



2023 Formulary

Priority Health Medicare Dual Eligible Special Needs Plan (D-SNP)

List of covered drugs

Please read:

This document contains information about the drugs we cover in this plan.

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This formulary was approved on 11/21/2023. For more recent information or other questions, please contact Priority Health Medicare Customer Service at toll-free 833.939.0983 (TTY users should call 711) 8 a.m. to 8 p.m., seven days a week, or visit priorityhealth.com/dsnp.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if your plan has a deductible). Call Customer Service for more information.

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

Note to existing members: This formulary has changed since last year.
Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our" it means Priority Health.
When it refers to "plan" or "our plan," it means Priority Health Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Priority Health Medicare D-SNP Formulary?

A formulary is a list of covered drugs selected by Priority Health Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Priority Health Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Priority Health Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Priority Health Medicare D-SNP Formulary?*"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Priority Health Medicare D-SNP Formulary?*"

Changes that will not affect you if you are currently taking the drug: Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2023. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

How do I use the Formulary?

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

1. Medical condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

2. Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on the page following the Drug List. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Priority Health Medicare plans cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per prescription of ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Priority Health Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "*How do I request an exception to the Priority Health Medicare D-SNP Formulary?*" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Priority Health Medicare.
- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Priority Health Medicare D-SNP Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty or you receive Extra Help to pay for your prescriptions. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Priority Health Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 800.MEDICARE (800.633.4227) 24 hours a day, seven days a week. TTY users should call 877.486.2048. Or, visit medicare.gov.

Priority Medicare D-SNP Formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on the page following the Drug List.

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

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

List of Abbreviations

B/D: Part B vs. Part D. This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending upon your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

EA: Each

GM: Grams

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 833.939.0983 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit priorityhealth.com/dsnp

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 833.939.0983 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit priorityhealth.com/dsnp

ML: Milliliters

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

QL: Quantity Limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30-day prescription of ENTRESTO. This may be in addition to a standard one-month or three-month supply.

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

Understanding your copayments/coinsurance

The table below lists the Priority Health Medicare drug tiers and the copayment or coinsurance amount associated with each tier in the initial coverage stage.

Drug tiers	Retail pharmacy: one month (30-day) supply
Tier 1 Preferred generic	\$0 copay
Tier 2 Generic	After deductible of \$505 is met: \$20 copay
Tier 3 Preferred brand	After deductible of \$505 is met: \$47 copay
Tier 4 Non-preferred drug	After deductible of \$505 is met: 50% coinsurance
Tier 5 Specialty (30-day supply only)	After deductible of \$505 is met: 25% coinsurance

Drug tiers	Retail pharmacy: three month (90-day) supply
Tier 1 Preferred generic	\$0 copay
Tier 2 Generic	After deductible of \$505 is met: \$60 copay
Tier 3 Preferred brand	After deductible of \$505 is met: \$141 copay
Tier 4 Non-preferred drug	After deductible of \$505 is met: 50% coinsurance

Drug tiers	Mail order: three month (90-day) supply*
Tier 1 Preferred generic	\$0 copay
Tier 2 Generic	After deductible of \$505 is met: \$60 copay
Tier 3 Preferred brand	After deductible of \$505 is met: \$141 copay
Tier 4 Non-preferred drug	After deductible of \$505 is met: 50% coinsurance

*All drugs listed on formulary are available via mail order

The table below lists the copayment or coinsurance amount associated with generic and brand drugs if you get Extra Help to pay for your prescriptions.

	Generic	Brand
LIS category 1	\$4.15	\$10.35
LIS category 2	\$1.45	\$4.30
LIS category 3	\$0	\$0
LIS category 4-7	After deductible of \$104 is met: 15% coinsurance	

Drug Name	Drug Tiers	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral</i>	2	
<i>diclofenac epolamine external</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	4	
<i>diclofenac sodium external solution 1.5 %</i>	4	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral</i>	2	
<i>etodolac oral</i>	2	
<i>fenoprofen calcium oral tablet</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>mefenamic acid oral</i>	2	QL (30 EA per 30 days)
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	2	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam oral</i>	2	
<i>salsalate oral</i>	2	
<i>sulindac oral</i>	2	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal</i>	4	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	4	QL (60 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	QL (90 EA per 30 days)

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B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 8.

Drug Name	Drug Tiers	Requirements/Limits
methadone hcl oral tablet 5 mg	2	QL (120 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg	2	QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg	2	QL (120 EA per 30 days)
oxymorphone hcl er	4	QL (90 EA per 30 days)
tramadol hcl (er biphasic)	Non-Formulary	
tramadol hcl er	2	QL (30 EA per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine #3	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days)
butorphanol tartrate nasal	4	QL (10 ML per 28 days)
codeine sulfate oral tablet 30 mg, 60 mg	2	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	2	QL (360 EA per 30 days)
endocet oral tablet 2.5-325 mg	2	QL (360 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL (5550 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	4	QL (150 EA per 30 days)
hydromorphone hcl oral liquid	2	QL (2400 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg	2	QL (180 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	2	
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	QL (240 ML per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	2	QL (900 ML per 30 days)
morphine sulfate oral solution	2	QL (900 ML per 30 days)
morphine sulfate oral tablet	2	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 ML per 30 days)
oxycodone hcl oral solution	2	QL (1200 ML per 30 days)

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Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 8.

Drug Name	Drug Tiers	Requirements/Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	QL (180 EA per 30 days)
oxycodone hcl oral tablet 5 mg	2	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
oxymorphone hcl oral tablet 10 mg	4	QL (360 EA per 30 days)
oxymorphone hcl oral tablet 5 mg	4	QL (180 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	QL (240 EA per 30 days)
tramadol-acetaminophen	2	QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
GLYDO EXTERNAL GEL	2	
lidocaine external ointment 5 %	2	
lidocaine external patch 5 %	3	PA; QL (90 EA per 30 days)
lidocaine hcl external solution	2	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium	2	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid Dependence		
buprenorphine hcl sublingual	3	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	4	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL (90 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection solution 0.4 mg/ml	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	2	QL (2 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
OPVEE	3	QL (2 EA per 30 days)
ZIMHI	3	QL (1 ML per 30 days)
Smoking Cessation Agents		
bupropion hcl er (smoking det)	2	
NICOTROL	4	
NICOTROL NS	4	
varenicline tartrate	4	
varenicline tartrate (starter)	4	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	2	HI
ARIKAYCE	5	PA; QL (235.2 ML per 28 days)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	HI
gentamicin sulfate external	2	QL (90 GM per 30 days)
gentamicin sulfate injection solution 40 mg/ml	2	
neomycin sulfate oral	2	
paromomycin sulfate oral	2	
streptomycin sulfate intramuscular	4	
tobramycin sulfate injection solution 10 mg/ml	2	HI; QL (720 ML per 30 days)
tobramycin sulfate injection solution 80 mg/2ml	2	QL (720 ML per 30 days)
Antibacterials, Other		
aztreonam	4	HI
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral capsule 150 mg, 300 mg	2	
clindamycin palmitate hcl	2	
clindamycin phosphate external swab	2	
clindamycin phosphate in d5w	2	
clindamycin phosphate vaginal	2	
colistimethate sodium (cba)	5	HI
daptomycin intravenous solution reconstituted 500 mg	5	HI
firvanq	3	
fosfomycin tromethamine	4	QL (1 EA per 30 days)
linezolid intravenous solution 600 mg/300ml	3	

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Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 8.

Drug Name	Drug Tiers	Requirements/Limits
<i>linezolid oral suspension reconstituted</i>	3	
<i>linezolid oral tablet</i>	3	QL (56 EA per 28 days)
<i>methenamine hippurate</i>	2	
<i>metronidazole external</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
SIVEXTRO ORAL	5	PA; QL (6 EA per 30 days)
<i>tigecycline</i>	4	HI
<i>trimethoprim oral</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 10 gm, 500 mg</i>	2	HI
<i>vancomycin hcl intravenous solution reconstituted 1.5 gm</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (80 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (160 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	3	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (60 EA per 30 days)
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI
<i>cefdinir</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	HI
<i>cefepime hcl injection solution reconstituted 2 gm</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	HI
<i>cefixime oral capsule</i>	4	

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B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

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Drug Name	Drug Tiers	Requirements/Limits
cefoxitin sodium intravenous	2	HI
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	HI
ceftazidime intravenous	2	HI
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	HI
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	HI
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 750 mg	2	HI
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	HI
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TEFLARO	4	
ZERBAXA	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	2	
amoxicillin oral suspension reconstituted	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate er	2	
amoxicillin-pot clavulanate oral	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	HI
ampicillin sodium intravenous solution reconstituted 10 gm	2	HI
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm	2	HI
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	2	HI

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Drug Name	Drug Tiers	Requirements/Limits
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	2	HI
<i>oxacillin sodium injection solution reconstituted 1 gm</i>	2	
<i>oxacillin sodium intravenous</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	HI
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium oral solution reconstituted</i>	4	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	HI
Carbapenems		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	2	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin intravenous</i>	2	HI
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	ST; QL (136 ML per 10 days)

