	
VIENVA	\$0	
VYFEMLA (28)	\$0	
WERA (28)	\$0	
WYMZYA FE	\$0	
YASMIN (28)	\$0	
YAZ (28)	\$0	
ZARAH	\$0	
ZOVIA 1/35E (28)	\$0	
Contraceptive Oral - Progestin		
CAMILA	\$0	
DEBLITANE	\$0	

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ERRIN	\$0	
HEATHER	\$0	
JENCYCLA	\$0	
LYZA	\$0	
NORA-BE	\$0	
<i>norethindrone (contraceptive)</i>	\$0	
SHAROBEL	\$0	
SLYND	\$0	
Contraceptive Oral - Quadraphasic		
NATAZIA	\$0	
QUARTETTE	\$0	
Contraceptive Oral - Triphasic		
ALYACEN 7/7/7 (28)	\$0	
ARANELLE (28)	\$0	
CAZIAN (28)	\$0	
CYCLAFEM 7/7/7 (28)	\$0	
DASETTA 7/7/7 (28)	\$0	
ENPRESSE	\$0	
ESTROSTEP FE-28	\$0	
LEENA 28	\$0	
LEVONEST (28)	\$0	
<i>levonorg-eth estrad triphasic</i>	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg- 35 mcg (28)</i>	\$0	
NORTREL 7/7/7 (28)	\$0	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
TILIA FE	\$0	
TRI-ESTARYLLA	\$0	
TRI-LEGEST FE	\$0	
TRI-LINYAH	\$0	
TRI-LO-ESTARYLLA	\$0	
TRI-LO-MARZIA	\$0	
TRI-LO-SPRINTEC	\$0	
TRI-PREVIFEM (28)	\$0	

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Drug	Status	Notes
TRI-SPRINTEC (28)	\$0	
TRIVORA (28)	\$0	
VELIVET TRIPHASIC REGIMEN (28)	\$0	
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.		
TWIRLA	\$0	
XULANE	\$0	
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.		
ELURYNG	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	
NUVARING	\$0	
Emergency Contraceptives		
AFTERA	\$0	
ECONTRA EZ	\$0	
ELLA	\$0	
<i>levonorgestrel</i>	\$0	
MY WAY	\$0	
OPCICON ONE-STEP	\$0	
PLAN B ONE-STEP	\$0	
TAKE ACTION	\$0	
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
ELLA	\$0	
Emergency Contraceptives - Progestin Type		
AFTERA	\$0	
ECONTRA EZ	\$0	
<i>levonorgestrel</i>	\$0	
MY WAY	\$0	
OPCICON ONE-STEP	\$0	
PLAN B ONE-STEP	\$0	
TAKE ACTION	\$0	
Spermicides		
GYNOL II	\$0	

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Drug	Status	Notes
TODAY CONTRACEPTIVE SPONGE	\$0	
VAGINAL CONTRACEPTIVE FILM	\$0	
VCF CONTRACEPTIVE FILM	\$0	
VCF CONTRACEPTIVE GEL	\$0	
Dermatological		
Acne Therapy Systemic - Retinoids And Derivatives		
ABSORICA	3	Prior Authorization; Step Therapy
ABSORICA LD	3	Prior Authorization; Step Therapy
AMNESTEEM	1	
CLARAVIS	1	
<i>isotretinoin</i>	1	Prior Authorization; Step Therapy
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Acne Therapy Systemic - Tetracycline Antibiotic		
<i>minocycline oral capsule, extended release 24hr</i>	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>minocycline oral tablet extended release 24 hr 105 mg, 135 mg</i>	3	Prior Authorization; Step Therapy
<i>minocycline oral tablet extended release 24 hr 45 mg, 90 mg</i>	1	Prior Authorization; Step Therapy
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Acne Therapy Topical - Androgen Receptor Inhibitors		
WINLEVI	3	Prior Authorization; Step Therapy; Quantity Limit
Acne Therapy Topical - Anti-Infective		
ACZONE	3	
AMZEEQ	3	Prior Authorization; Step Therapy

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Drug	Status	Notes
AZELEX	3	
CLEOCIN T TOPICAL LOTION	3	
CLEOCIN T TOPICAL SOLUTION	3	
CLINDAGEL	3	Prior Authorization; Step Therapy
<i>clindamycin phosphate topical gel</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>dapsone topical gel</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>dapsone topical gel with pump</i>	3	
ERY PADS	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
EVOCLIN	3	Quantity Limit
FINACEA	3	Prior Authorization
KLARON	3	
<i>sulfacetamide sodium (acne)</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations		
ACANYA TOPICAL GEL WITH PUMP	3	Prior Authorization; Step Therapy
AVAR	3	
AVAR LS	3	
AVAR-E	3	
AVAR-E LS	3	
BENZACLIN	3	
BENZACLIN PUMP	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

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BENZAMYCIN	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>erythromycin-benzoyl peroxide</i>	1	
ONEXTON TOPICAL GEL	3	Prior Authorization; Step Therapy
ONEXTON TOPICAL GEL WITH PUMP	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
ROSANIL	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
ROSULA	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
SUMAXIN	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

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Drug	Status	Notes
Acne Therapy Topical - Anti-Infective-Retinoid Combinations		
ZIANA	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Acne Therapy Topical - Keratolytic		
BENZEPRO TOPICAL TOWELETTE	3	
<i>benzoyl peroxide topical cleanser 10 %, 6 %</i>	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>benzoyl peroxide topical cleanser 7 %</i>	3	
<i>benzoyl peroxide topical foam</i>	3	
<i>benzoyl peroxide topical gel 5 %</i>	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
BPO TOPICAL GEL 8 %	3	
ENZOCLEAR	3	
INOVA	3	
PACNEX	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PACNEX HP	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PACNEX LP	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Acne Therapy Topical - Keratolytic Combinations Other		
INOVA 4-1	3	
INOVA 8-2	3	

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Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Acne Therapy Topical - Retinoid Combinations Other		
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	1	
EPIDUO FORTE	3	Prior Authorization; Step Therapy
TWYNEO	3	Prior Authorization; Step Therapy
Acne Therapy Topical - Retinoids And Derivatives		
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.1 %</i>	1	
<i>adapalene topical lotion</i>	3	
<i>adapalene topical swab</i>	3	
AKLIEF	3	Prior Authorization; Step Therapy
ALTRENO	3	Prior Authorization; Step Therapy
ARAZLO	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
ATRALIN	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
AVITA	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
DIFFERIN TOPICAL CREAM	3	Prior Authorization
DIFFERIN TOPICAL GEL 0.3 %	3	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

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DIFFERIN TOPICAL GEL WITH PUMP	3	Prior Authorization
DIFFERIN TOPICAL LOTION	3	Prior Authorization
FABIOR	3	Prior Authorization; Step Therapy
RETIN-A	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
RETIN-A MICRO	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
RETIN-A MICRO PUMP	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>tazarotene topical foam</i>	3	Prior Authorization; Step Therapy
<i>tretinoin topical cream</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid		
DUOBRII	3	Prior Authorization; Step Therapy; Quantity Limit
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations		
<i>calcipotriene-betamethasone topical ointment</i>	1	Prior Authorization; Step Therapy
<i>calcipotriene-betamethasone topical suspension</i>	3	Prior Authorization; Step Therapy
ENSTILAR	3	Prior Authorization; Step Therapy
TACLONEX	3	Prior Authorization; Step Therapy
WYNZORA	3	Prior Authorization; Step Therapy

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Drug	Status	Notes
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors, Mc Antibody		
STELARA SUBCUTANEOUS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antipsoriatic Agents - Interleukin-23 (Il-23) Antagonist, Mc Antibody		
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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TREMFYA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antipsoriatic Agents - Tyrosine Kinase 2 (Tyk2) Inhibitor		
SOTYKTU	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, Mc Antibody		
COSENTYX	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
COSENTYX (2 SYRINGES)	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
COSENTYX PEN	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
COSENTYX PEN (2 PENS)	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SILIQ	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TALTZ AUTOINJECTOR	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
TALTZ AUTOINJECTOR (2 PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TALTZ AUTOINJECTOR (3 PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TALTZ SYRINGE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dermatitis - Janus Kinase (Jak) Inhibitors		
CIBINQO	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
OPZELURA	3	Prior Authorization; Step Therapy; Quantity Limit

Drug	Status	Notes
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors Mab		
ADBRY	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dermatitis Agents, Systemic-II-4 Receptor Alpha Antagonist (II-4Ra) Mab		
DUPIXENT PEN	2	Prior Authorization; Step Therapy; Quantity Limit
DUPIXENT SYRINGE	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors		
EUCRISA	3	Prior Authorization; Quantity Limit

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Drug	Status	Notes
Dermatological - Antibacterial Aminoglycosides		
<i>gentamicin topical</i>	1	
Dermatological - Antibacterial Other		
<i>mupirocin</i>	1	\$3 Copay
<i>mupirocin calcium</i>	1	Prior Authorization; Step Therapy
<i>silver nitrate</i>	1	
Dermatological - Antibacterial Pleuromutilin Derivatives		
ALTABAX	3	
Dermatological - Antibacterial Quinolones		
XEPI	3	Prior Authorization; Step Therapy; Quantity Limit
Dermatological - Antibacterial, Antifungal Agent With Glucocorticoid		
ALA-QUIN	3	
ALCORTIN A	3	Prior Authorization; Step Therapy
Dermatological - Antifungal Allylamines		
<i>naftifine</i>	3	Prior Authorization; Step Therapy
NAFTIN TOPICAL GEL	3	Prior Authorization; Step Therapy
Dermatological - Antifungal Amphoteric Polyene Macrolides		
<i>nystatin topical cream</i>	1	\$3 Copay
<i>nystatin topical ointment</i>	1	\$3 Copay
Dermatological - Antifungal Benzylamines		
MENTAX	3	
Dermatological - Antifungal Hydroxypyridinone		
<i>ciclopirox</i>	1	
LOPROX (AS OLAMINE)	3	
LOPROX TOPICAL SHAMPOO	3	Prior Authorization; Step Therapy

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Drug	Status	Notes
Dermatological - Antifungal Imidazole And Related Agents		
<i>clotrimazole topical</i>	1	
<i>econazole</i>	1	
ECOZA	3	Prior Authorization; Step Therapy
ERTACZO	3	Prior Authorization; Step Therapy
EXELDERM	3	Prior Authorization; Step Therapy
EXTINA	3	Prior Authorization; Step Therapy
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical foam</i>	1	Prior Authorization; Step Therapy
<i>ketoconazole topical shampoo</i>	1	
KETODAN	1	Prior Authorization; Step Therapy
KETODAN KIT	3	Prior Authorization; Step Therapy
LUZU	3	Prior Authorization; Step Therapy
<i>oxiconazole</i>	3	Prior Authorization; Step Therapy
OXISTAT	3	Prior Authorization; Step Therapy
<i>sulconazole</i>	3	Prior Authorization; Step Therapy
VUSION	3	Prior Authorization; Step Therapy
XOLEGEL	3	Prior Authorization; Step Therapy
Dermatological - Antifungal Oxaborole		
KERYDIN	3	Prior Authorization; Step Therapy; Quantity Limit
<i>tavaborole</i>	1	Prior Authorization; Step Therapy; Quantity Limit
Dermatological - Antifungal Triazole		
JUBLIA	3	Prior Authorization; Step Therapy; Quantity Limit
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>clotrimazole-betamethasone</i>	1	
<i>nystatin-triamcinolone</i>	1	

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Drug	Status	Notes
Dermatological - Antineoplastic Alkylating Agents		
VALCHLOR	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Dermatological - Antineoplastic Antimetabolites		
CARAC	3	Prior Authorization; Step Therapy
EFUDEX TOPICAL CREAM	3	Prior Authorization; Step Therapy
FLUOROPLEX	2	
<i>fluorouracil topical cream 0.5 %</i>	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
TOLAK	3	
Dermatological - Antineoplastic Or Premalignant Lesions - Antimicrotubule		
KLISYRI	3	Prior Authorization; Step Therapy; Quantity Limit
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's		
<i>diclofenac sodium topical gel 3 %</i>	1	Prior Authorization; Step Therapy
Dermatological - Antineoplastic Retinoids		
PANRETIN	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist		
TARGRETIN TOPICAL	3	Prior Authorization
Dermatological - Antiperspirants		
DRYSOL	3	
DRYSOL DAB-O-MATIC	3	
XERAC AC	3	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
<i>methoxsalen</i>	1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
<i>acitretin</i>	1	
Dermatological - Antipsoriatic Agents Topical		
BRYHALI	3	Prior Authorization; Step Therapy; Quantity Limit
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical foam</i>	3	Prior Authorization; Step Therapy
<i>calcipotriene topical ointment</i>	1	
<i>calcitriol topical</i>	1	Prior Authorization; Step Therapy
DOVONEX TOPICAL	3	Prior Authorization; Step Therapy
DRITHOCREME HP	1	
<i>halobetasol propionate topical foam</i>	3	Prior Authorization; Step Therapy; Quantity Limit
IMPOYZ	3	Prior Authorization; Step Therapy; Quantity Limit
LEXETTE	3	Prior Authorization; Step Therapy; Quantity Limit
SORILUX	3	Prior Authorization; Step Therapy
<i>tazarotene topical gel</i>	1	
TAZORAC	3	Prior Authorization; Step Therapy
ULTRAVATE TOPICAL LOTION	3	Prior Authorization; Step Therapy; Quantity Limit
VECTICAL	3	Prior Authorization; Step Therapy

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Drug	Status	Notes
VTAMA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZORYVE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.		
OTEZLA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
OTEZLA STARTER	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Dermatological - Antiseborrheic		
OVACE	3	

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<i>pyrithione zinc (bulk)</i>	3	Quantity Limit
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
<i>selenium sulfide topical shampoo 2.3 %</i>	1	Prior Authorization
TERSI FOAM	3	Prior Authorization; Step Therapy
Dermatological - Antiviral, Herpes		
<i>acyclovir topical cream</i>	3	Prior Authorization; Step Therapy
<i>acyclovir topical ointment</i>	3	
DENAVIR	3	Prior Authorization; Step Therapy
<i>penciclovir</i>	1	Prior Authorization; Step Therapy
ZOVIRAX TOPICAL CREAM	3	Prior Authorization; Step Therapy
ZOVIRAX TOPICAL OINTMENT	3	
Dermatological - Antiviral-Glucocorticoid Combinations		
XERESE	3	
Dermatological - Burn Products Anti-Infective		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
SSD	1	
SULFAMYLON	3	
Dermatological - Calcineurin Inhibitors		
ELIDEL	3	Prior Authorization; Step Therapy
PROTOPIC	3	Prior Authorization; Step Therapy
<i>tacrolimus topical</i>	1	Prior Authorization; Step Therapy
Dermatological - Emollient Mixtures		
BIAFINE EMULSION	3	
ELETONE	1	
Dermatological - Emollients		
<i>ammonium lactate</i>	1	
Dermatological - Enzymes		
SANTYL	3	Quantity Limit
Dermatological - Glucocorticoid		
ALA-CORT TOPICAL CREAM 1 %	1	
ALA-SCALP	3	Prior Authorization; Step Therapy
<i>alclometasone</i>	1	