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Drug Name	Drug Tiers	Requirements/Limits
DIFICID ORAL TABLET	5	ST; QL (20 EA per 10 days)
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	2	
<i>erythromycin ethylsuccinate oral</i>	2	
<i>erythromycin oral</i>	2	
Quinolones		
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin oral</i>	2	
<i>moxifloxacin hcl oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne)</i>	2	
<i>sulfadiazine oral</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
Tetracyclines		
<i>demeclacycline hcl oral</i>	4	
DOXY 100	4	B/D
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral capsule 75 mg	4	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	2	
minocycline hcl oral capsule	2	
tetracycline hcl oral	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	5	ST; QL (60 EA per 30 days)
DIACOMIT	5	PA
EPIDIOLEX	5	PA; QL (500 ML per 30 days)
EPRONTIA	4	ST; QL (480 ML per 30 days)
felbamate	4	
FINTEPLA	5	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	5	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days)
lamotrigine er	4	
lamotrigine oral kit 25 & 50 & 100 mg	4	
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
lamotrigine oral tablet dispersible	4	
lamotrigine starter kit-blue	4	
lamotrigine starter kit-green	4	
lamotrigine starter kit-orange	4	
levetiracetam er	2	
levetiracetam oral	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	QL (60 EA per 30 days)
topiramate oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
valproic acid oral capsule	2	
valproic acid oral solution	2	
XCOPRI (250 MG DAILY DOSE)	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
ethosuximide oral	2	
methsuximide	3	
ZONISADE	5	PA; QL (900 ML per 30 days)
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension	4	PA; QL (480 ML per 30 days)
clobazam oral tablet	4	PA; QL (60 EA per 30 days)
diazepam rectal	4	
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
NAYZILAM	4	QL (10 EA per 30 days)
phenobarbital oral elixir	2	PA
phenobarbital oral tablet	2	PA
primidone oral tablet 250 mg, 50 mg	2	
SYMPAZAN	5	PA; QL (60 EA per 30 days)
tiagabine hcl	4	
VALTOCO 10 MG DOSE	4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE	4	QL (10 EA per 30 days)
vigabatrin	5	LA
vigadronе oral packet	5	
vigadronе oral tablet	5	LA
ZTALMY	5	PA; QL (1100 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	ST; QL (60 EA per 30 days)
carbamazepine er oral tablet extended release 12 hour	2	
carbamazepine oral	2	
epitol	2	
lacosamide oral solution	4	QL (1200 ML per 30 days)
lacosamide oral tablet	4	QL (60 EA per 30 days)
oxcarbazepine	2	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable	2	
phenytoin sodium extended	2	
rufinamide oral suspension	5	PA
rufinamide oral tablet 200 mg	4	PA
rufinamide oral tablet 400 mg	5	PA
zonisamide oral	2	
Antidementia Agents		
Antidementia Agents, Other		
donepezil hcl oral tablet 10 mg	1	QL (60 EA per 30 days)
donepezil hcl oral tablet 5 mg	1	QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	1	QL (60 EA per 30 days)
donepezil hcl oral tablet dispersible 5 mg	1	QL (30 EA per 30 days)
ergoloid mesylates oral	2	
Cholinesterase Inhibitors		
donepezil hcl oral tablet 23 mg	2	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	QL (30 EA per 30 days)
rivastigmine tartrate	1	QL (60 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl er	3	QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml	4	QL (300 ML per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	1	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	4	QL (49 EA per 28 days)
Antidepressants		
Antidepressants, Other		
AUVELITY	5	PA; QL (60 EA per 30 days)
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
bupropion hcl oral	2	
mirtazapine oral	2	
Monoamine Oxidase Inhibitors		
EMSAM	5	ST
MARPLAN	4	QL (180 EA per 30 days)
phenelzine sulfate oral	2	
tranylcypromine sulfate	2	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide oral solution	4	QL (600 ML per 30 days)
citalopram hydrobromide oral tablet 10 mg, 20 mg	1	QL (45 EA per 30 days)
citalopram hydrobromide oral tablet 40 mg	1	QL (30 EA per 30 days)
desvenlafaxine succinate er	2	QL (30 EA per 30 days)
escitalopram oxalate oral	2	
FETZIMA	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION	4	ST; QL (30 EA per 30 days)
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	4	
fluoxetine hcl oral solution	4	
fluvoxamine maleate	2	
fluvoxamine maleate er	4	
nefazodone hcl	2	
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	1	
paroxetine mesylate	4	QL (30 EA per 30 days)
sertraline hcl oral concentrate	4	
sertraline hcl oral tablet	1	

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Drug Name	Drug Tiers	Requirements/Limits
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	4	
TRINTELLIX	4	ST; QL (30 EA per 30 days)
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
venlafaxine hcl er oral tablet extended release 24 hour	4	
VIIBRYD STARTER PACK	4	ST; QL (30 EA per 30 days)
vilazodone hcl	4	ST; QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl oral	4	
amoxapine	4	
clomipramine hcl oral	4	
desipramine hcl oral	4	
doxepin hcl oral capsule	4	
doxepin hcl oral concentrate	4	
imipramine hcl oral	4	
imipramine pamoate	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	4	
protriptyline hcl	4	
trimipramine maleate oral	4	PA
Antiemetics		
Antiemetics, Other		
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
prochlorperazine	4	
prochlorperazine maleate oral	2	
promethazine hcl oral tablet	2	
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	
promethegan rectal suppository 25 mg	2	
promethegan rectal suppository 50 mg	4	
scopolamine	3	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule	4	B/D; QL (6 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
dronabinol	4	B/D; QL (120 EA per 30 days)
granisetron hcl oral	2	B/D
ondansetron	2	B/D
ondansetron hcl oral solution	2	B/D
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D
SANCUSO	5	QL (4 EA per 28 days)
Antifungals		
Antifungals		
ABELCET	4	B/D
amphotericin b intravenous	2	B/D
caspofungin acetate intravenous solution reconstituted 50 mg	5	
caspofungin acetate intravenous solution reconstituted 70 mg	4	
ciclopirox olamine external cream	2	QL (180 GM per 30 days)
ciclopirox olamine external suspension	2	QL (60 ML per 30 days)
clotrimazole external cream	2	
clotrimazole external solution	2	
clotrimazole mouth/throat troche	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA; QL (60 EA per 30 days)
cresemba oral capsule 74.5 mg	5	PA
econazole nitrate external	2	QL (90 GM per 30 days)
ERAXIS	4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	HI
fluconazole oral	2	
flucytosine oral	5	
griseofulvin microsize oral tablet	2	
griseofulvin ultramicrosize	2	
itraconazole oral capsule	4	
ketoconazole external cream	2	QL (180 GM per 30 days)
ketoconazole external shampoo 2 %	2	QL (120 ML per 30 days)
ketoconazole oral	2	
miconazole 3 vaginal suppository	2	
NOXAFIL ORAL PACKET	5	
NYAMYC	2	QL (60 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	QL (240 GM per 30 days)
<i>nystatin mouth/throat</i>	2	QL (700 ML per 30 days)
<i>nystatin oral tablet</i>	2	
NYSTOP	2	QL (240 GM per 30 days)
<i>posaconazole oral suspension</i>	5	
<i>posaconazole oral tablet delayed release</i>	5	QL (93 EA per 30 days)
<i>terbinafine hcl oral</i>	2	
<i>terconazole</i>	2	
<i>voriconazole intravenous</i>	4	
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	
<i>febuxostat</i>	4	QL (30 EA per 30 days)
<i>probenecid oral</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>ergotamine-caffeine</i>	3	QL (40 EA per 30 days)
TRUDHESA	4	PA; QL (8 ML per 30 days)
Prophylactic		
<i>AIMOVIG</i>	4	PA; QL (1 ML per 30 days)
<i>AJOVY</i>	4	PA; QL (1.5 ML per 30 days)
<i>EMGALITY</i>	4	PA; QL (2 ML per 30 days)
<i>EMGALITY (300 MG DOSE)</i>	4	PA; QL (3 ML per 30 days)
<i>UBRELVY</i>	4	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>eletriptan hydrobromide</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (12 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate oral</i>	2	QL (12 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
sumatriptan succinate refill subcutaneous solution cartridge	4	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector	4	QL (4 ML per 30 days)
zolmitriptan oral	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl oral	2	
pyridostigmine bromide er	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	2	
PRIFTIN	4	
rifabutin	4	
Antituberculars		
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRETOMANID	4	PA; QL (30 EA per 30 days)
pyrazinamide oral	2	
rifampin intravenous	2	
rifampin oral	2	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
LEUKERAN	5	
MATULANE	5	PA
melphalan	2	
VALCHLOR	5	PA; LA; QL (60 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Antiandrogens		
abiraterone acetate oral tablet 250 mg	5	PA; QL (120 EA per 30 days)
abiraterone acetate oral tablet 500 mg	5	PA; QL (60 EA per 30 days)
bicalutamide	2	
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
flutamide	2	
nilutamide	5	
NUBEQA	5	PA; QL (120 EA per 30 days)
toremifene citrate	5	
XTANDI ORAL CAPSULE	5	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; LA; QL (60 EA per 30 days)
Antiangiogenic Agents		
lenalidomide	5	PA; LA; QL (30 EA per 30 days)
POMALYST	5	PA; LA; QL (21 EA per 28 days)
REVLIMID	5	PA; LA; QL (30 EA per 30 days)
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	4	
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
raloxifene hcl	2	
SOLTAMOX	4	
tamoxifen citrate oral	2	
Antimetabolites		
DROXIA	4	
hydroxyurea oral	2	
INQOVI	5	PA; QL (5 EA per 28 days)
ONUREG	5	PA; QL (14 EA per 28 days)
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
GAVRETO	5	PA; QL (120 EA per 30 days)
IDHIFA	5	PA; QL (30 EA per 30 days)
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 EA per 28 days)
krazati	5	PA; QL (180 EA per 30 days)
LONSURF	5	PA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 EA per 30 days)
NINLARO	5	QL (3 EA per 28 days)
OJJAARA	5	PA; QL (30 EA per 30 days)
ORGOVYX	5	PA; QL (30 EA per 28 days)
RETEVMO	5	PA; QL (120 EA per 30 days)
SYNRIBO	5	PA
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (60 EA per 30 days)
WELIREG	5	PA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 EA per 28 days)
ZOLINZA	5	PA
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral	2	
exemestane	2	
letrozole oral	2	
Enzyme Inhibitors		
REZLIDHIA	5	PA; QL (60 EA per 30 days)
Molecular Target Inhibitors		
AKEEGA	5	PA; QL (60 EA per 30 days)
ALECENSA	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days)
AYVAKIT	5	PA; QL (30 EA per 30 days)
BALVERSA	5	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA
BRUKINSA	5	PA; QL (120 EA per 30 days)
CABOMETYX	5	PA; QL (30 EA per 30 days)
CALQUENCE	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 EA per 28 days)
COPIKTRA	5	PA; QL (60 EA per 30 days)
COTELLIC	5	PA; LA
DAURISMO	5	PA; QL (30 EA per 30 days)
ERIVEDGE	5	PA; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 3 mg, 5 mg</i>	5	PA
EXKIVITY	5	PA; QL (120 EA per 30 days)
FOTIVDA	5	PA; QL (30 EA per 30 days)
<i>gefitinib</i>	5	PA
GILOTrif	5	PA; QL (30 EA per 30 days)
IBRANCE	5	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
IMBRUVICA ORAL SUSPENSION	5	PA; QL (108 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 EA per 30 days)
INLYTA	5	PA; LA; QL (180 EA per 30 days)
INREBIC	5	PA; QL (120 EA per 30 days)
JAKAFI	5	PA; LA; QL (60 EA per 30 days)
JAYPIRCA	5	PA; QL (60 EA per 30 days)
KISQALI (200 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE)	5	PA; QL (63 EA per 28 days)
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA (10 MG DAILY DOSE)	5	PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	5	PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	5	PA; LA; QL (105 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	5	PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	5	PA; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	5	PA; LA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	5	PA; LA; QL (70 EA per 30 days)
LORBRENA	5	PA
LYTGOBI (12 MG DAILY DOSE)	5	PA; QL (140 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE)	5	PA; QL (140 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE)	5	PA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1170 ML per 28 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI	5	PA
NERLYNX	5	PA; QL (180 EA per 30 days)
ODOMZO	5	PA; LA; QL (30 EA per 30 days)
<i>pazopanib hcl</i>	5	PA
PEMAZYRE	5	PA; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
QINLOCK	5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
RUBRACA	5	PA; QL (120 EA per 30 days)
RYDAPT	5	PA; QL (224 EA per 28 days)
SCEMBLIX	5	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate</i>	5	PA
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (90 EA per 30 days)
STIVARGA	5	PA; LA; QL (84 EA per 28 days)
<i>sunitinib malate</i>	5	PA; QL (30 EA per 30 days)
TABRECTA	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (840 EA per 28 days)
TAGRISSO	5	PA; LA; QL (30 EA per 30 days)
TALZENNA	5	PA; QL (30 EA per 30 days)
TASIGNA	5	PA; QL (120 EA per 30 days)
TAZVERIK	5	PA; QL (240 EA per 30 days)
TEPMETKO	5	PA; QL (60 EA per 30 days)
TIBSOVO	5	PA
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 EA per 30 days)
<i>vanflyta</i>	5	PA
VENCLEXTA ORAL TABLET 10 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK	5	PA
VERZENIO	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
VIZIMPRO	5	PA
VONJO	5	PA; QL (120 EA per 30 days)
VOTRIENT	5	PA
XALKORI	5	PA; LA; QL (60 EA per 30 days)
XOSPATA	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE	5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ZEJULA ORAL TABLET	5	PA; QL (30 EA per 30 days)
ZELBORAF	5	PA; LA; QL (240 EA per 30 days)
ZYDELIG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	5	PA
Retinoids		
bexarotene	5	PA
tretinoin oral	5	PA
Treatment Adjuncts		
leucovorin calcium oral	2	
MESNEX ORAL	4	
Antiparasitics		
Anthelmintics		
albendazole oral	5	
ivermectin oral	2	
praziquantel oral	3	
Antiprotozoals		
atovaquone oral	5	
atovaquone-proguanil hcl	2	
chloroquine phosphate oral	2	
COARTEM	3	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	2	
KRINTAFEL	3	QL (8 EA per 365 days)
mefloquine hcl	2	
nitazoxanide oral	5	
pentamidine isethionate inhalation	3	PA
pentamidine isethionate injection	4	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	
pyrimethamine oral	5	
quinine sulfate oral	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	4	
trihexyphenidyl hcl	2	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	2	

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Drug Name	Drug Tiers	Requirements/Limits
amantadine hcl oral solution	2	
amantadine hcl oral tablet	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone	2	
ONGENTYS	4	ST; QL (30 EA per 30 days)
Dopamine Agonists		
bromocriptine mesylate oral	2	
NEUPRO	4	ST; QL (30 EA per 30 days)
pramipexole dihydrochloride	2	
pramipexole dihydrochloride er	4	
ropinirole hcl	2	
ropinirole hcl er	2	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral	4	
selegiline hcl oral	2	
Antipsychotics		
1St Generation/Typical		
chlorpromazine hcl injection solution 50 mg/2ml	2	
chlorpromazine hcl oral concentrate	4	
chlorpromazine hcl oral tablet	2	
fluphenazine decanoate injection	2	
fluphenazine hcl injection	2	
fluphenazine hcl oral	2	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate	2	
haloperidol oral	2	
loxpipine succinate oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>molindone hcl</i>	3	
<i>perphenazine oral</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl oral</i>	2	
<i>thiothixene oral</i>	2	
<i>trifluoperazine hcl oral</i>	2	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 ML per 56 days)
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 EA per 30 days)
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 EA per 30 days)
<i>ariPIPRAZOLE oral solution</i>	4	QL (750 ML per 30 days)
<i>ariPIPRAZOLE oral tablet</i>	2	QL (30 EA per 30 days)
<i>ariPIPRAZOLE oral tablet dispersible</i>	5	QL (60 EA per 30 days)
ARISTADA INITIO	5	QL (2.4 ML per 42 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 ML per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 ML per 30 days)
<i>asenapine maleate</i>	4	ST; QL (60 EA per 30 days)
CAPLYTA	5	PA; QL (30 EA per 30 days)
FANAPT	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days)

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Drug Name	Drug Tiers	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 ML per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 ML per 90 days)
<i>lurasidone hcl</i>	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	ST; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	ST; QL (60 EA per 30 days)
PERSERIS	5	QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	2	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
REXULTI	5	ST; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	QL (2 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	QL (2 EA per 30 days)
risperidone	2	
SECUADO	5	ST; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	QL (0.42 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	QL (0.56 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	QL (0.7 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	QL (0.21 ML per 30 days)
VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	ST
ziprasidone hcl	2	QL (60 EA per 30 days)
ziprasidone mesylate	4	
ZYPREXA INTRAMUSCULAR	4	QL (30 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	5	QL (2 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (1 EA per 30 days)
Treatment-Resistant		
clozapine	2	
VERSACLOZ	5	

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Drug Name	Drug Tiers	Requirements/Limits
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg	2	
baclofen oral tablet 5 mg	3	
dantrolene sodium oral	2	
tizanidine hcl oral tablet	2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	5	PA; QL (120 EA per 30 days)
PREVYMIS ORAL	5	PA
valganciclovir hcl oral tablet	3	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil	5	
BARACLUD ORAL SOLUTION	4	QL (600 ML per 30 days)
entecavir	4	
EPIVIR HBV ORAL SOLUTION	3	
lamivudine oral solution	3	
lamivudine oral tablet	2	
VEMLIDY	5	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSIA	5	PA
ledipasvir-sofosbuvir	5	PA
MAVYRET ORAL PACKET	5	PA; QL (140 EA per 28 days)
MAVYRET ORAL TABLET	5	PA; QL (84 EA per 28 days)
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	
ZEPATIER	5	PA
Antiherpetic Agents		
acyclovir oral capsule	2	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	2	B/D
famciclovir oral	2	
valacyclovir hcl oral	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
APRETUDE	5	QL (21 ML per 365 days)
BIKTARVY	5	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	3	QL (300 EA per 30 days)
ISENTRESS ORAL TABLET	5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
SYMTUZA	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD	4	QL (180 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	5	QL (30 EA per 30 days)
efavirenz	2	
etravirine	5	
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 100 mg	4	QL (60 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	4	QL (30 EA per 30 days)
nevirapine oral suspension	4	QL (1200 ML per 30 days)
nevirapine oral tablet	4	QL (60 EA per 30 days)
PIFELTRO	5	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	2	
abacavir sulfate-lamivudine	4	
abacavir-lamivudine-zidovudine	5	
CIMDUO	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
efavirenz-emtricitab-tenofof	5	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofovir	5	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	5	QL (30 EA per 30 days)
emtricitabine	3	
emtricitabine-tenofovir df	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	3	
JULUCA	5	QL (30 EA per 30 days)
lamivudine-zidovudine	4	
ODEFSEY	5	QL (30 EA per 30 days)
tenofovir disoproxil fumarate	3	
TRIZIVIR	5	
VIREAD ORAL POWDER	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
zidovudine	2	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
maraviroc oral tablet 150 mg	5	QL (60 EA per 30 days)
maraviroc oral tablet 300 mg	5	QL (120 EA per 30 days)
RUKOBIA	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	5	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (120 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS	5	QL (3 ML per 180 days)
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TYBOST	3	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	5	
APTIVUS ORAL SOLUTION	4	
atazanavir sulfate	4	
darunavir oral tablet 600 mg	5	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
LEXIVA ORAL SUSPENSION	4	
<i>lopinavir-ritonavir oral solution</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	
NORVIR ORAL PACKET	4	
NORVIR ORAL SOLUTION	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	3	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (480 EA per 30 days)
REYATAZ ORAL PACKET	5	
RITONAVIR	3	
VIRACEPT ORAL TABLET	5	
Anti-Influenza Agents		
<i>oseltamivir phosphate oral</i>	2	
RELENZA DISKHALER	3	
<i>rimantadine hcl</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	4	QL (4 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	4	
Benzodiazepines		
<i>alprazolam oral tablet</i>	2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
clonazepam oral tablet dispersible 2 mg	2	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	2	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	2	QL (360 EA per 30 days)
diazepam intensol	2	QL (240 ML per 30 days)
diazepam oral concentrate	2	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	2	QL (1200 ML per 30 days)
diazepam oral tablet	2	QL (120 EA per 30 days)
LORAZEPAM INTENSOL	2	QL (150 ML per 30 days)
lorazepam oral tablet	2	QL (150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
carbamazepine er oral capsule extended release 12 hour	2	
divalproex sodium er oral tablet extended release 24 hour	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	2	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	2	
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (1.2 ML per 30 days)
CYCLOSET	4	
FARXIGA	3	QL (30 EA per 30 days)
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl	1	
GLYXAMBI	3	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
GVOKE HYPOEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
INVOKAMET	4	ST; QL (60 EA per 30 days)
INVOKAMET XR	4	ST; QL (60 EA per 30 days)
INVOKANA	4	ST; QL (30 EA per 30 days)
JANUMET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR	3	QL (30 EA per 30 days)
<i>metformin hcl er</i>	1	
<i>metformin hcl er (mod)</i>	Non-Formulary	
<i>metformin hcl er (osm)</i>	Non-Formulary	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>metformin hcl oral tablet 625 mg</i>	Non-Formulary	
<i>miglitol</i>	4	
MOUNJARO	3	QL (2 ML per 28 days)
<i>nateglinide</i>	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	4	ST; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	4	ST; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	4	ST; QL (3 ML per 28 days)
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
<i>repaglinide</i>	1	
<i>saxagliptin hcl</i>	4	ST; QL (30 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	4	ST; QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	4	ST; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (12 ML per 30 days)
SYNJARDY	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
XULTOPHY	3	QL (15 ML per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
diazoxide oral	5	
GLUCAGEN HYPOKIT	3	
glucagon emergency injection kit	3	
KORLYM	5	PA; QL (120 EA per 30 days)
Insulins		
assure id insulin safety syr 29g x 1/2" 1 ml	1	
comfort assist insulin syringe 29g x 1/2" 1 ml	1	
CVS GAUZE STERILE PAD 2"X2"	3	
exel comfort point pen needle 29g x 12mm	1	