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Drug	Status	Notes
<i>amcinonide topical cream</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>amcinonide topical lotion</i>	1	Prior Authorization; Step Therapy; Quantity Limit
APEXICON E	1	Prior Authorization; Step Therapy; Quantity Limit
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	Prior Authorization; Step Therapy; Quantity Limit
CAPEX	3	Prior Authorization; Step Therapy; Quantity Limit
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical foam</i>	1	Quantity Limit
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical spray,non-aerosol</i>	1	
<i>clobetasol-emollient topical cream</i>	1	
<i>clobetasol-emollient topical foam</i>	1	Prior Authorization; Step Therapy
CLOBEX	3	Prior Authorization; Step Therapy; Quantity Limit
<i>clocortolone pivalate</i>	1	Prior Authorization; Step Therapy; Quantity Limit
CLODAN	1	Prior Authorization; Step Therapy
CLODERM	3	Prior Authorization; Step Therapy; Quantity Limit
CORDRAN TAPE LARGE ROLL	2	Prior Authorization; Step Therapy; Quantity Limit
CORDRAN TOPICAL CREAM	3	Prior Authorization; Step Therapy; Quantity Limit
CORDRAN TOPICAL LOTION	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
CORDRAN TOPICAL OINTMENT	3	Prior Authorization; Step Therapy; Quantity Limit
DERMA-SMOOTHIE/FS BODY OIL	3	
DERMA-SMOOTHIE/FS SCALP OIL	3	
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
DESOWEN	3	Prior Authorization; Step Therapy; Quantity Limit
<i>desoximetasone topical cream 0.05 %</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	1	Step Therapy
<i>desoximetasone topical ointment 0.05 %</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>desoximetasone topical ointment 0.25 %</i>	1	
<i>desoximetasone topical spray,non-aerosol</i>	1	Step Therapy
<i>diflorasone</i>	1	Prior Authorization; Step Therapy; Quantity Limit
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	Prior Authorization; Step Therapy; Quantity Limit
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
FLUOCINONIDE-E	1	
<i>fluocinonide-emollient</i>	1	
<i>flurandrenolide</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	Prior Authorization; Quantity Limit

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Drug	Status	Notes
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	Prior Authorization; Step Therapy; Quantity Limit
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	
<i>hydrocortisone topical cream 0.5 %, 1 %</i>	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	\$3 Copay
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion</i>	1	
<i>hydrocortisone topical ointment 1 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	\$3 Copay
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
IMPEKLO	3	Prior Authorization; Step Therapy; Quantity Limit
IMPOYZ	3	Prior Authorization; Step Therapy; Quantity Limit
KENALOG TOPICAL	3	Prior Authorization; Step Therapy; Quantity Limit
LEXETTE	3	Prior Authorization; Step Therapy; Quantity Limit
LOCOID LIPOCREAM	3	Prior Authorization; Step Therapy; Quantity Limit
LOCOID TOPICAL LOTION	3	Prior Authorization; Step Therapy; Quantity Limit
LUXIQ	3	Prior Authorization; Step Therapy; Quantity Limit
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	\$3 Copay
<i>mometasone topical solution</i>	1	
NOLIX	1	Prior Authorization; Step Therapy; Quantity Limit
OLUX	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
OLUX-E	3	Prior Authorization; Step Therapy; Quantity Limit
PANDEL	3	
<i>prednicarbate</i>	1	
PROCTOCORT TOPICAL	3	
PROCTO-PAK	1	
PROCTOZONE-HC	1	
PSORCON	3	Prior Authorization; Step Therapy; Quantity Limit
SCALACORT	1	
SCALACORT DK	3	
SERNIVO	3	Prior Authorization; Step Therapy; Quantity Limit
SYNALAR	3	Prior Authorization; Step Therapy; Quantity Limit
TEMOVATE TOPICAL OINTMENT	3	Prior Authorization; Step Therapy; Quantity Limit
TEXACORT	3	Prior Authorization; Step Therapy; Quantity Limit
TOPICORT	3	Prior Authorization; Step Therapy; Quantity Limit
<i>triamcinolone acetonide topical aerosol</i>	1	Prior Authorization; Step Therapy
<i>triamcinolone acetonide topical cream</i>	1	\$3 Copay
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	\$3 Copay
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	Prior Authorization; Step Therapy; Quantity Limit
TRIANEX	1	Quantity Limit
TRIDERM TOPICAL CREAM 0.1 %	1	Prior Authorization; Step Therapy; \$3 Copay; Quantity Limit
TRIDERM TOPICAL CREAM 0.5 %	1	Prior Authorization; Step Therapy; \$3 Copay
TRIDESILON	3	Prior Authorization; Step Therapy; Quantity Limit
ULTRAVATE TOPICAL LOTION	3	Prior Authorization; Step Therapy; Quantity Limit
VANOS	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
VERDESO	3	Prior Authorization; Step Therapy; Quantity Limit
Dermatological - Glucocorticoid-Emollient Combinations		
SYNALAR OINTMENT KIT	3	Prior Authorization; Step Therapy
Dermatological - Glucocorticoid-Local Anesthetic Combinations		
EPIFOAM	2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
PRAMOSONE	3	
Dermatological - Glucocorticoid-Skin Cleanser Combinations		
CLODAN KIT	3	Prior Authorization; Step Therapy
SYNALAR TS	3	Prior Authorization; Step Therapy
XILAPAK	3	Prior Authorization; Step Therapy
Dermatological - Immunomodulator - Imidazoquinolinamines		
ALDARA	3	Prior Authorization; Step Therapy
<i>imiquimod topical cream in metered-dose pump</i>	1	Prior Authorization; Step Therapy
<i>imiquimod topical cream in packet 3.75 %</i>	1	Prior Authorization; Step Therapy
<i>imiquimod topical cream in packet 5 %</i>	1	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	3	Prior Authorization; Step Therapy
ZYCLARA TOPICAL CREAM IN PACKET	3	Prior Authorization; Step Therapy
Dermatological - Immunomodulator - Interferons		
ALFERON N	2	Prior Authorization
Dermatological - Keratolytic Combinations Other		
GORDOFILM	3	
Dermatological - Keratolytic-Antimitotic Combinations		
<i>silver nitrate applicators</i>	1	

Drug	Status	Notes
Dermatological - Keratolytic-Antimitotic Single Agents		
CONDYLOX TOPICAL GEL	3	
HYDRO 35	3	
HYDRO 40	3	
<i>podofilox</i>	1	
<i>salicylic acid topical shampoo</i>	1	
<i>salicylic acid-ceramides no.1</i>	1	
SALIMEZ FORTE	3	
TRI-CHLOR	1	
<i>trichloroacetic acid topical recon soln 85 %</i>	3	
Dermatological - Keratoplastic Tar Products		
<i>coal tar</i>	3	
<i>coal tar (bulk)</i>	3	Quantity Limit
Dermatological - Local Anesthetic Combinations		
<i>lidocaine-prilocaine topical cream</i>	1	Quantity Limit
Dermatological - Mammalian Target Of Rapamycin (Mtor) Inhibitors		
HYFTOR	3	Prior Authorization; Quantity Limit
Dermatological - Nsaid Single Agents		
<i>diclofenac sodium topical drops</i>	1	Quantity Limit
<i>diclofenac sodium topical gel 1 %</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	Prior Authorization; Step Therapy; Quantity Limit
FLECTOR	3	Quantity Limit
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR	3	
LICART	3	Quantity Limit
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	Prior Authorization; Step Therapy; Quantity Limit
VENNGEL ONE	3	

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Drug	Status	Notes
Dermatological - Photodynamic Therapy Agents Topical		
LEVULAN	3	
Dermatological - Protectants		
BIONECT TOPICAL CREAM	3	
BIONECT TOPICAL GEL	3	
STRATAMARK	3	
STRATATRIZ	3	
Dermatological - Rosacea Therapy, Systemic		
ORACEA	3	
Dermatological - Rosacea Therapy, Topical		
AZELEX	3	
EPSOLAY	3	Prior Authorization; Step Therapy; Quantity Limit
FINACEA	3	Prior Authorization
<i>ivermectin topical cream</i>	1	Prior Authorization; Step Therapy
METROCREAM	3	Prior Authorization; Step Therapy
METROGEL TOPICAL GEL 1 %	3	Prior Authorization; Step Therapy
METROLOTION	3	Prior Authorization; Step Therapy
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	
<i>metronidazole topical lotion</i>	1	
NORITATE	3	Prior Authorization; Step Therapy
RHOFADE	3	Prior Authorization; Step Therapy
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	Prior Authorization; Step Therapy
ROSDAN TOPICAL KIT,CLEANSER AND CREAM	3	Prior Authorization; Step Therapy
SOOLANTRA	3	Prior Authorization; Step Therapy
ZILXI	3	Step Therapy; Quantity Limit
Dermatological - Topical Local Anesthetic Amides		
GLYDO	1	Quantity Limit
<i>lidocaine hcl mucous membrane jelly</i>	1	Quantity Limit

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Drug	Status	Notes
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	Quantity Limit
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl topical lotion</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	Prior Authorization; Step Therapy
<i>lidocaine topical ointment</i>	1	Prior Authorization; Quantity Limit
<i>lidocaine-tetracaine</i>	3	Prior Authorization; Step Therapy
LIDODERM	3	Prior Authorization
LIDO-K	1	
LIDTOPIC MAX	3	
TRANZAREL	3	
ZTLIDO	3	Prior Authorization; Step Therapy; Quantity Limit
Dermatological - Topical Local Anesthetics And Combinations		
PRILO PATCH II	3	
Dermatological Antipruritics - Antihistamines		
<i>doxepin topical</i>	1	Prior Authorization; Step Therapy; Quantity Limit
PRUDOXIN	1	Prior Authorization; Step Therapy; Quantity Limit
ZONALON	3	Prior Authorization; Step Therapy; Quantity Limit
Hair Growth Agents - Systemic		
OLUMIANT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Hair Growth, Topical Hypertrichotic Agents, Eyelashes		
LATISSE	3	Day Supply Limit (Benefit Exclusion)
Scabicide And Pediculicide Single Agents		
ELIMITE	3	
EURAX TOPICAL CREAM	2	
EURAX TOPICAL LOTION	3	
<i>ivermectin topical lotion</i>	1	Quantity Limit
<i>lindane topical shampoo</i>	1	Quantity Limit
<i>malathion</i>	1	Quantity Limit
OVIDE	3	Quantity Limit
<i>permethrin</i>	1	
<i>permethrin (bulk)</i>	2	Quantity Limit
ULESFIA	3	Quantity Limit
Wound Care - Growth Factor Agents		
REGRANEX	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Diagnostic Agents		
Contrast Media - Barium		
TAGITOL V	3	
Contrast Media - Magnetic Resonance Iron Compounds		
GASTROMARK	3	
Diagnostic - Multiple Urine Tests		
CHEMSTRIP 10 MD	3	
Diagnostic - Other		
SITZMARKS	3	
Diagnostic Drugs - Metabolic Function		
METOPIRONE	3	

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Drug	Status	Notes
Drugs To Treat Erectile Dysfunction		
Erectile Dysfunction (Ed) Drugs - Prostaglandins		
CAVERJECT IMPULSE	2	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
CAVERJECT INTRACAVERNOSAL RECON SOLN	2	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
EDEX	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	2	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
Erectile Dysfunction (Ed) Drugs- Sel.Cgmp Phosphodiesterase Type5 Inhib		
CIALIS	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
<i>sildenafil</i>	1	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
STENDRA	3	Prior Authorization; Step Therapy; Day Supply Limit (Benefit Exclusion); Quantity Limit
VIAGRA	3	Prior Authorization; Step Therapy; Day Supply Limit (Benefit Exclusion); Quantity Limit

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Drug	Status	Notes
Eating Disorder Therapy		
Anorexiants Combinations		
QSYMIA	3	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
Anorexiants Nutritional Supplements (Diet Aids)		
RESVERATROL DIET	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Anorexiants		
ADIPEX-P	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>benzphetamine</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>diethylpropion</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
LOMAIRA	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>phendimetrazine tartrate</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>phentermine</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

Drug	Status	Notes
Anti-Obesity - Fat Absorption Decreasing Agents		
ALLI	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>orlistat</i>	3	Prior Authorization; Quantity Limit
XENICAL	3	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
Anti-Obesity - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists		
SAXENDA	3	Prior Authorization; Quantity Limit
WEGOVY	3	Prior Authorization; Quantity Limit
Anti-Obesity - Melanocortin 4 (Mc4) Receptor Agonist		
IMCIVREE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Anti-Obesity-Opioid Antag/Norepinephrine And Dopamine Reuptake Inhibit		
CONTRACE	3	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
Appetite Stimulants - Cannabinoids		
<i>dronabinol</i>	1	

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MARINOL	3	
SYNDROS	3	Prior Authorization; Step Therapy
Appetite Stimulants - Progestin Hormone Type		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1	
Electrolyte Balance-Nutritional Products		
Amino Acid - Carnitine Derivatives		
<i>levocarnitine oral tablet</i>	1	
Amino Acids, Single Ingredient, Oral (Non-Injectable)		
ENDARI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
B-Complex Vitamin Combinations		
<i>b complex-vitamin c-folic acid oral tablet</i>	\$0	
BALANCED B-100 ORAL TABLET	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
DIALYVITE 3000	2	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
DIALYVITE 800 WITH ZINC 15	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
DIALYVITE 800 WITH ZINC 50	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

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FULL SPECTRUM B-VITAMIN C	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
HYLAVITE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
KOBEE	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
LYSIPLEX PLUS ORAL TABLET	2	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
RENA-VITE	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
STRESS FORMULA WITH ZINC	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
SUPER B MAXI COMPLEX	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
SUPER QUINTS	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
SUPPORT-500	3	Day Supply Limit (Benefit Exclusion)
TRIPHROCAPS	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>vitamin b complex-folic acid oral tablet</i>	\$0	
B-Complex Vitamins		
BALANCED B-50	\$0	
<i>vitamin b complex oral tablet</i>	1	

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Drug	Status	Notes
B-Complex Vitamins And Combinations		
NEPHPLEX RX	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Diluents - Sodium Chloride		
<i>sodium chloride 0.9 % injection</i>	1	
Diluents - Sterile Water For Injection		
STERILE WATER FOR INJECTION	1	
<i>water for injection, sterile injection solution</i>	1	
Electrolyte Depleters - Ion Exchange Resin		
LOKELMA	2	Prior Authorization; Quantity Limit
SPS (WITH SORBITOL) ORAL	1	
VELTASSA	2	Prior Authorization; Quantity Limit
Geriatric Vitamins		
REQ49 PLUS	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
VISION PLUS LUTEIN	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations		
<i>calcium carbonate-vitamin d3 oral tablet 500 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>calcium carbonate-vitamin d3 oral tablet 500 mg-15 mcg (600 unit)</i>	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