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Drug Name	Drug Tiers	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
<i>insulin asp prot & asp flexpen</i>	4	ST
<i>insulin aspart flexpen</i>	4	ST
<i>insulin aspart injection</i>	4	ST
<i>insulin aspart penfill</i>	4	ST
<i>insulin aspart prot & aspart</i>	4	ST
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	
SOLIQUA	3	QL (15 ML per 25 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate</i>	4	QL (60 EA per 30 days)
ELIQUIS	3	QL (74 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
enoxaparin sodium subcutaneous solution 40 mg/0.4ml	4	QL (24 ML per 30 days)
enoxaparin sodium subcutaneous solution 60 mg/0.6ml	4	QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5	QL (24 ML per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	QL (15 ML per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	5	QL (12 ML per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	5	QL (18 ML per 30 days)
FRAGMIN INJECTION	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	HI
jantoven	1	
PRADAXA ORAL CAPSULE 110 MG	4	QL (60 EA per 30 days)
warfarin sodium oral	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK	3	QL (51 EA per 30 days)
Blood Products And Modifiers, Other		
anagrelide hcl	2	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
NYVEPRIA	5	
PROCIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML	3	B/D
PROCIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	B/D
PROCIT INJECTION SOLUTION 4000 UNIT/ML	4	B/D
PROMACTA ORAL PACKET 12.5 MG	5	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; LA; QL (60 EA per 30 days)
PYRUKYND	5	PA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK	5	PA; QL (56 EA per 28 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	B/D
Hemostasis Agents		
tranexamic acid oral	2	
Platelet Modifying Agents		
aspirin-dipyridamole er	2	
BRILINTA	3	QL (60 EA per 30 days)
cilostazol	2	
clopidogrel bisulfate oral tablet 75 mg	1	
prasugrel hcl	3	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine	2	
clonidine hcl oral	1	
droxidopa	5	PA
guanfacine hcl oral	4	
midodrine hcl	2	
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral	2	
prazosin hcl oral	2	
terazosin hcl oral	1	

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Drug Name	Drug Tiers	Requirements/Limits
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	
telmisartan	1	
telmisartan-hctz oral tablet 80-12.5 mg	1	
valsartan oral tablet	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral	1	
captopril oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	2	
disopyramide phosphate oral	2	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl oral	2	
MULTAQ	3	
pacerone oral tablet 200 mg	2	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	4	
quinidine sulfate oral	2	
SORINE	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	

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B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

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Drug Name	Drug Tiers	Requirements/Limits
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	1	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	
carvedilol	1	
carvedilol phosphate er	4	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl	4	
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral solution	2	
propranolol hcl oral tablet	1	
timolol maleate oral	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral	1	
felodipine er	2	
isradipine	2	
nicardipine hcl oral	4	
nifedipine er	2	
nifedipine er osmotic release	2	
nimodipine oral	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour	2	
diltiazem hcl er oral capsule extended release 12 hour	2	
diltiazem hcl oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
dilt-xr	2	
taztia xt	2	
verapamil hcl er	2	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
acetazolamide oral	2	
aliskiren fumarate	4	
amiloride-hydrochlorothiazide	2	
amlodipine besy-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	4	QL (30 EA per 30 days)
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1	
candesartan cilexetil-hctz	1	
CORLANOR	4	
digoxin oral solution	4	
digoxin oral tablet 125 mcg, 250 mcg	4	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL (60 EA per 30 days)
FILSPARI	5	PA; QL (30 EA per 30 days)
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
metoprolol-hydrochlorothiazide	2	
metyrosine	4	
NEXLETOL	4	PA; QL (30 EA per 30 days)
NEXLIZET	4	PA; QL (30 EA per 30 days)
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
ORLADEYO	5	PA; QL (30 EA per 30 days)
pentoxifylline er	2	
quinapril-hydrochlorothiazide	1	

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Drug Name	Drug Tiers	Requirements/Limits
ranolazine er	2	
spironolactone-hctz	2	
telmisartan-amldipine	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	1	
trandolapril-verapamil hcl er	1	
triamterene-hctz oral capsule 37.5-25 mg	2	
triamterene-hctz oral tablet	2	
valsartan-hydrochlorothiazide	1	
VECAMYL	5	
Diuretics, Loop		
bumetanide oral	2	
ethacrynic acid oral	4	
furosemide injection	4	HI
furosemide oral solution 10 mg/ml	2	
furosemide oral solution 8 mg/ml	1	
furosemide oral tablet	1	
torsemide oral	1	
Diuretics, Potassium-Sparing		
amiloride hcl oral	2	
eplerenone	2	
KERENDIA	4	PA; QL (30 EA per 30 days)
spironolactone oral	1	
triamterene oral	4	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	2	
hydrochlorothiazide oral	1	
indapamide oral	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 134 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	2	
gemfibrozil oral	1	

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Drug Name	Drug Tiers	Requirements/Limits
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral	1	
fluvastatin sodium	4	
fluvastatin sodium er	4	
lovastatin oral	1	
pravastatin sodium	1	
rosuvastatin calcium	1	
simvastatin oral tablet	1	
Dyslipidemics, Other		
cholestyramine light oral packet	2	
cholestyramine oral packet	2	
colesevelam hcl oral packet	4	
colesevelam hcl oral tablet	3	
colestipol hcl oral packet	2	
colestipol hcl oral tablet	2	
ezetimibe	2	
ezetimibe-rosuvastatin	2	QL (30 EA per 30 days)
ezetimibe-simvastatin	2	
icosapent ethyl	4	PA
LEQVIO	5	PA; QL (4.5 ML per 365 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg	2	QL (60 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg	2	QL (30 EA per 30 days)
omega-3-acid ethyl esters	2	
prevalite oral packet	2	
REPATHA	3	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK	3	PA; QL (2 ML per 28 days)
Vasodilators, Direct-Acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
nitroglycerin sublingual	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	
RECTIV	4	QL (30 GM per 30 days)
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 30 mg</i>	4	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	2	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	
<i>dexmethylphenidate hcl</i>	4	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er</i>	4	QL (30 EA per 30 days)
<i>guanfacine hcl er</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd)</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 36 mg, 54 mg, 72 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 27 mg	4	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release	2	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 36 mg, 54 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 27 mg	4	QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	2	QL (1500 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	2	QL (3000 ML per 30 days)
methylphenidate hcl oral tablet	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable	2	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	PA; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	PA; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; QL (150 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR PATIENT TITRATION	5	PA; QL (42 EA per 28 days)
EVRYSDI	5	PA; QL (240 ML per 30 days)
FIRDAPSE	5	PA; QL (240 EA per 30 days)
INGREZZA	5	PA; QL (30 EA per 30 days)
NUEDEXTA	5	PA; QL (60 EA per 30 days)
RADICAVA ORS	5	PA; QL (70 ML per 28 days)
RADICAVA ORS STARTER KIT	5	PA; QL (70 ML per 28 days)
RELYVRIO	5	PA; QL (56 EA per 28 days)
riluzole	2	
SKYCLARYS	5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
tetrabenazine oral tablet 12.5 mg	5	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg	2	QL (180 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (120 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg	2	QL (60 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	2	QL (60 EA per 30 days)
pregabalin oral solution	2	QL (900 ML per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 EA per 30 days)
dalfampridine er	5	PA; QL (60 EA per 30 days)
dimethyl fumarate oral	5	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack	5	PA; QL (60 EA per 30 days)
fingolimod hcl	5	PA; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 ML per 30 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 days)
PLEGRIDY	5	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	5	PA; QL (1 ML per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA; QL (6 ML per 30 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA; QL (6 ML per 30 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 ML per 30 days)
teriflunomide	5	PA; QL (30 EA per 30 days)
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline hcl	2	
chlorhexidine gluconate mouth/throat	2	
denta 5000 plus	2	
pilocarpine hcl oral tablet 5 mg	2	QL (180 EA per 30 days)
pilocarpine hcl oral tablet 7.5 mg	2	QL (120 EA per 30 days)
sf	2	
sf 5000 plus	2	
sodium fluoride 5000 plus	2	
sodium fluoride 5000 ppm	2	
sodium fluoride dental gel 1.1 %	2	
triamcinolone acetonide mouth/throat	2	
Dermatological Agents		
Acne And Rosacea Agents		
acitretin	4	
adapalene external gel 0.3 %	4	
amnesteem	3	
azelaic acid external	2	
CLARAVIS	3	
clindamycin phos-benzoyl perox external gel 1-5 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
tazarotene external cream	4	
tretinoin external cream	2	QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	2	QL (45 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
tretinoin external gel 0.05 %	4	QL (45 GM per 30 days)
Dermatitis And Pruitus Agents		
alclometasone dipropionate	2	
ammonium lactate external	2	
betamethasone dipropionate aug external gel	2	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	2	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	2	QL (50 GM per 30 days)
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	2	
betamethasone valerate external cream	2	
betamethasone valerate external lotion	2	QL (60 ML per 30 days)
betamethasone valerate external ointment	2	
calcipotriene-betameth diprop external ointment	4	
clobetasol prop emollient base	2	QL (60 GM per 30 days)
clobetasol propionate e	2	QL (60 GM per 30 days)
clobetasol propionate external cream	2	QL (60 GM per 30 days)
clobetasol propionate external gel	2	
clobetasol propionate external lotion	4	QL (118 ML per 30 days)
clobetasol propionate external ointment	2	QL (60 GM per 30 days)
clobetasol propionate external shampoo	4	QL (118 ML per 30 days)
clobetasol propionate external solution	2	
desonide external cream	2	QL (120 GM per 30 days)
desonide external ointment	2	QL (120 GM per 30 days)
desoximetasone external cream 0.25 %	4	QL (60 GM per 30 days)
desoximetasone external ointment 0.25 %	4	QL (60 GM per 30 days)
doxepin hcl external	4	QL (90 GM per 365 days)
ENSTILAR	5	
fluocinolone acetonide external	2	
fluocinolone acetonide scalp	2	
fluocinonide emulsified base	2	
fluocinonide external cream 0.05 %	2	
fluocinonide external gel	2	
fluocinonide external ointment	2	
fluocinonide external solution	2	QL (60 ML per 30 days)
fluticasone propionate external cream	2	

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Drug Name	Drug Tiers	Requirements/Limits
fluticasone propionate external ointment	2	
halobetasol propionate external cream	4	QL (50 GM per 30 days)
halobetasol propionate external ointment	4	QL (50 GM per 30 days)
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone butyr lipo base	2	
hydrocortisone butyrate external cream	2	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 2.5 %	2	
hydrocortisone valerate external cream	4	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	4	
HYFTOR	5	PA; QL (20 GM per 30 days)
mometasone furoate external	2	
pimecrolimus	3	QL (30 GM per 30 days)
prednicarbate external ointment	2	
procto-med hc external	2	
proctosol hc external	2	
PROCTOZONE-HC EXTERNAL	2	
selenium sulfide external lotion	2	
tacrolimus external ointment	4	QL (100 GM per 30 days)
triamcinolone acetonide external cream	2	
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
TRIDERM EXTERNAL CREAM 0.1 %	2	
Dermatological Agents, Other		
calcipotriene external cream	2	QL (120 GM per 30 days)
calcipotriene external ointment	2	QL (120 GM per 30 days)
calcipotriene external solution	2	QL (120 ML per 30 days)
calcitriol external	4	ST
clotrimazole-betamethasone	2	QL (120 ML per 30 days)
fluorouracil external cream 5 %	2	QL (40 GM per 30 days)
fluorouracil external solution	2	
global alcohol prep ease	2	
imiquimod external cream 5 %	2	

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Drug Name	Drug Tiers	Requirements/Limits
KLISYRI	5	ST; QL (5 EA per 180 days)
<i>methoxsalen rapid</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA ORAL TABLET	5	PA; QL (60 EA per 30 days)
PANRETIN	5	PA; QL (60 GM per 30 days)
<i>podofilox external</i>	2	
SANTYL	3	QL (60 GM per 30 days)
<i>silver sulfadiazine external</i>	2	
ssd	2	
SSD (SILVER SULFADIAZINE)	2	
Pediculicides/Scabicides		
<i>ivermectin external cream</i>	4	QL (45 GM per 30 days)
<i>permethrin external cream</i>	2	
Topical Anti-Infectives		
<i>acyclovir external ointment</i>	2	QL (30 GM per 30 days)
<i>ciclopirox external gel</i>	2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	2	QL (120 ML per 30 days)
<i>ciclopirox external solution</i>	2	QL (6.6 ML per 30 days)
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution</i>	2	QL (180 ML per 30 days)
ery	2	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>mupirocin calcium</i>	4	QL (60 GM per 30 days)
<i>mupirocin external</i>	2	QL (220 GM per 30 days)
SULFAMYLON EXTERNAL CREAM	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid</i>	5	PA; LA
DOJOLVI	5	PA
<i>kcl (0.149%) in nacl</i>	2	
<i>kcl (0.298%) in nacl</i>	2	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-, 20-5-0.45 meq/l-%-, 30-5-0.45 meq/l-%-, 40-5-0.45 meq/l-%-</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
kcl-lactated ringers-d5w	2	
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON/EF	2	
magnesium sulfate injection solution 50 %	2	HI
NORMOSOL-M IN D5W	2	
NORMOSOL-R	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	2	
potassium chloride er	2	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	2	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml	2	HI
potassium chloride oral packet	4	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	4	
potassium citrate er	2	
potassium cl in dextrose 5% intravenous solution 20 meq/l	2	
sodium chloride intravenous solution 0.45 %, 0.9 %	2	HI
sodium chloride irrigation solution 0.9 %	2	
SUPREP BOWEL PREP KIT	3	
Electrolyte/Mineral/Metal Modifiers		
CLINIMIX E/DEXTROSE (4.25/10)	3	B/D
deferasirox oral tablet 180 mg, 360 mg	5	
deferasirox oral tablet 90 mg	4	
deferasirox oral tablet soluble 125 mg	4	
deferasirox oral tablet soluble 250 mg, 500 mg	5	
klor-con oral packet 20 meq	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	2	
<i>tolvaptan</i>	5	PA
<i>trientine hcl oral capsule 250 mg</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
<i>CLINIMIX E/DEXTROSE (2.75/5)</i>	3	B/D
<i>CLINIMIX E/DEXTROSE (4.25/5)</i>	3	B/D
<i>CLINIMIX E/DEXTROSE (5/15)</i>	3	B/D
<i>CLINIMIX E/DEXTROSE (5/20)</i>	3	B/D
<i>CLINIMIX/DEXTROSE (4.25/10)</i>	3	B/D
<i>CLINIMIX/DEXTROSE (4.25/5)</i>	3	B/D
<i>CLINIMIX/DEXTROSE (5/15)</i>	3	B/D
<i>CLINIMIX/DEXTROSE (5/20)</i>	3	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
<i>INTRALIPID</i>	3	B/D
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>PREMASOL INTRAVENOUS SOLUTION 10 %</i>	3	B/D
<i>TROPHAMINE INTRAVENOUS SOLUTION 10 %</i>	3	B/D
Phosphate Binders		
<i>AURYXIA</i>	4	PA; QL (360 EA per 30 days)
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate oral tablet</i>	4	
Potassium Binders		
<i>LOKELMA ORAL PACKET 10 GM</i>	4	QL (90 EA per 30 days)
<i>LOKELMA ORAL PACKET 5 GM</i>	4	QL (30 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>SPS</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
generlac	2	
lactulose oral solution 10 gm/15ml	2	
LINZESS	3	QL (30 EA per 30 days)
lubiprostone	4	
MOVANTIK	4	ST; QL (30 EA per 30 days)
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	2	
RELISTOR ORAL	5	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	PA
Anti-Diarrheal Agents		
alosetron hcl	5	QL (60 EA per 30 days)
diphenoxylate-atropine oral liquid	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	4	
loperamide hcl oral capsule	2	
XERMELO	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	4	
Gastrointestinal Agents, Other		
amoxicill-clarithro-lansopraz	4	
GATTEX	5	PA
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	4	
MYALEPT	5	PA
OCALIVA	5	PA; QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
VOWST	5	PA; QL (12 EA per 180 days)
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution 300 mg/5ml	2	
cimetidine oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral capsule	2	
Protectants		
misoprostol oral	2	
sucralfate oral suspension	4	
sucralfate oral tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	4	
lansoprazole oral capsule delayed release	2	
omeprazole magnesium oral capsule delayed release	1	
omeprazole oral capsule delayed release 10 mg, 40 mg	2	
omeprazole oral capsule delayed release 20 mg	1	
pantoprazole sodium oral tablet delayed release	1	
rabeprazole sodium oral tablet delayed release	4	
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
AMVUTTRA	5	PA; QL (0.5 ML per 90 days)
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
betaine	5	LA
CERDELGA	5	QL (60 EA per 30 days)
CHOLBAM	5	PA
CREON	3	
cromolyn sodium oral	2	
CYSTAGON	3	LA
DAYBUE	5	PA; QL (3600 ML per 28 days)
dichlorphenamide	5	PA
GALAFOLD	5	PA; QL (14 EA per 28 days)
KEVEYIS	5	PA
LUMIZYME	5	PA
miglustat	5	
nitisinone	5	

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Drug Name	Drug Tiers	Requirements/Limits
NULIBRY	5	PA
ORFADIN ORAL SUSPENSION	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LA
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	5	
SUCRAID	5	LA
TEGSEDI	5	PA; QL (6 ML per 28 days)
VIJOICE	5	PA; QL (56 EA per 28 days)
VYNDAQEL	5	PA; QL (120 EA per 30 days)
YARGESA	5	
ZEMAIRA	5	PA; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	ST
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days)
<i>fesoterodine fumarate er</i>	3	QL (30 EA per 30 days)
<i>flavoxate hcl</i>	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral solution</i>	2	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days)
<i>tolterodine tartrate</i>	2	QL (60 EA per 30 days)
<i>tolterodine tartrate er</i>	2	QL (30 EA per 30 days)
<i>trospium chloride</i>	2	QL (60 EA per 30 days)
<i>trospium chloride er</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
dutasteride oral	2	
dutasteride-tamsulosin hcl	2	
ENTADFI	4	PA; QL (30 EA per 30 days)
finasteride oral tablet 5 mg	2	
silodosin	3	
tadalafil oral tablet 2.5 mg, 5 mg	4	PA; QL (30 EA per 30 days)
tamsulosin hcl	1	
Genitourinary Agents, Other		
bethanechol chloride oral	2	
ELMIRON	4	
methylergonovine maleate oral	2	
penicillamine oral tablet	4	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
dexamethasone oral solution	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	5	PA
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate external ointment	2	
CORTROPHIN	5	PA
dexamethasone intensol	4	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack	4	
dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml	2	
fludrocortisone acetate oral	2	
HEMADY	4	PA; QL (30 EA per 30 days)
hydrocortisone oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (90 EA per 30 days)
<i>methylprednisolone oral</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin ace spray refrig	4	
desmopressin acetate oral	2	
desmopressin acetate spray	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; LA
VYNDAMAX	5	PA; QL (30 EA per 30 days)
ZORBTIVE	5	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone oral tablet 10 mg	3	QL (60 EA per 30 days)
oxandrolone oral tablet 2.5 mg	3	QL (120 EA per 30 days)
Androgens		
AVEED	4	PA