Drug	Status	Notes
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg-10 mcg (400 unit)</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT)	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Minerals And Electrolytes - Iodine		
<i>potassium iodide oral solution</i>	1	
SSKI	3	
Minerals And Electrolytes - Iron		
ACCRUFER	3	Prior Authorization; Step Therapy; Quantity Limit
AURYXIA	3	
FEOSOL ORAL TABLET 45 MG	3	
FERGON ORAL TABLET 240 MG (27 MG IRON)	3	
FER-IN-SOL	3	
HEMOCYTE	3	
INFED	2	Day Supply Limit (Benefit Exclusion)
NU-IRON	3	
VENOFER INTRAVENOUS SOLUTION 200 MG IRON/10 ML	2	Day Supply Limit (Benefit Exclusion)
Minerals And Electrolytes - Iron Combinations		
FERREX 150 FORTE	1	Day Supply Limit (Benefit Exclusion)
FERREX 150 FORTE PLUS	1	Day Supply Limit (Benefit Exclusion)
FERREX 28	1	Day Supply Limit (Benefit Exclusion)
FOLITAB	1	Day Supply Limit (Benefit Exclusion)
ICAR-C	3	
IFEREX 150 FORTE	1	Day Supply Limit (Benefit Exclusion)

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Drug	Status	Notes
MULTIGEN	1	Day Supply Limit (Benefit Exclusion)
MYFERON 150 FORTE	1	Day Supply Limit (Benefit Exclusion)
POLY-IRON 150 FORTE	1	Day Supply Limit (Benefit Exclusion)
SIDEROL	2	Day Supply Limit (Benefit Exclusion)
TRICON	1	Day Supply Limit (Benefit Exclusion)
Minerals And Electrolytes - Potassium, Oral		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
KLOR-CON	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON/EF	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	\$3 Copay
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	

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Multivitamin And Mineral Combinations		
BACMIN	2	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
CENTRUM SILVER ULTRA MEN'S	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
CONCEPT DHA	3	Day Supply Limit (Benefit Exclusion)
CONCEPT OB	3	Day Supply Limit (Benefit Exclusion)
CORVITA	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
CORVITE FREE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
DIALYVITE 5000	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
ELITE-OB	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
FOLIVANE-OB	1	Day Supply Limit (Benefit Exclusion)
OB COMPLETE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
REQ49 PLUS	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

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STROVITE FORTE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
STROVITE ONE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
TARON-C DHA	1	Day Supply Limit (Benefit Exclusion)
UDAMIN SP	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
V-C FORTE	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
VIC-FORTE	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Multivitamins		
DIALYVITE 800 WITH IRON	2	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
FORTAVIT	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
ONCOVITE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PNV-DHA	1	Day Supply Limit (Benefit Exclusion)
PRENATAL-U	1	Day Supply Limit (Benefit Exclusion)

Drug	Status	Notes
Nutritional Product - Lipid Others		
DOJOLVI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Nutritional Product - Medical Condition Specific Formulation		
ENDARI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Pediatric Vitamins		
FLINTSTONES MULTIVITAMIN ORAL TABLET,CHEWABLE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Pediatric Vitamins And Mineral Combinations		
FLINTSTONES COMPLETE (IRON) ORAL TABLET,CHEWABLE	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
SCOOBY-DOO ONE A DAY	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

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Drug	Status	Notes
Pediatric Vitamins With Fluoride Combinations		
FLORIVA	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
FLORIVA (FLUORIDE-VITAMIN D3)	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
MULTIVITAMIN WITH FLUORIDE	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG	\$0	Day Supply Limit (Benefit Exclusion)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 1 MG	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG	\$0	Day Supply Limit (Benefit Exclusion)
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG	\$0	Day Supply Limit (Benefit Exclusion); \$3 Copay
POLY-VI-FLOR	\$0	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
POLY-VI-FLOR WITH IRON	\$0	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
QUFLORA	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

Drug	Status	Notes
QUFLORA PEDIATRIC	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
QUFLORA PEDIATRIC DROPS	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
TRI-VI-FLOR	\$0	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
TRI-VITAMIN WITH FLUORIDE	\$0	Day Supply Limit (Benefit Exclusion)
Prenatal Vitamins And Minerals		
CLASSIC PRENATAL	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
COMPLETE NATAL DHA	1	Day Supply Limit (Benefit Exclusion)
COMPLETENATE	1	Day Supply Limit (Benefit Exclusion)
KOSHER PRENATAL PLUS IRON	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
KPN ORAL TABLET	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
MARNATAL-F	3	Day Supply Limit (Benefit Exclusion)
MYNATAL	1	Day Supply Limit (Benefit Exclusion)
MYNATAL PLUS	1	Day Supply Limit (Benefit Exclusion)
MYNATAL-Z	1	Day Supply Limit (Benefit Exclusion)
NEONATAL PLUS VITAMIN	3	
NEONATAL-DHA	3	

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O-CAL PRENATAL	3	Day Supply Limit (Benefit Exclusion)
ONE DAILY PRENATAL	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PERRY PRENATAL	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>pnv cmb#95-ferrous fumarate-fa</i>	\$0	
PNV-SELECT	1	Day Supply Limit (Benefit Exclusion)
PR NATAL 400	1	Day Supply Limit (Benefit Exclusion)
PR NATAL 430	1	Day Supply Limit (Benefit Exclusion)
PRENATABS FA	1	Day Supply Limit (Benefit Exclusion)
PRENATABS RX	1	Day Supply Limit (Benefit Exclusion)
PRENATAL COMPLETE	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG	\$0	
PRENATAL LOW IRON	1	Day Supply Limit (Benefit Exclusion)
PRENATAL MULTIVITAMINS	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PRENATAL ONE DAILY	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PRENATAL PLUS VITAMIN-MINERAL	3	

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PRENATAL TABLET	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>prenatal vit no.179-iron-folic</i>	\$0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PRENATAL VITAMIN WITH MINERALS	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>prenatal vit-iron fum-folic ac</i>	\$0	
<i>prenatal vits96-iron fum-folic</i>	\$0	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	Day Supply Limit (Benefit Exclusion)
SE-NATAL 19 CHEWABLE	1	Day Supply Limit (Benefit Exclusion)
TRICARE	3	Day Supply Limit (Benefit Exclusion)
TRINATAL RX 1	1	Day Supply Limit (Benefit Exclusion)
TRINATE	1	Day Supply Limit (Benefit Exclusion)
WESTGEL DHA	1	
Sodium Chloride Flushes		
MONOJECT PREFILL ADVANCED NS	1	
<i>sodium chloride 0.9 % injection</i>	1	
Vitamins - B Preparation Combinations		
FABB	1	Day Supply Limit (Benefit Exclusion)
FOLTABS 800	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

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NEURIN-SL	2	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Vitamins - B-12, Cyanocobalamin And Derivatives		
<i>cyanocobalamin (vitamin b-12) injection</i>	1	Day Supply Limit (Benefit Exclusion)
<i>hydroxocobalamin</i>	1	Day Supply Limit (Benefit Exclusion)
NASCOBAL	3	Prior Authorization; Step Therapy
NEURIN-SL	2	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Vitamins - B-3, Niacin And Derivatives		
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 1,000 mg, 250 mg</i>	1	
<i>niacin oral tablet extended release 500 mg, 750 mg</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Vitamins - B-6, Pyridoxine And Derivatives		
<i>pyridoxine (vitamin b6) oral tablet 50 mg</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>pyridoxine (vitamin b6) oral tablet 500 mg</i>	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Vitamins - Biotin		
HARD NAILS	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)

Drug	Status	Notes
MERIBIN	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Vitamins - D Derivatives		
<i>calcitriol oral</i>	1	Day Supply Limit (Benefit Exclusion)
DRISDOL	3	Day Supply Limit (Benefit Exclusion)
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	Day Supply Limit (Benefit Exclusion)
ROCALTROL	3	Day Supply Limit (Benefit Exclusion)
VITAMIN D2	1	Day Supply Limit (Benefit Exclusion)
Vitamins - Folic Acid And Derivatives		
FA-8	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
Vitamins - Folic Acid Combinations		
FABB	1	Day Supply Limit (Benefit Exclusion)
FOLTABS 800	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Vitamins - K, Phytonadione And Derivatives		
MEPHYTON	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>phytonadione (vit k1) (bulk)</i>	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml</i>	3	

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<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
VITAMIN K1	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
Vitamins - Paba		
POTABA	3	Day Supply Limit (Benefit Exclusion)
Endocrine		
Adrenal Steroid Inhibitors		
ISTURISA	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
RECORLEV	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Adrenocorticotrophic Hormones		
CORTROPHIN GEL	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Agents To Treat Hypoglycemia (Hyperglycemics)		
BAQSIMI	2	Quantity Limit
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	Quantity Limit
GLUCAGON EMERGENCY KIT (HUMAN)	1	Quantity Limit
GVOKE	3	Quantity Limit
GVOKE HYPOPEN 1-PACK	2	Quantity Limit
GVOKE HYPOPEN 2-PACK	2	Quantity Limit
GVOKE PFS 1-PACK SYRINGE	2	Quantity Limit
GVOKE PFS 2-PACK SYRINGE	2	Quantity Limit
ZEGALOGUE AUTOINJECTOR	3	Quantity Limit
ZEGALOGUE SYRINGE	3	Quantity Limit
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer		
VYNDAMAX	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VYNDAQEL	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Anabolic Steroid - Single Agents		
OXANDRIN	3	Prior Authorization
<i>oxandrolone</i>	1	Prior Authorization
Androgen - Single Agents		
ANDRODERM	2	Prior Authorization

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Drug	Status	Notes
ANDROGEL	3	Prior Authorization
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	2	Prior Authorization
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	Prior Authorization
FORTESTA	3	Prior Authorization
JATENZO	3	Prior Authorization; Quantity Limit
KYZATREX	3	Prior Authorization; Step Therapy; Quantity Limit
METHITEST	2	Prior Authorization
<i>methyltestosterone oral capsule</i>	1	Prior Authorization
NATESTO	3	Prior Authorization
TESTIM	3	Prior Authorization; Step Therapy
TESTONE CIK	3	Prior Authorization; Step Therapy
<i>testosterone cypionate</i>	1	Prior Authorization
<i>testosterone enanthate</i>	1	Prior Authorization
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	Prior Authorization
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	Prior Authorization
<i>testosterone transdermal solution in metered pump w/app</i>	1	Prior Authorization
TLANDO	3	Prior Authorization; Step Therapy; Quantity Limit
VOGELXO TRANSDERMAL GEL	3	Prior Authorization; Step Therapy
Antidiuretic And Vasopressor Hormones		
DDAVP INJECTION	3	
DDAVP ORAL	3	
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	
NOCTIVA	3	Quantity Limit

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Drug	Status	Notes
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
PRECOSE	3	
Antihyperglycemic - Amylin Analog-Type		
SYMLINPEN 120	2	
SYMLINPEN 60	2	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
<i>alogliptin</i>	3	Prior Authorization; Quantity Limit
JANUVIA	2	Quantity Limit
NESINA	3	Prior Authorization; Quantity Limit
ONGLYZA	3	Prior Authorization; Quantity Limit
TRADJENTA	2	Quantity Limit
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET	3	
Antihyperglycemic - Dual Gip And Glp-1 Receptor Agonists		
MOUNJARO	2	Quantity Limit
Antihyperglycemic - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists		
ADLYXIN	3	Prior Authorization; Step Therapy; Quantity Limit
BYDUREON BCISE	3	Prior Authorization; Step Therapy; Quantity Limit
BYETTA	3	Prior Authorization; Step Therapy; Quantity Limit
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 2 MG/DOSE (8 MG/3 ML)	2	Quantity Limit

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Drug	Status	Notes
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	2	Copay Armor (For select plans, this medication may be covered at a lower cost share than the tier identified due to being part of the Care Advantage Program.); Quantity Limit
RYBELSUS	2	Quantity Limit
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	Quantity Limit
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	Copay Armor (For select plans, this medication may be covered at a lower cost share than the tier identified due to being part of the Care Advantage Program.); Quantity Limit
VICTOZA 2-PAK	2	Quantity Limit
VICTOZA 3-PAK	2	Quantity Limit
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii)		
KORLYM	3	Prior Authorization
Antihyperglycemic - Meglitinide Analog And Biguanide Combinations		
<i>repaglinide-metformin</i>	1	
Antihyperglycemic - Meglitinide Analogs		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations		
INVOKAMET	2	Quantity Limit
INVOKAMET XR	2	Quantity Limit
SEGLUROMET	3	Prior Authorization; Step Therapy; Quantity Limit
SYNJARDY	2	Quantity Limit
SYNJARDY XR	2	Quantity Limit
XIGDUO XR	2	Quantity Limit
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations		
GLYXAMBI	2	Quantity Limit

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Drug	Status	Notes
QTERN	3	Prior Authorization; Step Therapy; Quantity Limit
STEGLUJAN	3	Prior Authorization; Step Therapy; Quantity Limit
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors		
FARXIGA	2	Quantity Limit
INVOKANA	2	Quantity Limit
JARDIANCE	2	Quantity Limit
STEGLATRO	3	Prior Authorization; Step Therapy; Quantity Limit
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
<i>glipizide-metformin</i>	1	
<i>glyburide-metformin</i>	1	
Antihyperglycemic - Sulfonylurea Derivatives		
AMARYL	3	
<i>glimepiride</i>	1	\$3 Copay
<i>glipizide (bulk)</i>	2	Quantity Limit
<i>glipizide oral tablet</i>	1	\$3 Copay
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	\$3 Copay
GLUCOTROL ORAL TABLET 10 MG	3	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide (bulk)</i>	3	Quantity Limit
<i>glyburide micronized</i>	1	
GLYNASE	3	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations		
ACTOPLUS MET	3	
<i>pioglitazone-metformin</i>	1	
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations		
DUETACT	3	

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Drug	Status	Notes
<i>pioglitazone-glimepiride</i>	1	
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione		
<i>alogliptin-pioglitazone</i>	3	Prior Authorization; Quantity Limit
OSENI	3	Prior Authorization; Quantity Limit
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
<i>alogliptin-metformin</i>	3	Prior Authorization; Quantity Limit
JANUMET	2	Quantity Limit
JANUMET XR	2	Quantity Limit
JENTADUETO	2	Quantity Limit
JENTADUETO XR	2	Quantity Limit
KAZANO	3	Prior Authorization; Quantity Limit
KOMBIGLYZE XR	3	Prior Authorization; Quantity Limit
Antihyperglycemic-Insulin, Long Acting And Glp-1 Receptor Agonist Comb		
SOLIQUA 100/33	3	Prior Authorization; Step Therapy; Quantity Limit
XULTOPHY 100/3.6	2	
Antihyperglycemic-Sglt-2 Inhibitor, Dpp-4 Inhibitor And Biguanide Comb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 5-2.5-1,000 MG	2	Quantity Limit
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 25-5-1,000 MG	2	Step Therapy; Quantity Limit
Antithyroid Agents, Thionamides - Imidazole Derivatives		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	\$3 Copay