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Drug Name	Drug Tiers	Requirements/Limits
<i>danazol oral</i>	3	
<i>methyltestosterone oral</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	
<i>testosterone enanthate intramuscular solution</i>	2	
<i>testosterone transdermal gel 10 mg/act (2%)</i>	4	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	4	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	4	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	4	PA; QL (75 GM per 30 days)
<i>testosterone transdermal solution</i>	4	PA; QL (180 ML per 30 days)
Estrogens		
ALTAVERA	2	
<i>alyacen 1/35</i>	2	
<i>amabelz</i>	2	
AMETHIA	2	
APRI	2	
ARANELLE	2	
AUROVELA 24 FE	4	
AVIANE	2	
BALZIVA	2	
BLISOVI 24 FE	4	
CAMRESE LO	2	
CRYSELLE-28	2	
DEPO-ESTRADIOL	4	
<i>desogestrel-ethynodiol dihydrogen tablet 0.15-30 mg-mcg</i>	2	
<i>dotti</i>	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
<i>estarrylla</i>	2	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch twice weekly</i>	2	
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal cream</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
estradiol vaginal tablet	3	
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	2	
ESTRING	3	
ethynodiol diac-eth estradiol	2	
FALMINA	2	
FEMRING	3	
FYAVOLV	2	
HAILEY 24 FE	4	
ISIBLOOM	2	
JINTELI	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
JUNEL FE 24	4	
KARIVA	2	
KELNOR 1/35	2	
kelnor 1/50	2	
KURVELO	2	
LARIN 24 FE	4	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LEENA	2	
LESSINA	2	
levonorgest-eth est & eth est	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	2	
LEVORA 0.15/30 (28)	2	
LORYNA	2	
LOW-OGESTREL	2	
LUTERA	2	
lyllana	2	
marlissa	2	

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Drug Name	Drug Tiers	Requirements/Limits
MENEST	4	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN 24 FE	4	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MIMVEY	2	
NECON 0.5/35 (28)	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol</i>	2	
<i>norethindron-ethinyl estrad-fe</i>	2	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic</i>	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
<i>nylia 1/35</i>	2	
<i>nymyo</i>	2	
OCELLA	2	
PORTIA-28	2	
PREMARIN VAGINAL	3	
RECLIPSEN	2	
SPRINTEC 28	2	
SRONYX	2	
<i>syeda</i>	2	
TARINA 24 FE	4	
<i>tri-estarrylla</i>	2	
TRI-LEGEST FE	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
<i>tri-nymyo</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
TRI-SPRINTEC	2	
TRIVORA (28)	2	
<i>tri-vylibra</i>	2	
VELIVET	2	
<i>vylibra</i>	2	
XULANE	4	
YUVAFEM	4	
ZOVIA 1/35 (28)	2	
Progestins		
CAMILA	2	
CRINONE VAGINAL GEL 8 %	4	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
ERRIN	2	
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	2	
NORA-BE	2	
<i>norethindrone acetate oral</i>	2	
<i>norethindrone oral</i>	2	
<i>progesterone micronized oral</i>	2	
<i>progesterone oral</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>clomiphene citrate oral</i>	2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
euthyrox	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	2	
<i>liothyronine sodium oral</i>	2	
SYNTHROID	4	

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Drug Name	Drug Tiers	Requirements/Limits
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD	4	
FIRMAGON (240 MG DOSE)	5	B/D
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	B/D
LEUPROLIDE ACETATE (3 MONTH)	5	
<i>leuprolide acetate injection</i>	2	
LEUPROLIDE ACETATE INTRAMUSCULAR	5	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	
<i>lupron depot-ped (1-month) intramuscular kit 7.5 mg</i>	5	
<i>lupron depot-ped (3-month) intramuscular kit 11.25 mg (ped)</i>	5	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG	5	
LUPRON DEPOT-PED (6-MONTH)	5	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
<i>octreotide acetate subcutaneous</i>	4	
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	
SOMAVERT	5	LA
SYNAREL	5	
TRELSTAR MIXJECT	5	B/D

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Drug Name	Drug Tiers	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral</i>	2	
<i>propylthiouracil oral</i>	2	
Immunological Agents		
Angioedema Agents		
<i>icatibant acetate</i>	5	PA; QL (9 ML per 15 days)
<i>sajazir</i>	5	PA; QL (9 ML per 15 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LA; QL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (4 ML per 28 days)
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMUNEX-C	5	PA
Immunological Agents, Other		
ARCALYST	5	PA; LA
COSENTYX (300 MG DOSE)	5	PA; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
COSENTYX UNOREADY	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (3.42 ML per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 30 days)
JOENJA	5	PA; QL (60 EA per 30 days)
<i>leflunomide oral</i>	2	
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
REVCovi	5	PA
RIDAURA	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	5	PA; QL (84 EA per 365 days)
SKYRIZI PEN	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
TAVNEOS	5	PA; QL (180 EA per 30 days)
XELJANZ ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA; QL (2 ML per 28 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	B/D

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Drug Name	Drug Tiers	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
Immunosuppressants		
ACTEMRA ACTPEN	5	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
<i>adalimumab-adaz</i>	5	PA; QL (1.6 ML per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (2 EA per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	5	PA; QL (0.4 ML per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (2 EA per 28 days)
ASTAGRAF XL	4	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
BENLYSTA SUBCUTANEOUS	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine oral capsule</i>	2	B/D
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
ENSPRYNG	5	PA; QL (2 ML per 30 days)
<i>everolimus oral tablet 0.25 mg</i>	4	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg</i>	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D
GENGRAF ORAL SOLUTION	2	B/D

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Drug Name	Drug Tiers	Requirements/Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA; QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	5	PA; QL (3.2 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
<i>mercaptopurine oral</i>	2	
<i>methotrexate oral</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>methotrexate sodium oral</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	B/D

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Drug Name	Drug Tiers	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D
<i>mycophenolate mofetil oral tablet</i>	2	B/D
<i>mycophenolate sodium</i>	4	B/D
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (55 EA per 28 days)
PROGRAF ORAL PACKET	4	B/D
REZUROCK	5	PA; QL (30 EA per 30 days)
SANDIMMUNE ORAL SOLUTION	3	B/D
<i>sirolimus oral solution</i>	5	B/D
<i>sirolimus oral tablet</i>	4	B/D
SPEVIGO	5	PA; QL (15 ML per 365 days)
<i>tacrolimus oral</i>	2	B/D
TREXALL	4	B/D
XATMEP	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	PA; QL (30 EA per 30 days)
Vaccines		
ABRYSVO	3	
ACTHIB	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine</i>	3	
BEXSERO	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENGVAXIA	3	
<i>diphtheria-tetanus toxoids dt</i>	2	
ENGERIX-B INJECTION	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D
HIBERIX INJECTION	3	

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Drug Name	Drug Tiers	Requirements/Limits
IMOVAX RABIES	3	
INFANRIX	3	
IPOL	3	
IXIARO	3	
JYNNEOS	3	B/D
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO	3	
M-M-R II INJECTION	3	
PEDIARIX	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENTACEL	3	
PREHEVBRIOD	3	B/D
PRIORIX	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	QL (2 EA per 999 days)
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	

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Drug Name	Drug Tiers	Requirements/Limits
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	2	
<i>mesalamine er oral capsule extended release</i>	4	
<i>mesalamine er oral capsule extended release 24 hour</i>	3	
<i>mesalamine oral capsule delayed release</i>	3	
<i>mesalamine oral tablet delayed release</i>	4	
<i>mesalamine rectal</i>	4	
<i>sulfasalazine oral</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	5	QL (30 EA per 30 days)
<i>budesonide oral</i>	4	
<i>budesonide rectal</i>	4	
<i>hydrocortisone rectal enema</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>cinacalcet hcl oral tablet 30 mg</i>	3	B/D; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	B/D; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	B/D; QL (120 EA per 30 days)
<i>doxercalciferol oral</i>	2	B/D
<i>EVENITY</i>	5	PA; QL (2.34 ML per 30 days)
<i>ibandronate sodium oral</i>	2	
<i>NATPARA</i>	5	PA
<i>paricalcitol oral capsule 1 mcg</i>	2	
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	4	
<i>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</i>	4	PA; QL (1 ML per 180 days)
<i>RAYALDEE</i>	5	
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg</i>	2	QL (4 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
risedronate sodium oral tablet 5 mg	2	QL (30 EA per 30 days)
risedronate sodium oral tablet delayed release	2	
TERIPARATIDE (RECOMBINANT)	5	PA; QL (2.48 ML per 30 days)
TYMLOS	5	PA; QL (1.56 ML per 30 days)
VOXZOGO	5	PA; QL (30 EA per 30 days)
XGEVA	5	PA
zoledronic acid intravenous concentrate	4	B/D
zoledronic acid intravenous solution	4	B/D
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic	2	
latanoprost ophthalmic	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
RHOPRESSA	3	
travoprost (bak free)	4	ST
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	2	
bacitra-neomycin-polymyxin-hc	2	
CYSTADROPS	5	PA; QL (20 ML per 30 days)
CYSTARAN	5	PA; QL (60 ML per 28 days)
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	2	
LACRISERT	4	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	
neo-polycin	2	
neo-polycin hc	2	
OXERVATE	5	PA; QL (28 ML per 30 days)
polymyxin b-trimethoprim	2	

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Drug Name	Drug Tiers	Requirements/Limits
RESTASIS	3	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
ROCKLATAN	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	4	
<i>tobramycin-dexamethasone</i>	2	
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic</i>	2	
<i>cromolyn sodium ophthalmic</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic</i>	2	
Ophthalmic Anti-Infectives		
AZASITE	4	
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>erythromycin ophthalmic</i>	2	QL (21 GM per 30 days)
<i>gatifloxacin ophthalmic</i>	4	
GENTAK OPHTHALMIC OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	QL (30 ML per 30 days)
<i>levofloxacin ophthalmic</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>ofloxacin ophthalmic</i>	2	
<i>polycin</i>	2	
<i>sulfacetamide sodium ophthalmic</i>	2	
<i>tobramycin ophthalmic</i>	2	QL (30 ML per 30 days)
TOBREX OPHTHALMIC OINTMENT	4	
<i>trifluridine ophthalmic</i>	2	
ZIRGAN	3	