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Drug	Status	Notes
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil</i>	1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody		
EVENTITY	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Bone Formation Stimulating Agents - Natriuretic Peptide		
VOXZOGO	3	Prior Authorization; Quantity Limit
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides		
TYMLOS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Bone Formation Stimulating Agents - Parathyroid Hormone-Type		
FORTEO	3	Prior Authorization; Step Therapy; Quantity Limit
<i>teriparatide</i>	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT	3	Quantity Limit
FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT	3	
Bone Resorption Inhibitors - Bisphosphonates		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	Quantity Limit
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	\$3 Copay
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	\$3 Copay; Quantity Limit
ATEL VIA	3	Quantity Limit
BONIVA ORAL	3	Quantity Limit
<i>etidronate disodium oral tablet 200 mg</i>	1	
FOSAMAX ORAL TABLET 70 MG	3	Quantity Limit
<i>pamidronate</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg</i>	1	Quantity Limit
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	Quantity Limit
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
SENSIPAR	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Calcitonins		
<i>calcitonin (salmon) injection</i>	1	
<i>calcitonin (salmon) nasal</i>	1	Quantity Limit
MIACALCIN INJECTION	3	
Estrogen And Progestin With Antimineralocorticoid Activity, Combination		
ANGELIQ ORAL TABLET 0.5-1 MG	3	

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Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations		
DUAVEE	3	
Estrogen-Androgen		
COVARYX	1	
COVARYX H.S.	1	
EEMT	1	
EEMT HS	1	
<i>estrogens-methyltestosterone</i>	1	
Estrogen-Progestin		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
AMABELZ	1	
BIJUVA	3	
CLIMARA PRO	3	Quantity Limit
COMBIPATCH	2	Quantity Limit
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	1	
FEMHRT LOW DOSE	3	
MIMVEY	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
Estrogens		
ALORA	3	Quantity Limit
CLIMARA	3	Quantity Limit
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)	3	
ELESTRIN	3	
ESTRACE ORAL	3	
<i>estradiol oral</i>	1	\$3 Copay
<i>estradiol transdermal gel in packet</i>	1	
<i>estradiol transdermal patch weekly</i>	1	Quantity Limit
ESTROGEL	3	Quantity Limit

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Drug	Status	Notes
EVAMIST	3	Quantity Limit
MENEST	2	
MENOSTAR	3	Quantity Limit
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	Quantity Limit
PREMARIN ORAL	2	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	Quantity Limit
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type		
CRINONE VAGINAL GEL 8 %	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
ENDOMETRIN	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-Fsh)		
<i>clomiphene citrate</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
SEROPHENE	1	Prior Authorization; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
Follicle-Stimulating And Luteinizing Hormones		
MENOPUR	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
GONAL-F	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
GONAL-F RFF	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
GONAL-F RFF REDI-JECT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Glucocorticoids		
ALKINDI SPRINKLE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
CORTEF	3	
DEXABLISS	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 6 mg</i>	1	\$3 Copay
<i>dexamethasone oral tablet 2 mg, 4 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe</i>	3	
EMFLAZA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
HEMADY	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>hydrocortisone oral</i>	1	
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	\$3 Copay
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
PREDNISON INTENSOL	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet 1 mg</i>	1	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	\$3 Copay
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS	3	Prior Authorization; Step Therapy
TARPEYO	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VERIPRED 20	1	

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Drug	Status	Notes
ZCORT	3	
Gonadotropin Inhibitor Pituitary Suppressants		
<i>danazol</i>	1	
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 25 MG, 30 MG	2	Prior Authorization; Step Therapy
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA SV	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Growth Hormones		
GENOTROPIN	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
GENOTROPIN MINIQUICK	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
HUMATROPE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NORDITROPIN FLEXPRO	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
OMNITROPE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
SAIZEN	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SKYTROFA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
ZOMACTON	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human injection</i>	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
OVIDREL	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PREGNYL	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
Human Insulins - Fixed Combinations		
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	
NOVOLIN 70/30 U-100 INSULIN	2	
Human Insulins - Intermediate Acting		
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
NOVOLIN N FLEXPEN	2	Copay Armor (For select plans, this medication may be covered at a lower cost share than the tier identified due to being part of the Care Advantage Program.)
NOVOLIN N NPH U-100 INSULIN	2	
Human Insulins - Rapid Acting		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT	3	
Human Insulins - Short Acting		
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R REGULAR U-100 INSULN	2	
Insulin Analogs - Fixed Combinations		
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	2	
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	2	Copay Armor (For select plans, this medication may be covered at a lower cost share than the tier identified due to being part of the Care Advantage Program.)
<i>insulin lispro protamin-lispro</i>	2	
NOVOLOG MIX 70-30 U-100 INSULN	2	
NOVOLOG MIX 70-30FLEXPEN U-100	2	

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Drug	Status	Notes
Insulin Analogs - Long Acting		
BASAGLAR KWIKPEN U-100 INSULIN	3	
BASAGLAR TEMPO PEN(U-100)INSLN	3	
<i>insulin degludec</i>	3	Prior Authorization; Step Therapy
<i>insulin glargine</i>	3	Prior Authorization; Step Therapy
<i>insulin glargine-yfgn</i>	3	
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH U-100 INSULN	2	
LEVEMIR U-100 INSULIN	2	
SEMGLEE PEN U-100 INSULIN	3	
SEMGLEE U-100 INSULIN	3	
SEMGLEE(INSULIN GLARGINE-YFGN)	3	
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRESIBA U-100 INSULIN	2	
Insulin Analogs - Rapid Acting		
ADMELOG SOLOSTAR U-100 INSULIN	3	
ADMELOG U-100 INSULIN LISPRO	3	
APIDRA SOLOSTAR U-100 INSULIN	3	
APIDRA U-100 INSULIN	3	
FIASP FLEXTOUCH U-100 INSULIN	2	
FIASP PENFILL U-100 INSULIN	2	
FIASP U-100 INSULIN	2	
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG TEMPO PEN(U-100)INSULN	3	
HUMALOG U-100 INSULIN	2	
<i>insulin aspart u-100 subcutaneous cartridge</i>	2	
<i>insulin aspart u-100 subcutaneous insulin pen</i>	2	

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<i>insulin aspart u-100 subcutaneous solution</i>	2	Copay Armor (For select plans, this medication may be covered at a lower cost share than the tier identified due to being part of the Care Advantage Program.)
<i>insulin lispro subcutaneous solution</i>	2	
LYUMJEV KWIKPEN U-100 INSULIN	3	
LYUMJEV KWIKPEN U-200 INSULIN	3	
LYUMJEV TEMPO PEN(U-100)INSULN	3	
LYUMJEV U-100 INSULIN	3	
NOVOLOG FLEXPEN U-100 INSULIN	2	Copay Armor (For select plans, this medication may be covered at a lower cost share than the tier identified due to being part of the Care Advantage Program.)
NOVOLOG PENFILL U-100 INSULIN	2	Copay Armor (For select plans, this medication may be covered at a lower cost share than the tier identified due to being part of the Care Advantage Program.)
NOVOLOG U-100 INSULIN ASPART	2	
Insulin Response Enhancers - Biguanides		
GLUMETZA	3	Prior Authorization; Step Therapy
<i>metformin oral solution</i>	1	Prior Authorization; Step Therapy
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	\$3 Copay
<i>metformin oral tablet 625 mg</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	Prior Authorization; \$3 Copay
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr</i>	1	Prior Authorization
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	Prior Authorization; Step Therapy
RIOMET	3	Prior Authorization; Step Therapy
RIOMET ER	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
ACTOS	3	
<i>pioglitazone</i>	1	
Insulin-Like Growth Factor-1 (Igf-1)		
INCRELEX	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Leptin Hormone Analogs		
MYALEPT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty		
LUPRON DEPOT-PED	2	Prior Authorization
LUPRON DEPOT-PED (3 MONTH)	2	Prior Authorization
Lhrh (Gnrh) Agonist Analog Pituitary Supp. And Progestin Comb.		
LUPANETA PACK (1 MONTH)	2	
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	Prior Authorization
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	Prior Authorization

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Drug	Status	Notes
SYNAREL	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations		
MYFEMBREE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ORIAHNN	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Lhrh (Gnrh) Antagonists		
<i>cetorelix</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
CETROTIDE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>ganirelix</i>	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
ORILISSA	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Menopausal Symptoms Suppressant - Hormonal Agents		
INTRAROSA	3	Quantity Limit
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators		
OSPHENA	3	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type		
BRISDELLE	3	Prior Authorization; Step Therapy
Mineralocorticoids		
<i>fludrocortisone</i>	1	
Oxytocic - Ergot Alkaloids		
METHERGINE	1	Quantity Limit
<i>methylergonovine oral</i>	1	Quantity Limit

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Drug	Status	Notes
Parathyroid Hormones		
NATPARA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Progestins		
AYGESTIN	3	
<i>hydroxyprogesterone capr(bulk)</i>	2	Quantity Limit
<i>medroxyprogesterone oral</i>	1	\$3 Copay
<i>norethindrone acetate</i>	1	
PROMETRIUM	3	
PROVERA	3	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
<i>cabergoline</i>	1	
Rank Ligand (Rankl) Inhibitor, Mc Antibody		
PROLIA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
XGEVA	3	
Selective Estrogen Receptor Modulators (Serms)		
EVISTA	3	
<i>raloxifene</i>	1	

Drug	Status	Notes
Somatostatic Agents		
MYCAPSSA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>octreotide acetate injection solution</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SIGNIFOR	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID	2	
NP THYROID ORAL TABLET 120 MG	1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
CYTOMEL	3	

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Drug	Status	Notes
<i>liothyronine oral</i>	1	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
ERMEZA	3	Prior Authorization; Step Therapy
EUTHYROX	1	
<i>levothyroxine oral capsule 100 mcg</i>	3	
<i>levothyroxine oral capsule 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	Step Therapy
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	\$3 Copay
<i>levothyroxine oral tablet 300 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
SYNTHROID	2	
THYQUIDITY	3	Prior Authorization; Step Therapy
TIROSINT	3	Prior Authorization; Step Therapy
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	Prior Authorization; Step Therapy
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	3	Step Therapy
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
Gastrointestinal Therapy Agents		
Antidiarrheal - Antiperistaltic Agents		
<i>loperamide oral capsule</i>	1	Quantity Limit
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors		
MYTESI	3	

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Drug	Status	Notes
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine</i>	1	Quantity Limit
LOMOTIL	3	Quantity Limit
MOTOFEN	3	Quantity Limit
Antiemetic - Anticholinergics		
TRANSDERM-SCOP	3	
Antiemetic - Antihistamines		
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET,CHEWABLE	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
Antiemetic - Antihistamine-Vitamin Combinations		
BONJESTA	3	Prior Authorization; Quantity Limit
DICLEGIS	3	Prior Authorization; Step Therapy; Quantity Limit
<i>doxylamine-pyridoxine (vit b6)</i>	1	Prior Authorization; Quantity Limit
Antiemetic - Cannabinoid Type		
<i>dronabinol</i>	1	
MARINOL	3	
SYNDROS	3	Prior Authorization; Step Therapy
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists		
<i>trimethobenzamide oral</i>	1	

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Antiemetic - Phenothiazines		
COMPRO	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine oral syrup</i>	1	Quantity Limit
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	1	\$3 Copay
<i>promethazine oral tablet 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN	1	
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
ANZEMET ORAL	3	Prior Authorization; Step Therapy
<i>granisetron hcl oral</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl oral</i>	1	
SANCUSO	3	Quantity Limit
SUSTOL	3	
ZUPLENZ	3	
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
<i>aprepitant oral capsule 80 mg</i>	1	Quantity Limit
<i>aprepitant oral capsule,dose pack</i>	1	Quantity Limit
EMEND ORAL CAPSULE 125 MG, 40 MG	3	Prior Authorization; Step Therapy
EMEND ORAL CAPSULE 80 MG	3	Prior Authorization; Step Therapy; Quantity Limit
EMEND ORAL CAPSULE,DOSE PACK	3	Prior Authorization; Step Therapy; Quantity Limit
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	Prior Authorization; Step Therapy
VARUBI	3	Quantity Limit
Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb		
AKYNZEO (NETUPITANT)	3	Quantity Limit

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Drug	Status	Notes
Bile Acids		
CHOLBAM ORAL CAPSULE 250 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
CHOLBAM ORAL CAPSULE 50 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	2	Quantity Limit
TRULANCE	3	Prior Authorization; Step Therapy; Quantity Limit
Colonic Acidifier (Ammonia Inhibitor)		
ENULOSE	1	
GENERLAC	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
Digestive Enzyme Mixtures		
CREON	2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	

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Drug	Status	Notes
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20,000-63,000- 84,000 UNIT, 40,000-126,000- 168,000 UNIT	2	
Digestive Enzymes		
SUCRAID	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Gallstone Solubilizing (Litholysis) Agents		
CHENODAL	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
RELTONE	3	Prior Authorization; Step Therapy
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists		
<i>cimetidine</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	\$3 Copay
<i>nizatidine</i>	1	
PEPCID ORAL TABLET	3	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (Ppis)		
ACIPHEX	3	Prior Authorization; Step Therapy; Quantity Limit
ACIPHEX SPRINKLE	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
DEXILANT	3	Prior Authorization; Step Therapy; Quantity Limit
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>esomeprazole strontium</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	Quantity Limit
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	3	
NEXIUM	3	Prior Authorization; Step Therapy; Quantity Limit
NEXIUM 24HR ORAL TABLET,DELAYED RELEASE (DR/EC)	3	Quantity Limit
NEXIUM PACKET	3	Prior Authorization; Step Therapy; Quantity Limit
<i>omeprazole magnesium</i>	1	Quantity Limit
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	Quantity Limit
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	\$3 Copay; Quantity Limit
<i>omeprazole oral tablet,delayed release (dr/ec)</i>	1	Quantity Limit
<i>pantoprazole intravenous</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	Quantity Limit
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	\$3 Copay; Quantity Limit
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	Prior Authorization; Step Therapy; Quantity Limit
PREVACID SOLUTAB	3	Prior Authorization; Step Therapy; Quantity Limit
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	Prior Authorization; Step Therapy; Quantity Limit
PROTONIX ORAL	3	Prior Authorization; Step Therapy; Quantity Limit
<i>rabeprazole oral capsule, delayed rel sprinkle</i>	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	Prior Authorization; Step Therapy; Quantity Limit
Gastric Acid Secretion Reducer-Proton Pump Inhibitor And Antacid Comb		
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>omeprazole-sodium bicarbonate oral packet</i>	1	Prior Authorization; Step Therapy; Quantity Limit
ZEGERID	3	Prior Authorization; Step Therapy; Quantity Limit
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
CYTOTEC	3	
<i>misoprostol</i>	1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists		
MOTEGRITY	3	Prior Authorization; Step Therapy; Quantity Limit
Gastrointestinal Antiflatulents		
<i>simethicone (bulk)</i>	2	Quantity Limit
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists		
GIMOTI	3	Prior Authorization; Step Therapy; Quantity Limit
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	\$3 Copay
REGLAN ORAL	3	
Gi Antispasmodic - Belladonna Alkaloids		
ANASPAZ	1	
<i>atropine injection solution</i>	3	
<i>belladonna tincture (bulk)</i>	2	Quantity Limit
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
HYOSYNE	1	
LEVBID	3	
LEVSIN ORAL	3	

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Drug	Status	Notes
LEVSIN/SL	3	
<i>methscopolamine</i>	1	
NULEV	3	
SYMAX DUOTAB	3	
SYMAX FASTABS	1	
SYMAX-SL	1	
SYMAX-SR	1	
Gi Antispasmodic - Quaternary Ammonium Compounds		
DARTISLA	3	Prior Authorization; Step Therapy; Quantity Limit
GLYCATE	3	Prior Authorization; Step Therapy
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gi Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral tablet</i>	1	
Gi Antispasmodic And Benzodiazepine Combinations		
<i>chlordiazepoxide-clidinium</i>	1	
LIBRAX (WITH CLIDINIUM)	3	
Gi Antispasmodic And Opioid Combinations		
<i>belladonna alkaloids-opium</i>	1	Prior Authorization; Step Therapy
Gi Antispasmodic Combinations Other		
<i>belladonna alkaloids-opium</i>	1	Prior Authorization; Step Therapy
<i>chlordiazepoxide-clidinium</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
LIBRAX (WITH CLIDINIUM)	3	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	

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H. Pylori Therapy - Bismuth And Antibiotics Combinations		
PYLERA	3	Prior Authorization; Step Therapy; Quantity Limit
H. Pylori Therapy - Proton Pump Inhibitor And Antibiotics Combinations		
TALICIA	3	Prior Authorization; Quantity Limit
H.Pylori Therapy-Potassium-Competitive Acid Blocker And Antibiotics		
VOQUEZNA DUAL PAK	3	Prior Authorization; Quantity Limit
VOQUEZNA TRIPLE PAK	3	Prior Authorization; Quantity Limit
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents		
AMITIZA	2	Quantity Limit
<i>lubiprostone</i>	3	Prior Authorization; Step Therapy; Quantity Limit
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS	2	Quantity Limit
TRULANCE	3	Prior Authorization; Step Therapy; Quantity Limit
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist		
VIBERZI	3	Prior Authorization; Step Therapy; Quantity Limit
Ibs Agent - Selective 5-Ht3 Receptor Antagonists		
<i>alosetron</i>	1	Prior Authorization; Step Therapy; Quantity Limit
LOTRONEX	3	Prior Authorization; Step Therapy; Quantity Limit

Drug	Status	Notes
Ibs Agent - Selective Partial 5-Ht4 Receptor Agonists		
ZELNORM	3	Prior Authorization; Step Therapy; Quantity Limit
Ibs Agent - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitor		
IBSRELA	3	Prior Authorization; Step Therapy; Quantity Limit
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab		
STELARA SUBCUTANEOUS SOLUTION	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Inflammatory Bowel Agent - Interleukin-23 (Il-23) Inhibitor, Mc Ab		
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
APRISO	3	
ASACOL HD	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
CANASA	3	
COLAZAL	3	
DIPENTUM	3	
LIALDA	3	
<i>mesalamine oral</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
PENTASA	3	
ROWASA RECTAL ENEMA KIT	3	
SFROWASA	3	
<i>sulfasalazine</i>	1	
Inflammatory Bowel Agent - Glucocorticoids		
<i>budesonide oral capsule, delayed, extend. release</i>	1	
CORTIFOAM	2	
ENTOCORT EC	3	
<i>hydrocortisone rectal</i>	1	
ORTIKOS	3	
UCERIS	3	
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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XELJANZ ORAL TABLET	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
XELJANZ XR	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
CIMZIA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
CIMZIA POWDER FOR RECONST	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
CIMZIA STARTER KIT	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA PEN	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
HUMIRA PEN CROHNS-UC-HS START	2	Prior Authorization; Step Therapy; Quantity Limit
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	Prior Authorization; Step Therapy; Quantity Limit
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEDI CROHNS STARTER	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
HUMIRA(CF) PEN CROHNS-UC-HS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN PEDIATRIC UC	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Irritable Bowel Syndrome (Ibs) Agents		
<i>alosetron</i>	1	Prior Authorization; Step Therapy; Quantity Limit
AMITIZA	2	Quantity Limit
LOTRONEX	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
<i>lubiprostone</i>	3	Prior Authorization; Step Therapy; Quantity Limit
VIBERZI	3	Prior Authorization; Step Therapy; Quantity Limit
ZELNORM	3	Prior Authorization; Step Therapy; Quantity Limit
Laxative - Saline And Osmotic		
CITRATE OF MAGNESIA	\$0	
CITROMA	\$0	
CLEARLAX	\$0	
CONSTULOSE	1	
GAVILAX	\$0	
GENTLELAX	\$0	
HEALTHYLAX	\$0	
KRISTALOSE	2	Prior Authorization; Step Therapy
<i>lactulose oral solution 10 gram/15 ml</i>	1	
LAXACLEAR	\$0	
LAXATIVE PEG 3350	\$0	
<i>magnesium citrate oral solution</i>	\$0	
MILK OF MAGNESIA	\$0	
MILK OF MAGNESIA CONCENTRATED	\$0	
MIRALAX	\$0	
<i>polyethylene glycol 3350 oral powder</i>	\$0	
<i>polyethylene glycol 3350 oral powder in packet 17 gram, 4 gram, 4.25 gram</i>	\$0	
POWDERLAX ORAL POWDER	\$0	
PURELAX	\$0	
SMOOTHLAX	\$0	
<i>sorbitol solution</i>	1	
Laxative - Saline/Osmotic Mixtures		
GAVILYTE-C	\$0	
GAVILYTE-G	\$0	
GAVILYTE-N	\$0	
GOLYTELY	3	
MOVIPREP	\$0	
ORAL SALINE LAXATIVE	\$0	

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Drug	Status	Notes
OSMOPREP	\$0	
<i>peg 3350-electrolytes</i>	\$0	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	\$0	
<i>peg-electrolyte soln</i>	\$0	
PHOSPHATE LAXATIVE	\$0	
<i>sodium,potassium,mag sulfates</i>	1	
SUPREP BOWEL PREP KIT	3	
SUTAB	\$0	
Laxative - Stimulant		
ALOPHEN (BISACODYL)	\$0	
<i>bisacodyl oral</i>	\$0	
BISA-LAX (BISACODYL)	\$0	
FLEET LAXATIVE (BISACODYL)	\$0	
GENTLE LAXATIVE (BISACODYL) ORAL	\$0	
LAXATIVE (BISACODYL) ORAL	\$0	
WOMAN'S LAXATIVE (BISACODYL)	\$0	
WOMEN'S GENTLE LAXATIVE(BISAC)	\$0	
WOMEN'S LAXATIVE (BISACODYL)	\$0	
Laxative - Stimulant And Saline/Osmotic Combinations		
CLENPIQ	\$0	Quantity Limit
PEG-PREP	\$0	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
CARAFATE ORAL SUSPENSION	3	Prior Authorization; Step Therapy
CARAFATE ORAL TABLET	3	
<i>sucralfate oral suspension</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>sucralfate oral tablet</i>	1	

Drug	Status	Notes
Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog		
GATTEX 30-VIAL	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
GATTEX ONE-VIAL	2	Prior Authorization
Short Bowel Syndrome (Sbs) Agents		
<i>octreotide acetate injection solution</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SAIZEN SUBCUTANEOUS RECON SOLN 8.8 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
Genitourinary Therapy		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb		
JALYN	3	Prior Authorization; Step Therapy
Bph Agent- 5-Alpha-Reductase And Phosphodiesterase-5 (Pde5) Inhibitors		
ENTADFI	3	Prior Authorization; Step Therapy; Quantity Limit
Cystinosis Therapy (Cystine Depleting Agents)		
CYSTAGON	3	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Interstitial Cystitis Agents		
ELMIRON	2	
Kidney Stone Agents		
THIOLA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
THIOLA EC	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>tiopronin</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist		
GEMTESA	3	Prior Authorization; Step Therapy; Quantity Limit
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	3	Prior Authorization; Step Therapy; Quantity Limit
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
Phosphate Binders		
AURYXIA	3	
<i>calcium acetate(phosphat bind) oral capsule</i>	1	
FOSRENOL ORAL TABLET,CHEWABLE	3	
<i>lanthanum</i>	1	
PHOSLYRA	3	
RENAGEL ORAL TABLET 800 MG	3	
RENVELA	3	
<i>sevelamer carbonate oral powder in packet</i>	1	
VELPHORO	3	
Phosphate Binders - Calcium-Based		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	
PHOSLYRA	3	

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Drug	Status	Notes
Phosphate Binders - Iron-Based		
AURYXIA	3	
VELPHORO	3	
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists		
JYNARQUE ORAL TABLET	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
JYNARQUE ORAL TABLETS, SEQUENTIAL	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists		
<i>alfuzosin</i>	1	
FLOMAX	3	Prior Authorization; Step Therapy
RAPAFLO	3	Prior Authorization; Step Therapy
<i>tamsulosin</i>	1	\$3 Copay
UROXATRAL	3	Prior Authorization; Step Therapy
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride oral tablet 5 mg</i>	1	\$3 Copay
PROSCAR	3	Prior Authorization; Step Therapy

Drug	Status	Notes
Prostatic Hypertrophy Agent-Sel.Cgmp Phosphodiesterase Type5 Inhibitor		
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.); Quantity Limit
Prostatic Hypertrophy Agent-Type I And Ii 5-Alpha Reductase Inhibitors		
AVODART	3	Prior Authorization; Step Therapy
<i>dutasteride</i>	1	
Urinary Acidifier - Bacterial Urease Inhibitor		
LITHOSTAT	3	
Urinary Acidifier - Phosphates		
K-PHOS NO 2	3	
K-PHOS ORIGINAL	3	
Urinary Alkalinizer - Citrates		
ORACIT	3	
<i>pot,sodium citrate-citric acid</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium citrate-citric acid</i>	1	
<i>sodium citrate-citric acid</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
Urinary Analgesics		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
Urinary Antibacterial - Methenamine And Salts		
HIPREX	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
UROQID-ACID NO.2	3	

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Drug	Status	Notes
Urinary Antibacterial - Nitrofurantoin Derivatives		
FURADANTIN	3	Prior Authorization
MACROBID	3	
MACRODANTIN	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydr/m-cryst</i>	1	
Urinary Antibacterials Other		
<i>fosfomycin tromethamine</i>	1	
MONUROL	3	
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
URELLE	3	
URETRON D-S	1	
UTIRA-C	1	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations		
UROGESIC-BLUE	1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
<i>solifenacin</i>	1	
VESICARE	3	Prior Authorization; Step Therapy
VESICARE LS	3	Prior Authorization; Step Therapy; Quantity Limit
Urinary Antispasmodic - Anticholinergics, Non-Selective		
ANASPAZ	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
HYOSYNE	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
NULEV	3	
SYMAX DUOTAB	3	

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Drug	Status	Notes
SYMAX FASTABS	1	
SYMAX-SL	1	
SYMAX-SR	1	
Urinary Antispasmodic - Smooth Muscle Relaxants		
DETROL	3	
DETROL LA	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	
<i>fesoterodine</i>	1	
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	2	Quantity Limit
<i>oxybutynin chloride oral syrup</i>	1	\$3 Copay
<i>oxybutynin chloride oral tablet</i>	1	\$3 Copay
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	3	Quantity Limit
OXYTROL FOR WOMEN	3	
<i>tolterodine</i>	1	
TOVIAZ	3	
<i>trospium oral tablet</i>	1	
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol chloride</i>	1	
Gout And Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
<i>colchicine 0.6 mg capsule</i>	1	Prior Authorization; Step Therapy
<i>colchicine oral capsule 0.6 mg</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>colchicine oral tablet</i>	1	
COLCRYS	3	
GLOPERBA	3	Prior Authorization; Step Therapy; Quantity Limit
MITIGARE	3	Prior Authorization; Step Therapy; Quantity Limit

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Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>probenecid-colchicine</i>	1	
Hyperuricemia Therapy - Uricosurics		
<i>probenecid</i>	1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	\$3 Copay
<i>allopurinol oral tablet 200 mg</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>febuxostat</i>	1	Prior Authorization; Step Therapy
ULORIC	3	Prior Authorization; Step Therapy
ZYLOPRIM ORAL TABLET 100 MG	3	
Hyperuricemia Tx - Urat1 Inhibitor And Xanthine Oxidase Inhibitor Comb		
DUZALLO	3	Quantity Limit
Hematological Agents		
Agents To Treat Attp- Anti Von Willebrand Factor (Vwf) A1 Domain		
CABLIVI INJECTION KIT	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
CABLIVI INJECTION RECON SOLN	3	Prior Authorization

Drug	Status	Notes
Agents To Treat Paroxysmal Nocturnal Hemoglobinuria (Pnh)		
EMPAVELI	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Copay Armor (Copay Armor, powered by PillarRx, helps members afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars.); Quantity Limit
Anticoagulants - Citrate-Based		
<i>anticoag citrate phos dextrose</i>	3	
Anticoagulants - Coumarin		
JANTOVEN	1	\$3 Copay
<i>warfarin</i>	1	\$3 Copay
Anti-Inhibitor Coagulation Complex		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT	3	
Blood Cell And Platelet Disorder Tx- Spleen Tyrosine Kinase Inhibitors		
TAVALISSE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
C1 Esterase Inhibitor Agents		
<i>berinert intravenous kit</i>	2	Prior Authorization; Step Therapy

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HAEGARDA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RUCONEST	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Cxcr4 Chemokine Receptor Antagonists		
MOZOBIL	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Direct Factor Xa Inhibitors		
ELIQUIS	2	Quantity Limit
ELIQUIS DVT-PE TREAT 30D START	2	Quantity Limit
SAVAYSA	3	Prior Authorization; Step Therapy; Quantity Limit
XARELTO DVT-PE TREAT 30D START	2	Quantity Limit
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	Prior Authorization; Step Therapy
XARELTO ORAL TABLET	2	Quantity Limit

Drug	Status	Notes
Erythropoietins		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
EPOGEN INJECTION SOLUTION 20,000 UNIT/2 ML	2	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	2	
RETACRIT	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
Factor Ix Preparations		
ALPROLIX	3	
BENEFIX	2	
IDELVION	2	
IXINITY	3	
PROFILNINE	3	
REBINYN	3	
RIXUBIS	3	
Factor Vii Preparations		
NOVOSEVEN RT	3	
SEVENFACT	3	
Factor Viii Preparations (Ahf)		
ADVATE	2	
ADYNOVATE	2	
AFSTYLA	2	
ALPHANATE	3	
ELOCTATE	2	
ESPEROCT	2	
HEMOFIL M HIGH	3	
HEMOFIL M LOW	3	
HEMOFIL M MID	3	
HEMOFIL M SUPER HIGH	3	
HUMATE-P	3	
JIVI	2	
KOATE	3	
KOGENATE FS	2	
KOVALTRY	2	Copay Armor (Copay Armor, powered by PillarRx, helps members afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars.)
NOVOEIGHT	2	