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Ophthalmic Anti-Inflammatories		
bromfenac sodium (once-daily)	4	
dexamethasone sodium phosphate ophthalmic	2	QL (30 ML per 30 days)
diclofenac sodium ophthalmic	2	
difluprednate	3	ST
FLAREX	3	
fluorometholone ophthalmic	2	
flurbiprofen sodium	2	
ketorolac tromethamine ophthalmic solution 0.4 %	2	
ketorolac tromethamine ophthalmic solution 0.5 %	2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC OINTMENT	4	ST
loteprednol etabonate	3	ST
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic	2	
carteolol hcl	2	
levobunolol hcl ophthalmic solution 0.5 %	2	
timolol maleate ophthalmic gel forming solution	4	
timolol maleate ophthalmic solution	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
apraclonidine hcl	2	
brimonidine tartrate ophthalmic solution 0.2 %	2	
brinzolamide	4	
COMBIGAN	3	
dorzolamide hcl ophthalmic	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
methazolamide oral	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
SIMBRINZA	4	

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Drug Name	Drug Tiers	Requirements/Limits
Otic Agents		
Otic Agents		
acetic acid otic	2	
CIPRO HC	4	
ciprofloxacin hcl otic	2	
ciprofloxacin-dexamethasone	3	QL (7.5 ML per 30 days)
fluocinolone acetonide otic	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension	2	
ofloxacin otic	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 0.15 %	2	
cyproheptadine hcl oral tablet	2	
desloratadine oral tablet	2	
desloratadine oral tablet dispersible 2.5 mg	2	
hydroxyzine hcl oral tablet	4	
levocetirizine dihydrochloride oral	2	
olopatadine hcl nasal	2	QL (30.5 GM per 30 days)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	B/D
budesonide inhalation suspension 1 mg/2ml	4	B/D
flunisolide nasal solution 25 mcg/act (0.025%)	2	
fluticasone propionate nasal	2	
mometasone furoate nasal	4	
PULMICORT FLEXHALER	3	QL (2 EA per 30 days)
QNASL	4	QL (10.6 GM per 30 days)
QVAR REDIHALER	3	QL (21.2 GM per 30 days)
Antileukotrienes		
montelukast sodium oral	2	
zafirlukast	2	
zileuton er	5	QL (120 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D
<i>ipratropium bromide nasal</i>	2	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	B/D
<i>albuterol sulfate oral</i>	2	
<i>arformoterol tartrate</i>	5	B/D
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 100-25 MCG/INH, 200-25 MCG/ACT, 200-25 MCG/INH	3	QL (60 EA per 30 days)
<i>breo ellipta inhalation aerosol powder breath activated 50-25 mcg/inh</i>	3	QL (60 EA per 30 days)
DULERA	3	QL (13 GM per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	QL (4 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (4 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation</i>	2	B/D
<i>levalbuterol tartrate</i>	4	QL (30 GM per 30 days)
SEREVENT DISKUS	4	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
SYMJEPI	3	QL (4 EA per 30 days)
<i>terbutaline sulfate oral</i>	2	
VENTOLIN HFA	3	QL (36 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Cystic Fibrosis Agents		
CAYSTON	5	PA; LA
KALYDECO ORAL PACKET	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; QL (120 EA per 30 days)
ORKAMBI ORAL PACKET 75-94 MG	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D
SYMDEKO	5	PA; QL (60 EA per 30 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK	5	PA; QL (56 EA per 28 days)
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; LA; QL (90 EA per 30 days)
ambrisentan	5	PA; LA; QL (30 EA per 30 days)
bosentan	5	PA; QL (60 EA per 30 days)
OPSUMIT	5	PA; LA; QL (30 EA per 30 days)
ORENITRAM MONTH 1	5	PA; QL (1 EA per 28 days)
ORENITRAM MONTH 2	5	PA; QL (1 EA per 28 days)
ORENITRAM MONTH 3	5	PA; QL (1 EA per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
<i>tadalafil (pah)</i>	5	PA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	5	LA; QL (112 EA per 28 days)
TYVASO	5	PA

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TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL	5	PA
TYVASO STARTER	5	PA
UPTRAVI INTRAVENOUS	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	5	PA; QL (200 EA per 30 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML	5	PA; QL (150 ML per 30 days)
VENTAVIS INHALATION SOLUTION 20 MCG/ML	5	PA; QL (90 ML per 30 days)
Pulmonary Fibrosis Agents		
OFEV	5	PA; LA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation</i>	2	B/D
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (4 GM per 20 days)
<i>cromolyn sodium inhalation</i>	2	B/D
FASENRA	5	PA; QL (1 ML per 30 days)
FASENRA PEN	5	PA; QL (1 ML per 30 days)
<i>ipratropium-albuterol</i>	2	B/D
NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (3 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 EA per 30 days)
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)

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SYMBICORT	3	QL (10.2 GM per 30 days)
TEZSPIRE	5	PA; QL (1.91 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
<i>trelegy ellipta inhalation aerosol powder breath activated 200-62.5-25 mcg/act, 200-62.5-25 mcg/inh</i>	3	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	4	
methocarbamol oral tablet 500 mg, 750 mg	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
eszopiclone	4	QL (30 EA per 30 days)
ramelteon	3	
tasimelteon	5	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	2	QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	4	QL (30 EA per 30 days)
triazolam	4	QL (10 EA per 30 days)
zaleplon	4	QL (30 EA per 30 days)
zolpidem tartrate er	4	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	4	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil	2	PA; QL (30 EA per 30 days)
modafinil	4	PA; QL (60 EA per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 ML per 30 days)
XYREM	5	PA; LA; QL (540 ML per 30 days)

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Index

abacavir sulfate	37	amikacin sulfate	13	atenolol-chlorthalidone	48
abacavir sulfate-lamivudine	37	amiloride hcl	49	atomoxetine hcl	51
abacavir-lamivudine-zidovudine	37	amiloride-hydrochlorothiazide	48	atorvastatin calcium	50
ABELCET	23	amiodarone hcl	46	atovaquone	31
ABILIFY ASIMTUFI	33	amitriptyline hcl	22	atovaquone-proguanil hcl	31
ABILIFY MAINTENA	33	AMJEVITA	72	atropine sulfate	77
abiraterone acetate	26	amlodipine besy-benazepril hcl	48	ATROVENT HFA	81
ABRYNSVO	74	amlodipine besylate	47	AUROVELA 24 FE	65
acamprosate calcium	12	amlodipine besylate-valsartan	48	AURYXIA	59
acarbose	40	amlodipine-atorvastatin	48	AUSTEDO	52
acebutolol hcl	47	amlodipine-olmesartan	48	AUSTEDO XR	52
acetaminophen-codeine	11	amlodipine-valsartan-hctz	48	AUSTEDO XR PATIENT TITRATION	52
acetaminophen-codeine #3	11	ammonium lactate	55	AUVELITY	21
acetazolamide	48	amnesteem	54	AVEED	64
acetazolamide er	79	amoxapine	22	AVIANE	65
acetic acid	80	amoxicill-clarithro-lansopraz	60	AVONEX PEN	53
acetylcysteine	83	amoxicillin	15	AVONEX PREFILLED	53
acitretin	54	amoxicillin-pot clavulanate	15	AYVAKIT	28
ACTEMRA	72	amoxicillin-pot clavulanate er	15	AZASITE	78
ACTEMRA ACTPEN	72	amphetamine-dextroamphetamine	51	azathioprine	72
ACTHAR	63	amphotericin b	23	azelaic acid	54
ACTHIB	74	ampicillin	15	azelastine hcl	78, 80
ACTIMMUNE	71	ampicillin sodium	15	azithromycin	16
acyclovir	36, 57	ampicillin-sulbactam sodium	15	aztreonam	13
acyclovir sodium	36	AMVUTTRA	61	bacitracin	78
ADACEL	74	anagrelide hcl	44	bacitracin-polymyxin b	78
adalimumab-adaz	72	anastrozole	27	bacitra-neomycin-polymyxin-hc	77
adapalene	54	ANORO ELLIPTA	83	baclofen	36
adefoviro dipivoxil	36	apraclonidine hcl	79	balsalazide disodium	76
ADEMPAS	82	aprepitant	22	BALVERSA	28
ADVAIR DISKUS	83	APRETUDE	36	BALZIVA	65
ADVAIR HFA	83	APRI	65	BAQSIMI ONE PACK	42
AIMOVIG	24	APTIOM	20	BAQSIMI TWO PACK	42
AJOVY	24	APTIVUS	38	BARACLUDE	36
AKEEGA	27	ARALAST NP	61	bcg vaccine	74
albendazole	31	ARANELLE	65	benazepril hcl	46
albuterol sulfate	81	ARCALYST	70	benazepril-hydrochlorothiazide	48
albuterol sulfate hfa	81	AREXVY	74	BENLYSTA	72
alclometasone dipropionate	55	arformoterol tartrate	81	benztropine mesylate	31
ALECENSA	27	ARIKAYCE	13	BESREMI	71
alendronate sodium	76	ariPIPRAZOLE	33	betaine	61
alfuzosin hcl er	63	ARISTADA	33	betamethasone dipropionate	55, 63
aliskiren fumarate	48	ARISTADA INITIO	33	betamethasone dipropionate	55
allopurinol	24	armodafinil	84	betamethasone valerate	55
alosetron hcl	60	ARMOUR THYROID	68	BETASERON	53
ALPHAGAN P	79	ARNUITY ELLIPTA	80	betaxolol hcl	47, 79
alprazolam	39	asenapine maleate	33	bethanechol chloride	63
ALTAVERA	65	aspirin-dipyridamole er	45	BEVESPI AEROSPHERE	83
ALUNBRIG	28	assure id insulin safety syr	42	bexarotene	31
alyacen 1/35	65	ASTAGRAF XL	72	BEXSERO	74
amabelz	65	atazanavir sulfate	38	bicalutamide	26
amantadine hcl	31, 32	atenolol	47	BICILLIN C-R	16