Drug	Status	Notes
NUWIQ	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
OBIZUR	3	
RECOMBINATE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
WILATE	2	
XYNTHA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
XYNTHA SOLOFUSE	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
Factor VIII-Mimetic Agent, Monoclonal Antibody		
HEMLIBRA	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Factor X Preparations		
COAGADEX	3	
Factor XIII Preparations		
CORIFACT	3	
TRETEN	3	
Granulocyte Colony-Stimulating Factor (G-Csf)		
FULPHILA	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
FYLNETRA	3	
GRANIX SUBCUTANEOUS SOLUTION	3	Prior Authorization; Step Therapy
GRANIX SUBCUTANEOUS SYRINGE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
NEULASTA	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	3	Prior Authorization; Step Therapy
NEUPOGEN INJECTION SYRINGE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NIVESTYM	2	
NYVEPRIA	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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RELEUKO	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
STIMUFEND	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
UDENYCA	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
ZARXIO	3	
ZIEXTENZO	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf)		
LEUKINE INJECTION RECON SOLN	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
Hematopoietic Agents - Erythroid (Rbc) Maturation Agents		
REBLOZYL	3	
Hematorheologic Agents		
<i>pentoxifylline</i>	1	
Hemostatic Systemic - Antifibrinolytic Agents		
AMICAR	3	
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet 500 mg</i>	1	
FIBRYGA	3	
LYSTEDA	3	
RIASTAP	3	
<i>tranexamic acid oral</i>	1	
Hemostatic Systemic- Von Willebrand Factor (Vwf) Preparations		
VONVENDI	3	
Hemostatic Topical Agents		
<i>ferric subsulfate (bulk) solution</i>	2	Quantity Limit
Heparin Flush Formulations		
HEP FLUSH-10 (PF)	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
Heparins		
HEP FLUSH-10 (PF)	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) subcutaneous</i>	3	

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Drug	Status	Notes
Indirect Factor Xa Inhibitors		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	3	
<i>fondaparinux</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Low Molecular Weight Heparins		
<i>enoxaparin subcutaneous syringe</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	
FRAGMIN SUBCUTANEOUS SYRINGE	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
LOVENOX	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Monoclonal Antibody - P-Selectin Inhibitors		
ADAKVEO	3	
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)		
BRILINTA	2	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
<i>cilostazol</i>	1	
Platelet Aggregation Inhibitors - Quinazoline Agents		
AGRYLIN	3	
<i>anagrelide</i>	1	
Platelet Aggregation Inhibitors - Salicylates		
ADULT LOW DOSE ASPIRIN	\$0	
ASPIRIN CHILDRENS	\$0	
<i>aspirin oral tablet,chewable</i>	\$0	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	\$0	
ASPIR-TRIN	\$0	
BAYER CHEWABLE ASPIRIN	\$0	
BAYER LOW DOSE ASPIRIN	\$0	
CHILDREN'S ASPIRIN	1	
DURLAZA	3	Quantity Limit
ECOTRIN	\$0	
ECOTRIN LOW STRENGTH	\$0	
ENTERIC COATED ASPIRIN	\$0	
LO-DOSE ASPIRIN	\$0	

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Drug	Status	Notes
Platelet Aggregation Inhibitors - Thienopyridine Agents		
<i>clopidogrel</i>	1	
EFFIENT	3	
PLAVIX ORAL TABLET 75 MG	3	
<i>prasugrel</i>	1	
Platelet Aggregation Inhibitors-Salicylates And Proton Pump Inhib Comb		
<i>aspirin-omeprazole</i>	3	Prior Authorization; Step Therapy; Quantity Limit
YOSPRALA	3	Prior Authorization; Step Therapy; Quantity Limit
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr		
<i>dipyridamole oral</i>	1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist		
ZONTIVITY	3	Quantity Limit
Pnh - Complement (C3) Inhibitors		
EMPAVELI	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Copay Armor (Copay Armor, powered by PillarRx, helps members afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars.); Quantity Limit

Drug	Status	Notes
Pyruvate Kinase (Pk) Activators		
PYRUKYND	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Sickle Cell Anemia Agents, Others		
DROXIA	3	
ENDARI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SIKLOS ORAL TABLET 100 MG	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Sickle Hemoglobin (Hbs) Polymerization Inhibitor		
OXBRYTA ORAL TABLET 500 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
OXBRYTA ORAL TABLET FOR SUSPENSION	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Thrombin Inhibitor - Selective Direct And Reversible		
<i>dabigatran etexilate</i>	1	Quantity Limit
PRADAXA	3	Prior Authorization; Step Therapy; Quantity Limit
Thrombopoietin Receptor Agonists		
DOPTELET (10 TAB PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
DOPTELET (15 TAB PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
DOPTELET (30 TAB PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NPLATE SUBCUTANEOUS RECON SOLN 500 MCG	3	Prior Authorization
PROMACTA ORAL POWDER IN PACKET	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
PROMACTA ORAL TABLET 12.5 MG	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Transforming Growth Factor (Tgf) Ligands Agent		
REBLOZYL	3	
Hepatobiliary System Treatment Agents		
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog		
OCALIVA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
LIVMARLI	3	Prior Authorization; Quantity Limit
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
ASTAGRAF XL	2	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
ENVARBUS XR	3	
GENGRAF	1	
LUPKYNIS	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
NEORAL	3	
PROGRAF INTRAVENOUS	3	
PROGRAF ORAL CAPSULE	3	
SANDIMMUNE ORAL	3	
<i>tacrolimus oral</i>	1	

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Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
CELLCEPT	3	
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors		
ENSPRYNG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors		
<i>everolimus (immunosuppressive)</i>	1	
RAPAMUNE	3	
<i>sirolimus oral tablet</i>	1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	
Immunosuppressive - Purine Analogs		
AZASAN	3	
<i>azathioprine</i>	1	
IMURAN	3	

Drug	Status	Notes
Locomotor System		
Agents To Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors		
KEVEYIS	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Als Agents - Antioxidants/Anti-Inflammatories		
RADICAVA ORS	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RADICAVA ORS STARTER KIT SUSP	3	Quantity Limit
Amyotrophic Lateral Sclerosis (Als) Agents - Benzothiazoles		
EXSERVAN	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
RILUTEK	3	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>riluzole</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
TIGLUTIK	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Amyotrophic Lateral Sclerosis (Als) Agents - Others		
RELYVRIO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
MESTINON ORAL	3	
MESTINON TIMESPAN	3	
<i>pyridostigmine bromide oral tablet 30 mg</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	

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Drug	Status	Notes
Antimyasthenic Agents Other		
FIRDAPSE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RUZURGI	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations		
<i>carisoprodol-aspirin</i>	1	Prior Authorization
NORGESIC FORTE	3	Prior Authorization; Step Therapy; Quantity Limit
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
ORPHENGESIC FORTE	1	Prior Authorization; Step Therapy; Quantity Limit
Skeletal Muscle Relaxant - Central Muscle Relaxants		
AMRIX	3	Prior Authorization; Step Therapy
<i>baclofen oral solution</i>	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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<i>baclofen oral tablet 10 mg</i>	1	\$3 Copay
<i>baclofen oral tablet 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	Prior Authorization
<i>chlorthalidone oral tablet 250 mg</i>	3	Prior Authorization; Step Therapy
<i>chlorthalidone oral tablet 375 mg, 750 mg</i>	1	Prior Authorization; Step Therapy
<i>chlorthalidone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	\$3 Copay
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	Prior Authorization; Step Therapy
FEXMID	3	Prior Authorization; Step Therapy
FLEQSUVY	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	
LORZONE	3	Prior Authorization; Step Therapy
LYVISPAH	3	Prior Authorization; Step Therapy; Quantity Limit
<i>metaxalone oral tablet 800 mg</i>	1	Prior Authorization; Step Therapy
<i>methocarbamol oral tablet 1,000 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
OZOBAX	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
SKELAXIN	3	Prior Authorization; Step Therapy
SOMA	3	Prior Authorization
<i>tizanidine oral tablet</i>	1	\$3 Copay

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ZANAFLEX	3	
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
<i>dantrolene oral</i>	1	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations		
<i>carisoprodol-aspirin-codeine</i>	1	Prior Authorization; Quantity Limit
Skeletal Muscle Relaxant, Salicylate, And Opioid Analgesic Comb.		
<i>carisoprodol-aspirin-codeine</i>	1	Prior Authorization; Quantity Limit
Spinal Muscular Atrophy - Motor Neuron 2 (Smn2) Splicing Modifier		
EVRYSDI	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies And Dme - Blood Glucose Tests		
ACCU-CHEK GUIDE TEST STRIPS	3	Prior Authorization; Quantity Limit
ADVOCATE REDI-CODE	3	Prior Authorization; Quantity Limit
ADVOCATE TEST STRIPS	3	Prior Authorization; Quantity Limit
ASSURE 4 STRIPS	3	Prior Authorization; Quantity Limit
BREEZE 2 TEST STRIPS	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
CLEVER CHOICE PRO STRIP	3	Prior Authorization; Quantity Limit
CLEVER CHOICE TEST STRIPS	3	Prior Authorization; Quantity Limit
CONTOUR TEST STRIPS	3	Prior Authorization; Quantity Limit
EASY TALK PLUS II TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
EASY TOUCH BLU LINK TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
EASY TRAK II TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
ELEMENT TEST STRIPS	3	Prior Authorization; Quantity Limit
EVENCARE PROVIEW TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
FORA 6 CONNECT GLUCOSE STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
FORA GTEL GLUCOSE TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
FORTISCARE G1 TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
FREESTYLE LITE STRIPS	2	Quantity Limit
FREESTYLE TEST	2	Quantity Limit
GOJJI BLOOD GLUCOSE TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
HARMONY GLUCOSE TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
INFINITY TEST STRIPS	3	Prior Authorization; Quantity Limit
MICRODOT XTRA BLOOD GLUCOSE	3	Prior Authorization; Step Therapy; Quantity Limit
ONETOUCH VERIO TEST STRIPS	2	Quantity Limit
PIP BLOOD GLUCOSE TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
PRECISION PCX PLUS TEST	3	Prior Authorization; Quantity Limit
PRECISION PCX TEST	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
PRECISION POINT OF CARE TEST	3	Prior Authorization; Quantity Limit
PRECISION Q-I-D TEST	3	Prior Authorization; Step Therapy; Quantity Limit
PRECISION XTRA TEST	2	Quantity Limit
RIGHTTEST GT333 TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
SURE-TEST EASYPLUS MINI STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
TRUETEST TEST STRIPS	3	Prior Authorization; Step Therapy; Quantity Limit
TRUETRACK TEST	3	Prior Authorization; Step Therapy; Quantity Limit
VIVAGUARD INO TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
Medical Supplies And Dme - Cervical Caps		
FEMCAP	\$0	
Medical Supplies And Dme - Diaphragms		
CAYA CONTOURED	\$0	
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
Medical Supplies And Dme - Female Condoms		
FC2 FEMALE CONDOM	\$0	
Medical Supplies And Dme - Glucose Monitoring Test Supplies		
DEXCOM G4 RECEIVER	2	Quantity Limit
DEXCOM G4 TRANSMITTER	2	Quantity Limit
DEXCOM G5 RECEIVER	2	Quantity Limit

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DEXCOM G5 TRANSMITTER	2	Quantity Limit
DEXCOM G5-G4 SENSOR	2	Quantity Limit
DEXCOM G6 RECEIVER	2	Quantity Limit
DEXCOM G6 SENSOR	2	Quantity Limit
DEXCOM G6 TRANSMITTER	2	Quantity Limit
DEXCOM G7 RECEIVER	2	
DEXCOM RECEIVER	2	Quantity Limit
FREESTYLE LIBRE 14 DAY READER	2	Quantity Limit
FREESTYLE LIBRE 14 DAY SENSOR	2	Quantity Limit
FREESTYLE LIBRE 2 READER	2	Quantity Limit
FREESTYLE LIBRE 2 SENSOR	2	Quantity Limit
FREESTYLE LIBRE 3 SENSOR	2	Quantity Limit
VIVAGUARD INO CTRL SOLN-L2	3	
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies		
NOVOFINE 32	2	
NOVOFINE AUTOCOVER	2	
NOVOFINE PLUS	2	
NOVOTWIST	2	
OMNIPOD DASH PDM KIT (GEN 4)	2	Quantity Limit
Medical Supplies And Dme - Male Condoms		
AIMSCO LATEX CONDOM	\$0	
CONDOMS-PREM LUBRICATED	\$0	
FANTASY CONDOM	\$0	
KIMONO CONDOMS(NON-LUBRICATED)	\$0	
KIMONO MAXX CONDOMS	\$0	
KIMONO MICROTHIN AQUA LUBE CON	\$0	
KIMONO MICROTHIN CONDOMS	\$0	
KIMONO MICROTHIN LARGE CONDOMS	\$0	
KIMONO TEXTURED CONDOMS	\$0	
TRUSTEX LATEX CONDOM	\$0	
TRUSTEX LUBRICATED CONDOMS	\$0	
TRUSTEX NON-LUB CONDOMS	\$0	
TRUSTEX-RIA LUB/SPERMICIDE	\$0	
TRUSTEX-RIA LUBRICATED CONDOMS	\$0	

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Drug	Status	Notes
TRUSTEX-RIA NON-LUB CONDOMS	\$0	
Medical Supplies And Dme - Miscellaneous Other		
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	Quantity Limit
OMNIPOD 5 G6 PODS (GEN 5)	2	Quantity Limit
OMNIPOD DASH INTRO KIT (GEN 4)	2	Quantity Limit
OMNIPOD DASH PODS (GEN 4)	2	Quantity Limit
Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices		
CEQUR SIMPLICITY	2	Quantity Limit
V-GO 20	2	Quantity Limit
V-GO 30	2	Quantity Limit
V-GO 40	2	Quantity Limit
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
ACCU-CHEK GUIDE TEST STRIPS	3	Prior Authorization; Quantity Limit
ADVOCATE REDI-CODE	3	Prior Authorization; Quantity Limit
ADVOCATE TEST STRIPS	3	Prior Authorization; Quantity Limit
AIMSCO LATEX CONDOM	\$0	
ASSURE 4 STRIPS	3	Prior Authorization; Quantity Limit
BREEZE 2 TEST STRIPS	3	Prior Authorization; Step Therapy; Quantity Limit
CAYA CONTOURED	\$0	
CEQUR SIMPLICITY	2	Quantity Limit
CHEMSTRIP 10 MD	3	
CLEVER CHOICE PRO STRIP	3	Prior Authorization; Quantity Limit
CLEVER CHOICE TEST STRIPS	3	Prior Authorization; Quantity Limit
CONDOMS-PREM LUBRICATED	\$0	
CONTOUR TEST STRIPS	3	Prior Authorization; Quantity Limit
DEXCOM G4 RECEIVER	2	Quantity Limit

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DEXCOM G4 TRANSMITTER	2	Quantity Limit
DEXCOM G5 RECEIVER	2	Quantity Limit
DEXCOM G5 TRANSMITTER	2	Quantity Limit
DEXCOM G5-G4 SENSOR	2	Quantity Limit
DEXCOM G6 RECEIVER	2	Quantity Limit
DEXCOM G6 SENSOR	2	Quantity Limit
DEXCOM G6 TRANSMITTER	2	Quantity Limit
DEXCOM G7 RECEIVER	2	
DEXCOM RECEIVER	2	Quantity Limit
EASY TALK PLUS II TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
EASY TOUCH BLU LINK TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
EASY TRAK II TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
ELEMENT TEST STRIPS	3	Prior Authorization; Quantity Limit
EVENCARE PROVIEW TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
FANTASY CONDOM	\$0	
FC2 FEMALE CONDOM	\$0	
FEMCAP	\$0	
FORA 6 CONNECT GLUCOSE STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
FORA GTEL GLUCOSE TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
FORTISCARE G1 TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
FREESTYLE LIBRE 14 DAY READER	2	Quantity Limit
FREESTYLE LIBRE 14 DAY SENSOR	2	Quantity Limit
FREESTYLE LIBRE 2 READER	2	Quantity Limit
FREESTYLE LIBRE 2 SENSOR	2	Quantity Limit
FREESTYLE LIBRE 3 SENSOR	2	Quantity Limit
FREESTYLE LITE STRIPS	2	Quantity Limit
FREESTYLE TEST	2	Quantity Limit
GOJJI BLOOD GLUCOSE TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
HARMONY GLUCOSE TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
INFINITY TEST STRIPS	3	Prior Authorization; Quantity Limit
KIMONO CONDOMS(NON-LUBRICATED)	\$0	
KIMONO MAXX CONDOMS	\$0	
KIMONO MICROTHIN AQUA LUBE CON	\$0	
KIMONO MICROTHIN CONDOMS	\$0	
KIMONO MICROTHIN LARGE CONDOMS	\$0	
KIMONO TEXTURED CONDOMS	\$0	
MICRODOT XTRA BLOOD GLUCOSE	3	Prior Authorization; Step Therapy; Quantity Limit
NOVOFINE 32	2	
NOVOFINE AUTOCOVER	2	
NOVOFINE PLUS	2	
NOVOTWIST	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	Quantity Limit
OMNIPOD 5 G6 PODS (GEN 5)	2	Quantity Limit
OMNIPOD DASH INTRO KIT (GEN 4)	2	Quantity Limit
OMNIPOD DASH PDM KIT (GEN 4)	2	Quantity Limit
OMNIPOD DASH PODS (GEN 4)	2	Quantity Limit
ONETOUCH VERIO TEST STRIPS	2	Quantity Limit
PIP BLOOD GLUCOSE TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
PRECISION PCX PLUS TEST	3	Prior Authorization; Quantity Limit
PRECISION PCX TEST	3	Prior Authorization; Step Therapy; Quantity Limit
PRECISION POINT OF CARE TEST	3	Prior Authorization; Quantity Limit
PRECISION Q-I-D TEST	3	Prior Authorization; Step Therapy; Quantity Limit
PRECISION XTRA TEST	2	Quantity Limit
RIGHTEST GT333 TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
SURE-TEST EASYPLUS MINI STRIP	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
TRUETEST TEST STRIPS	3	Prior Authorization; Step Therapy; Quantity Limit
TRUETRACK TEST	3	Prior Authorization; Step Therapy; Quantity Limit
TRUSTEX LATEX CONDOM	\$0	
TRUSTEX LUBRICATED CONDOMS	\$0	
TRUSTEX NON-LUB CONDOMS	\$0	
TRUSTEX-RIA LUB/SPERMICIDE	\$0	
TRUSTEX-RIA LUBRICATED CONDOMS	\$0	
TRUSTEX-RIA NON-LUB CONDOMS	\$0	
V-GO 20	2	Quantity Limit
V-GO 30	2	Quantity Limit
V-GO 40	2	Quantity Limit
VIVAGUARD INO CTRL SOLN-L2	3	
VIVAGUARD INO TEST STRIP	3	Prior Authorization; Step Therapy; Quantity Limit
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Gaucher's Disease		
VPRIV	3	
Metabolic Disease Enzyme Replacement, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	2	Prior Authorization

Drug	Status	Notes
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>calcitriol oral</i>	1	Day Supply Limit (Benefit Exclusion)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	
<i>paricalcitol oral</i>	1	
RAYALDEE	3	Prior Authorization; Quantity Limit
ROCALTROL	3	Day Supply Limit (Benefit Exclusion)
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
Metabolic Modifier - Carnitine Replenisher Agents		
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral tablet</i>	1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx		
CERDELGA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
ZAVESCA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents		
XURIDEN	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents		
<i>nitisinone</i>	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
NITYR	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
ORFADIN	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Metabolic Modifier - Homocystinuria Treatment Agents		
<i>betaine</i>	1	Prior Authorization
CYSTADANE	3	Prior Authorization; Step Therapy
Metabolic Modifier - Phosphatidylinositol-3-Kinase (Pi3k) Inhibitors		
VIJOICE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents		
BUPHENYL ORAL TABLET	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
PHEBURANE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
RAVICTI	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
<i>sodium phenylbutyrate oral powder</i>	1	Prior Authorization
<i>sodium phenylbutyrate oral tablet</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator		
CARBAGLU	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
<i>carglumic acid</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Pharmacoenhancer - Cytochrome P450 Inhibitors		
TYBOST	2	Quantity Limit
Pharmacological Chaperone Tx - Alpha-Galactosidase A Enzyme Stabilizer		
GALAFOLD	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 500 MG	1	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
JAVYGTOR ORAL TABLET,SOLUBLE	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
KUVAN	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>sapropterin</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor		
ZOKINVY	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
CLINPRO 5000	3	
DENTA 5000 PLUS	1	
DENTAGEL	1	
FLORIVA (FLUORIDE-VITAMIN D3)	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>fluoride (sodium) dental</i>	1	
<i>fluoride (sodium) oral drops</i>	1	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride)</i>	\$0	Day Supply Limit (Benefit Exclusion)
FLUORIDEX SENSITIVITY RELIEF	3	
JUSTRIGHT 5000	3	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID)	\$0	Day Supply Limit (Benefit Exclusion)
PREVIDENT	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	2	

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PREVIDENT 5000 PLUS	3	Day Supply Limit (This medication may not be covered under your Plan. Contact Member Services for more information.)
PREVIDENT 5000 SENSITIVE	3	
SF	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 DRY MOUTH	1	
<i>sodium fluoride-pot nitrate</i>	1	
Mouth And Throat - Antifungals		
<i>clotrimazole mucous membrane</i>	1	
<i>nystatin oral suspension</i>	1	\$3 Copay
Mouth And Throat - Anti-Infective Mixtures		
DEBACTEROL	3	
Mouth And Throat - Antiseptics		
<i>chlorhexidine gluconate (bulk)</i>	3	Quantity Limit
<i>chlorhexidine gluconate mucous membrane</i>	1	
PERIDEX	3	
PERIOGARD	1	
Mouth And Throat - Artificial Saliva		
AQUORAL	3	Prior Authorization; Step Therapy
CAPHOSOL	3	Prior Authorization; Step Therapy
NEUTRASAL	3	Prior Authorization; Step Therapy
SALIVAMAX	3	Prior Authorization
XEROSTOMIA RELIEF	3	Prior Authorization; Step Therapy
Mouth And Throat - Glucocorticoids		
ORALONE	1	
<i>triamcinolone acetonide dental</i>	1	
Mouth And Throat - Local Anesthetic Amides		
<i>lidocaine hcl mucous membrane jelly</i>	1	Quantity Limit
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
LIDOCAINE VISCOUS	1	

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Drug	Status	Notes
Mouth And Throat - Mucositis-Stomatitis Agents		
EPISIL	3	Prior Authorization
GELCLAIR	3	Prior Authorization; Step Therapy
GELX	3	Prior Authorization
MUGARD	3	Prior Authorization; Step Therapy
ORAMAGICRX	3	
Mouth And Throat - Protectants		
GELX	3	Prior Authorization
MUGARD	3	Prior Authorization; Step Therapy
Mouth And Throat - Saliva Stimulants		
<i>cevimeline</i>	1	Prior Authorization; Step Therapy; Quantity Limit
EVOXAC	3	Prior Authorization; Step Therapy; Quantity Limit
<i>pilocarpine hcl oral</i>	1	
SALAGEN (PILOCARPINE)	3	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic		
CUVPOSA	3	Prior Authorization
<i>glycopyrrolate oral solution</i>	1	Prior Authorization
Multiple Sclerosis Agents		
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody		
KESIMPTA PEN	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Multiple Sclerosis Agent - Interferons		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
AVONEX INTRAMUSCULAR SYRINGE	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
BETASERON SUBCUTANEOUS KIT	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
EXTAVIA	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

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Drug	Status	Notes
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	Prior Authorization
REBIF (WITH ALBUMIN)	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
REBIF REBIDOSE	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)

Drug	Status	Notes
REBIF TITRATION PACK	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.)
Multiple Sclerosis Agent - Others		
BAFIERTAM	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
COPAXONE SUBCUTANEOUS SYRINGE	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
<i>glatiramer</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	1	Prior Authorization; Quantity Limit
TECFIDERA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
VUMERITY	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Multiple Sclerosis Agent - Potassium Channel Blocker		
AMPYRA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Multiple Sclerosis Agent - Purine Nucleoside Analogs		
MAVENCLAD (10 TABLET PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MAVENCLAD (4 TABLET PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MAVENCLAD (5 TABLET PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
MAVENCLAD (6 TABLET PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MAVENCLAD (7 TABLET PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MAVENCLAD (8 TABLET PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MAVENCLAD (9 TABLET PACK)	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
AUBAGIO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator		
<i>fingolimod</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
GILENYA ORAL CAPSULE 0.5 MG	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MAYZENT	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
MAYZENT STARTER(FOR 1MG MAINT)	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
MAYZENT STARTER(FOR 2MG MAINT)	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
PONVORY	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
PONVORY 14-DAY STARTER PACK	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.5 MG	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZEPOSIA	2	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ZEPOSIA STARTER KIT	2	Prior Authorization; Quantity Limit
ZEPOSIA STARTER PACK	2	Prior Authorization; Quantity Limit
Ophthalmic Agents		
Artificial Tears And Lubricant Single Agents		
LACRISERT	2	
Miotics - Direct Acting		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %	3	
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
Mydriatic And Cycloplegic Combinations		
CYCLOMYDRIL	3	
<i>cyclopen-tropic-phenyleph-watr</i>	3	
<i>cyclop-trop-propa-phen-ket-wat</i>	3	
PAREMYD	3	

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Drug	Status	Notes
Ophthalmic - Adrenergic Receptor Agonist		
UPNEEQ (PF)	3	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations		
SIMBRINZA	3	
Ophthalmic - Agents For Presbyopia		
VUITY	3	Prior Authorization; Step Therapy; Quantity Limit
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone sod ph-moxiflox</i>	3	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
Ophthalmic - Antibacterial-Glucocorticoid-Nsaid Combinations		
<i>prednisoln sp-moxiflox-bromfen</i>	3	
<i>prednisolone-moxiflox-bromfen</i>	3	
Ophthalmic - Anticholinergics		
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	

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Drug	Status	Notes
HOMATROPAIRE	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	
<i>tropicamide</i>	1	
Ophthalmic - Antihistamines		
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	1	
BEPREVE	3	
<i>epinastine</i>	1	
<i>ketotifen fumarate</i>	1	
<i>olopatadine ophthalmic (eye)</i>	1	
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 %	3	
ZERVIATE	3	Prior Authorization; Step Therapy
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
ALREX	3	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	1	
DUREZOL	3	
EYSUVIS	3	Prior Authorization; Step Therapy; Quantity Limit
FLAREX	3	
<i>fluorometholone</i>	1	
FML FORTE	3	
FML LIQUIFILM	3	
FML S.O.P.	3	
INVELTYS	3	
LOTEMAX	3	
LOTEMAX SM	3	Quantity Limit
<i>loteprednol etabonate</i>	1	
MAXIDEX	3	
PRED FORTE	3	
PRED MILD	3	
<i>prednisolone acetate</i>	1	

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<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
Ophthalmic - Anti-Inflammatory, Immunomodulators		
CEQUA	3	Prior Authorization; Step Therapy; Quantity Limit
<i>cyclosporine ophthalmic (eye)</i>	1	
RESTASIS	2	
VERKAZIA	3	Prior Authorization; Step Therapy; Quantity Limit
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists		
XIIDRA	3	Prior Authorization; Step Therapy
Ophthalmic - Anti-Inflammatory, Nsaids		
ACULAR	3	Prior Authorization; Step Therapy
ACULAR LS	3	Prior Authorization; Step Therapy
ACUVAIL (PF)	3	Prior Authorization; Step Therapy
<i>bromfenac</i>	3	Prior Authorization; Step Therapy
BROMSITE	3	Quantity Limit
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	Prior Authorization; Step Therapy
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	3	Prior Authorization; Step Therapy
PROLENSA	3	
Ophthalmic - Beta Blockers-Adrenergic Combinations		
<i>brimonidine-timolol</i>	3	
COMBIGAN	3	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations		
COSOPT	3	
<i>dorzolamide-timolol</i>	1	
Ophthalmic - Carbonic Anhydrase Inhibitors		
AZOPT	3	

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<i>brinzolamide</i>	1	
<i>dorzolamide</i>	1	
TRUSOPT	3	
Ophthalmic - Cystine Depleting Agents		
CYSTADROPS	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
CYSTARAN	2	Prior Authorization; Quantity Limit
Ophthalmic - Decongestants		
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
Ophthalmic - Diagnostic Agents		
FUL-GLO OPHTHALMIC (EYE) STRIP 0.6 MG	3	
FUL-GLO OPHTHALMIC (EYE) STRIP 1 MG	1	
Ophthalmic - Human Nerve Growth Factor (Hngf)		
OXERVATE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers		
<i>betaxolol ophthalmic (eye)</i>	1	
BETIMOL	3	
BETOPTIC S	2	
<i>carteolol</i>	1	

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Drug	Status	Notes
ISTALOL	3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %</i>	1	\$3 Copay
<i>timolol maleate ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE (PF)	3	
TIMOPTIC-XE	3	
Ophthalmic - Local Anesthetic Esters		
ALCAINE	3	
<i>proparacaine</i>	1	
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	3	
Ophthalmic - Local Anesthetic, Amides		
AKTEN (PF)	3	
Ophthalmic - Mast Cell Stabilizers		
ALOCRIL	3	
ALOMIDE	3	
<i>cromolyn ophthalmic (eye)</i>	1	
Ophthalmic - Mydriatic-Nsaid Combinations		
<i>tropic-proparacai-pe-ketor-wat</i>	3	
Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination		
ROCKLATAN	3	Prior Authorization; Step Therapy; Quantity Limit
Ophthalmic - Viscoelastic Agents		
DUOVISC VISCO ELASTIC	3	
Ophthalmic Antibacterial Mixtures		
AK-POLY-BAC	1	
<i>bacitracin-polymyxin b</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	

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<i>neomycin-polymyxin-gramicidin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	
Ophthalmic Antibiotic - Aminoglycosides		
GENTAK OPHTHALMIC (EYE) OINTMENT	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	\$3 Copay
<i>gentamicin ophthalmic (eye) ointment</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) DROPS	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors		
<i>bacitracin ophthalmic (eye)</i>	1	
Ophthalmic Antibiotic - Fluoroquinolones		
BESIVANCE	3	
CILOXAN OPHTHALMIC (EYE) DROPS	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	\$3 Copay
<i>gatifloxacin</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye)</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
VIGAMOX	3	
ZYMAXID	3	
Ophthalmic Antibiotic - Macrolides		
AZASITE	3	
<i>erythromycin ophthalmic (eye)</i>	1	
Ophthalmic Antibiotic - Sulfonamides		
BLEPH-10	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
Ophthalmic Antifungals		
NATACYN	2	

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Ophthalmic Antifungals - Tetraene Polyene-Type		
NATACYN	2	
Ophthalmic Antiseptics		
BETADINE OPHTHALMIC PREP	3	
Ophthalmic Antivirals		
<i>trifluridine</i>	1	
ZIRGAN	3	Prior Authorization; Step Therapy
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye)</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	2	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
<i>bimatoprost ophthalmic (eye)</i>	1	Quantity Limit
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	Quantity Limit
<i>tafluprost (pf)</i>	1	
TRAVATAN Z	3	Prior Authorization; Step Therapy
<i>travoprost</i>	1	
VYZULTA	3	Prior Authorization; Step Therapy; Quantity Limit
XALATAN	3	Prior Authorization; Step Therapy
XELPROS	3	Prior Authorization; Step Therapy; Quantity Limit

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Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors		
RHOPRESSA	3	Prior Authorization; Step Therapy; Quantity Limit
Organ Preservation Solutions		
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA	3	
CARDIOPLEGIA HIGH POTASSIUM	3	
CARDIOPLEGIA IND 4:1 PLASMALYT	3	
CARDIOPLEGIA IND 8:1 NON-ENRCH	3	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	3	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	1	
CARDIOPLEGIA INDUCTION 8:1	3	
CARDIOPLEGIA MAINTENANCE 4:1	3	
CARDIOPLEGIA MAINTENANCE 8:1	3	
Otic (Ear)		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations		
CIPRO HC	3	
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone</i>	3	Quantity Limit
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	3	Quantity Limit
Otic (Ear) - Anti-Infectives Other		
<i>acetic acid otic (ear)</i>	1	
Otic (Ear) - Fluoroquinolones		
CETRAXAL	3	
<i>ofloxacin otic (ear)</i>	1	
Otic (Ear) - Glucocorticoids		
DERMOTIC OIL	3	

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Drug	Status	Notes
<i>hydrocortisone-acetic acid</i>	1	
Otic (Ear) - Pinna Combinations		
CORTANE-B	3	
Renal Replacement Therapy		
Hemodialysis And Hemofiltrate Solutions		
PRISMASOL BGK HEMODIALYSIS SOLUTION CA (2.5 MEQ/L) -MG (1.5 MEQ/L), K (2 MEQ/L) -CA (3.5)-MG(1), K (2 MEQ/L) - MG (1 MEQ/L), K (4 MEQ/L)-CA (2.5)-MG (1.5)	3	
Respiratory Therapy Agents		
1St Generation Antihistamine-Decongestant Combinations		
ED A-HIST ORAL LIQUID	1	
LOHIST - D	1	
PROMETHAZINE VC	1	
1St Generation Antihistamine-Decongestant-Anticholinergic Combinations		
RESPA-AR	3	
2Nd Generation Antihistamine-Decongestant Combinations		
ALLEGRA-D 12 HOUR	3	
CLARINEX-D 12 HOUR	3	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr</i>	1	
ZYRTEC-D	3	
Antihistamine - 1St Generation - Ethanolamines		
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>clemastine</i>	1	
KARBINAL ER	3	

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Drug	Status	Notes
RYVENT	3	Prior Authorization; Step Therapy; Quantity Limit
Antihistamine - 1St Generation - Phenothiazines		
<i>promethazine oral syrup</i>	1	Quantity Limit
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	1	\$3 Copay
<i>promethazine oral tablet 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN	1	
Antihistamine - 1St Generation - Piperidines		
<i>cyproheptadine oral syrup</i>	3	
<i>cyproheptadine oral tablet</i>	1	
Antihistamines - 1St Generation		
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	Prior Authorization; Step Therapy; Quantity Limit
<i>clemastine</i>	1	
<i>cyproheptadine oral syrup</i>	3	
<i>cyproheptadine oral tablet</i>	1	
KARBINAL ER	3	
<i>promethazine oral syrup</i>	1	Quantity Limit
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	1	\$3 Copay
<i>promethazine oral tablet 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN	1	
RYVENT	3	Prior Authorization; Step Therapy; Quantity Limit
Antihistamines - 2Nd Generation		
CLARINEX ORAL TABLET	3	
<i>fexofenadine oral tablet</i>	1	
<i>levocetirizine</i>	1	
XYZAL	3	
ZYRTEC ORAL TABLET	3	

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Drug	Status	Notes
Antihistamines - 2Nd Generation - Piperazines		
<i>levocetirizine</i>	1	
XYZAL	3	
ZYRTEC ORAL TABLET	3	
Antihistamines - 2Nd Generation - Piperidines		
CLARINEX ORAL TABLET	3	
<i>fexofenadine oral tablet</i>	1	
Antitussives - Non-Opioid		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
Asthma Therapy - 5-Lipoxygenase Inhibitors		
ZYFLO	3	Prior Authorization; Step Therapy
Asthma Therapy - Immunoglobulin E (Ige) Inhibitors, Mab		
XOLAIR SUBCUTANEOUS SYRINGE	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)		
ALVESCO	3	Quantity Limit
ARMONAIR DIGIHALER	3	Prior Authorization; Step Therapy; Quantity Limit
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	
ASMANEX HFA	2	Quantity Limit

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Drug	Status	Notes
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	Quantity Limit
<i>budesonide inhalation</i>	1	Prior Authorization
FLOVENT DISKUS	2	Quantity Limit
FLOVENT HFA	2	Quantity Limit
<i>fluticasone propionate inhalation</i>	3	Prior Authorization; Step Therapy; Quantity Limit
PULMICORT	3	Prior Authorization
PULMICORT FLEXHALER	2	Quantity Limit
QVAR REDHALER	2	Quantity Limit
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, Mab		
DUPIXENT PEN	2	Prior Authorization; Step Therapy; Quantity Limit
DUPIXENT SYRINGE	2	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, Mab		
NUCALA SUBCUTANEOUS AUTO-INJECTOR	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
NUCALA SUBCUTANEOUS SYRINGE	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab		
FASENRA PEN	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Asthma Therapy - Leukotriene Receptor Antagonists		
ACCOLATE	3	Prior Authorization; Step Therapy
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet, chewable</i>	1	
SINGULAIR	3	
<i>zafirlukast oral tablet 10 mg</i>	1	Prior Authorization; Step Therapy
<i>zafirlukast oral tablet 20 mg</i>	1	
Asthma Therapy - Mast Cell Stabilizers		
<i>cromolyn inhalation</i>	1	
Asthma Therapy - Xanthines		
ELIXOPHYLLIN	3	
THEO-24	2	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	

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Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 500 MCG	2	
<i>roflumilast</i>	1	
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
INCRUSE ELLIPTA	2	
LONHALA MAGNAIR 25 MCG REFILL	3	Quantity Limit
LONHALA MAGNAIR 25 MCG STARTER	3	Quantity Limit
SPIRIVA RESPIMAT	2	
SPIRIVA WITH HANDIHALER	2	
TUDORZA PRESSAIR	3	Prior Authorization; Step Therapy
YUPELRI	3	Prior Authorization; Step Therapy; Quantity Limit
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
ATROVENT HFA	2	
<i>ipratropium bromide inhalation</i>	1	
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
<i>arformoterol</i>	1	
BROVANA	3	
<i>formoterol fumarate</i>	1	
PERFOROMIST	3	
SEREVENT DISKUS	2	
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	Quantity Limit
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	1	\$3 Copay
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	1	

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Drug	Status	Notes
<i>levalbuterol tartrate</i>	3	Quantity Limit
PROAIR DIGIHALER	3	Prior Authorization; Step Therapy; Quantity Limit
PROAIR HFA	3	Quantity Limit
PROAIR RESPICLICK	2	Quantity Limit
PROVENTIL HFA	3	Quantity Limit
VENTOLIN HFA	2	Quantity Limit
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	Quantity Limit
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate oral</i>	1	
<i>metaproterenol oral syrup</i>	1	
<i>terbutaline oral</i>	1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA	2	
COMBIVENT RESPIMAT	2	
DUAKLIR PRESSAIR	3	Prior Authorization; Step Therapy; Quantity Limit
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	2	Quantity Limit
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
ADVAIR DISKUS	3	Quantity Limit
ADVAIR HFA	2	Quantity Limit
AIRDUO DIGIHALER	3	Prior Authorization; Step Therapy; Quantity Limit
AIRDUO RESPICLICK	3	Quantity Limit
BREO ELLIPTA	2	Quantity Limit
<i>budesonide-formoterol</i>	3	Prior Authorization; Step Therapy; Quantity Limit

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Drug	Status	Notes
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	Prior Authorization; Quantity Limit
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	3	Quantity Limit
<i>fluticasone furoate-vilanterol</i>	3	Prior Authorization; Step Therapy; Quantity Limit
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	2	Quantity Limit
SYMBICORT	2	Quantity Limit
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb,		
BREZTRI AEROSPHERE	3	Quantity Limit
TRELEGY ELLIPTA	2	Quantity Limit
Cystic Fibrosis - Inhaled Aminoglycosides		
BETHKIS	3	Prior Authorization; Quantity Limit
KITABIS PAK	2	Prior Authorization; Quantity Limit
TOBI	3	Prior Authorization; Step Therapy; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	Prior Authorization; Step Therapy; Quantity Limit
<i>tobramycin in 0.225 % nacl</i>	1	Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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<i>tobramycin inhalation</i>	1	Prior Authorization; Quantity Limit
Cystic Fibrosis - Inhaled Monobactams		
CAYSTON	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL	3	Prior Authorization; Step Therapy; Quantity Limit
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator		
KALYDECO	2	Prior Authorization; Quantity Limit
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb		
ORKAMBI	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

Drug	Status	Notes
SYMDEKO	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
TRIKAFTA	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Decongestant-Expectorant Combinations		
GILPHEX TR ORAL TABLET 10-388 MG	3	
Expectorants - Single Agents, General		
<i>guaifenesin oral tablet 200 mg</i>	1	
Mucolytics		
<i>acetylcysteine</i>	1	
PULMOZYME	2	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Nasal Anticholinergics		
<i>ipratropium bromide nasal</i>	1	
Nasal Antihistamine And Anti-Inflammatory Steroid Combinations		
<i>azelastine-fluticasone</i>	1	Prior Authorization; Step Therapy

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DYMISTA	3	Prior Authorization; Step Therapy
RYALTRIS	3	Prior Authorization; Step Therapy; Quantity Limit
Nasal Antihistamines		
<i>azelastine nasal</i>	1	
<i>olopatadine nasal</i>	1	
PATANASE	3	
Nasal Corticosteroids		
BECONASE AQ	3	Prior Authorization; Step Therapy
<i>budesonide nasal</i>	1	
CHILDREN'S NASACORT	3	Prior Authorization; Step Therapy
<i>fluticasone propionate nasal</i>	1	
<i>mometasone nasal</i>	1	
NASACORT	3	Prior Authorization; Step Therapy
OMNARIS	3	Prior Authorization; Step Therapy
QNASL	3	Prior Authorization; Step Therapy
<i>triamcinolone acetonide nasal</i>	1	
XHANCE	3	Prior Authorization; Step Therapy; Quantity Limit
ZETONNA	3	Prior Authorization; Step Therapy
Nasal Preparations - Nicotinic Receptor Partial Agonist		
TYRVAYA	3	Prior Authorization; Step Therapy; Quantity Limit
Nasal Sympathomimetic Decongestants (Intranasal)		
ADRENALIN NASAL	3	
Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations		
BROMFED DM	3	
BRONKIDS	3	
ED A-HIST DM ORAL LIQUID	1	
LOHIST-DM	1	

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Drug	Status	Notes
Non-Opioid Antitussive-Antihistamine Combinations		
<i>promethazine-dm</i>	1	
Non-Opioid Antitussive-Decongestant-Expectorant Combinations		
GILTUSS TR	3	
TUSNEL NEW FORMULA ORAL SOLUTION	3	
TUSNEL PEDIATRIC ORAL LIQUID	3	
TUSSI-PRES PEDIATRIC ORAL LIQUID	3	
Non-Opioid Antitussive-Expectorant Combinations		
<i>dextromethorphan-guaifenesin oral syrup</i>	1	
TUSNEL DIABETIC	1	
Opioid Antitussive-1St Generation Antihistamine Combinations		
<i>promethazine-codeine</i>	1	Prior Authorization; Step Therapy
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	Prior Authorization; Step Therapy
TUZISTRA XR	3	Prior Authorization; Step Therapy
Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb.		
MAR-COF BP	3	Prior Authorization; Step Therapy
M-END PE	3	Prior Authorization; Step Therapy
<i>promethazine-phenyleph-codeine</i>	1	Prior Authorization; Step Therapy
Opioid Antitussive-Anticholinergic Combinations		
HYCODAN	3	Prior Authorization
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	Prior Authorization
HYDROCODONE COMPOUND	1	Prior Authorization; Step Therapy
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	Prior Authorization; Step Therapy
<i>hydrocodone-homatropine oral tablet</i>	1	Prior Authorization; Step Therapy
HYDROMET	1	Prior Authorization; Step Therapy

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Drug	Status	Notes
Opioid Antitussive-Decongestant-Expectorant Combinations		
CODITUSSIN DAC	3	Prior Authorization; Step Therapy
GUAIFENESIN DAC	1	Prior Authorization; Step Therapy
Opioid Antitussive-Expectorant Combinations		
<i>codeine-guaifenesin</i>	1	Prior Authorization; Step Therapy
CODITUSSIN AC	3	Prior Authorization; Step Therapy
GUAIFENESIN AC	1	Prior Authorization; Step Therapy
MAR-COF CG	3	Prior Authorization; Step Therapy
M-CLEAR WC	1	Prior Authorization; Step Therapy
OBREDON	3	Prior Authorization; Step Therapy
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
ESBRIET ORAL CAPSULE	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
ESBRIET ORAL TABLET 801 MG	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit

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Drug	Status	Notes
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
<i>pirfenidone oral tablet 534 mg</i>	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors		
OFEV	3	Prior Authorization; Day Supply Limit (Depending on member benefits, this medication may be limited to a 30, 31, or 34 day supply at retail and/or mail pharmacies. Select products available as prepackaged products that supply a day supply greater than this limit are exempt.); Quantity Limit
Systemic Sympathomimetic Decongestants		
<i>pseudoephedrine hcl oral tablet 60 mg</i>	1	
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
Vaginal Antifungal - Imidazoles		
<i>clotrimazole vaginal</i>	1	

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GYNE-LOTRIMIN 7	3	
MONISTAT 3 VAGINAL COMB PACK,PREFILL APPL, CREAM	3	
MONISTAT 7 VAGINAL CREAM	3	
Vaginal Antifungal - Triazoles		
<i>terconazole</i>	1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
METROGEL VAGINAL	3	
<i>metronidazole vaginal</i>	1	
VANDAZOLE	1	
Vaginal Antiseptic Mixtures		
FEM PH	1	
RELAGARD	3	
Vaginal Estrogens		
ESTRACE VAGINAL	3	
ESTRING	2	Quantity Limit
FEMRING	3	Quantity Limit
PREMARIN VAGINAL	2	
VAGIFEM	3	
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