BICILLIN C-R 900/300	16	carbidopa-levodopa	32	clindamycin phos-benzoyl
BICILLIN L-A	16	carbidopa-levodopa er	32	perox
BIKTARVY	36	carbidopa-levodopa-		54
bimatoprost	77	entacapone	32	clindamycin phosphate
bisoprolol fumarate	47	carglumic acid	57	13, 57
bisoprolol-hydrochlorothiazide	48	carteolol hcl	79	clindamycin phosphate in d5w
BLISOVI 24 FE	65	cartia xt	47	13
BOOSTRIX	74	carvedilol	47	CLINIMIX E/DEXTROSE
bosentan	82	carvedilol phosphate er	47	(2.75/5)
BOSULIF	28	caspofungin acetate	23	59
BRAFTOVI	28	CAYSTON	82	CLINIMIX E/DEXTROSE (5/15)
BREO ELLIPTA	81	cefaclor	14	59
breo ellipta	81	cefadroxil	14	CLINIMIX E/DEXTROSE (5/20)
BREZTRI AEROSPHERE	83	cefazolin sodium	14	59
BRILINTA	45	cefdinir	14	CLINIMIX/DEXTROSE (4.25/5)
brimonidine tartrate	79	cefepime hcl	14	59
brinzolamide	79	cefixime	14	CLINIMIX/DEXTROSE (5/20)
BRIVIACT	18	cefoxitin sodium	15	59
bromfenac sodium (once-daily)	79	cefpodoxime proxetil	15	clobazam
bromocriptine mesylate	32	cefprozil	15	55
BRUKINSA	28	ceftazidime	15	clobetasol prop emollient base
budesonide	76, 80	ceftriaxone sodium	15	55
budesonide er	76	cefuroxime axetil	15	clobetasol propionate
bumetanide	49	cefuroxime sodium	15	55
buprenorphine	10	celecoxib	10	clomiphene citrate
buprenorphine hcl	12	cephalexin	15	68
buprenorphine hcl-naloxone hcl	12	CERDELGA	61	clomipramine hcl
bupropion hcl	21	cevimeline hcl	54	22
bupropion hcl er (smoking det)	13	chlordiazepoxide hcl	39	clonazepam
bupropion hcl er (sr)	21	chlorhexidine gluconate	54	39, 40
bupropion hcl er (xl)	21	chloroquine phosphate	31	clonidine
buspirone hcl	39	chlorpromazine hcl	32	45
butorphanol tartrate	11	chlorthalidone	49	clonidine hcl er
BYDUREON BCISE	40	CHOLBAM	61	51
BYETTA 10 MCG PEN	40	cholestyramine	50	clopidogrel bisulfate
BYETTA 5 MCG PEN	40	cholestyramine light	50	45
cabergoline	69	ciclopirox	57	clorazepate dipotassium
CABOMETYX	28	ciclopirox olamine	23	40
calcipotriene	56	cilostazol	45	clotrimazole
calcipotriene-betameth diprop	55	CILOXAN	78	23
calcitonin (salmon)	76	CIMDUO	37	clotrimazole-betamethasone
calcitriol	56, 76	cimetidine	60	56
calcium acetate	59	cimetidine hcl	60	COARTEM
calcium acetate (phos binder)	59	cinacalcet hcl	76	31
CALQUENCE	28	CIPRO HC	80	codeine sulfate
CAMILA	68	ciprofloxacin hcl	17, 78, 80	11
CAMRESE LO	65	ciprofloxacin in d5w	17	colchicine
candesartan cilexetil	46	ciprofloxacin-dexamethasone	80	24
candesartan cilexetil-hctz	48	citalopram hydrobromide	21	colchicine-probenecid
CAPLYTA	33	CLARAVIS	54	24
CAPRELSA	28	clarithromycin	16	colesevelam hcl
captopril	46	clarithromycin er	16	50
carbamazepine	20	CLEOCIN	13	colestipol hcl
carbamazepine er	20, 40	clindamycin hcl	13	13
carbidopa	32	clindamycin palmitate hcl	13	colistimethate sodium (cba)
				13
				COMBIGAN
				79
				COMBIVENT RESPIMAT
				83
				COMETRIQ (100 MG DAILY
				DOSE)
				28
				COMETRIQ (140 MG DAILY
				DOSE)
				28
				COMETRIQ (60 MG DAILY
				DOSE)
				28
				comfort assist insulin syringe
				42
				COMPLERA
				37
				constulose
				59
				COPIKTRA
				28
				CORLANOR
				48
				CORTROPHIN
				63
				COSENTYX
				70
				COSENTYX (300 MG DOSE)
				70

COSENTYX SENSOREADY		dextroamphetamine sulfate	51	econazole nitrate	23
(300 MG).....	70	dextroamphetamine sulfate er	51	EDURANT	37
COSENTYX UNOREADY	70	dextrose	59	efavirenz	37
COTELIC	28	dextrose-nacl	59	efavirenz-emtricitab-tenofo df	38
CREON	61	DIACOMIT	18	efavirenz-emtricitab-tenofovir	38
CRESEMBOLA	23	diazepam	19, 40	efavirenz-lamivudine-tenofovir	38
cresemba	23	diazepam intensol	40	eletriptan hydrobromide	24
CRINONE	68	diazoxide	42	ELIGARD	69
cromolyn sodium	61, 78, 83	dichlorphenamide	61	ELIQUIS	43
CRYSELLE-28	65	diclofenac epolamine	10	ELIQUIS DVT/PE STARTER	
CVS GAUZE STERILE	42	diclofenac potassium	10	PACK	43
cyclobenzaprine hcl	84	diclofenac sodium	10, 79	ELMIRON	63
cyclophosphamide	25	diclofenac sodium er	10	EMCYT	26
CYCLOPHOSPHAMIDE	25	diclofenac-misoprostol	10	EMGALITY	24
CYCLOSET	40	dicloxacillin sodium	16	EMGALITY (300 MG DOSE)	24
cyclosporine	72	dicyclomine hcl	60	EMSAM	21
cyclosporine modified	72	DIFICID	16, 17	emtricitabine	38
cyproheptadine hcl	80	diflunisal	10	emtricitabine-tenofovir df	38
CYSTADROPS	77	dilfluprednate	79	EMTRIVA	38
CYSTAGON	61	digoxin	48	enalapril maleate	46
CYSTARAN	77	diltiazem hcl	47	enalapril-hydrochlorothiazide	48
dabigatran etexilate mesylate	43	diltiazem hcl er	47	ENBREL	72
dalfampridine er	53	diltiazem hcl er beads	47	ENBREL MINI	72
danazol	65	diltiazem hcl er coated beads	47	ENBREL SURECLICK	72
dantrolene sodium	36	dilt-xr	48	ENDOCET	11
dapsone	25	dimethyl fumarate	53	endocet	11
DAPTACEL	74	dimethyl fumarate starter pack	53	ENGERIX-B	74
daptomycin	13	diphenoxylate-atropine	60	enoxaparin sodium	43, 44
darifenacin hydrobromide er	62	diphtheria-tetanus toxoids dt	74	ENSKYCE	65
darunavir	38, 39	disopyramide phosphate	46	ENSPRYNG	72
DAURISMO	28	disulfiram	12	ENSTILAR	55
DAYBUE	61	divalproex sodium	40	entacapone	32
deferasirox	58	divalproex sodium er	40	ENTADFI	63
DELSTRIGO	37	dofetilide	46	entecavir	36
demecclocycline hcl	17	DOJOLVI	57	ENTRESTO	48
DENGVAXIA	74	donepezil hcl	20	enulose	60
denta 5000 plus	54	dorzolamide hcl	79	EPCLUSA	36
DEPO-ESTRADIOL	65	dorzolamide hcl-timolol mal	77	EPIDIOLEX	18
DEPO-SUBQ PROVERA 104	68	dorzolamide hcl-timolol mal pf	77	epinastine hcl	78
DESCOVY	37	dotti	65	epinephrine	81
desipramine hcl	22	DOVATO	37	epitol	20
desloratadine	80	doxazosin mesylate	45	EPIVIR HBV	36
desmopressin ace spray refrig	64	doxepin hcl	22, 55	eplerenone	49
desmopressin acetate	64	doxercalciferol	76	EPRONTIA	18
desmopressin acetate spray	64	DOXY 100	17	ERAXIS	23
desogestrel-ethinyl estradiol	65	doxycycline hyclate	17	ergoloid mesylates	20
desonide	55	doxycycline monohydrate	18	ergotamine-caffeine	24
desoximetasone	55	dronabinol	23	ERIVEDGE	28
desvenlafaxine succinate er	21	DROXIA	26	ERLEADA	26
dexamethasone	63	droxidopa	45	erlotinib hcl	28
dexamethasone intensol	63	DULERA	81	ERRIN	68
dexamethasone sodium		duloxetine hcl	53	ertapenem sodium	16
phosphate	63, 79	DUPIXENT	70	ery	57
dexamethylphenidate hcl	51	dutasteride	63	ERY-TAB	17
dexamethylphenidate hcl er	51	dutasteride-tamsulosin hcl	63		

ERYTHROCIN		FINTEPLA.....	18	gefitinib.....	28
LACTOBIONATE.....	17	FIRDAPSE.....	52	gemfibrozil.....	49
ERYTHROCIN STEARATE.....	17	FIRMAGON.....	69	generlac.....	60
erythromycin.....	17, 57, 78	FIRMAGON (240 MG DOSE).....	69	GENGRAF.....	72
erythromycin base.....	17	firvanq.....	13	GENOTROPIN.....	64
erythromycin ethylsuccinate.....	17	FLAREX.....	79	GENOTROPIN MINIQUICK.....	64
escitalopram oxalate.....	21	flavoxate hcl.....	62	GENTAK.....	78
esomeprazole magnesium.....	61	flecainide acetate.....	46	gentamicin in saline.....	13
estarrylla.....	65	fluconazole.....	23	gentamicin sulfate.....	13, 78
estradiol.....	65, 66	fluconazole in sodium chloride.....	23	GENVOYA.....	37
estradiol valerate.....	66	flucytosine.....	23	GILOTrif.....	28
estradiol-norethindrone acet.....	66	fludrocortisone acetate.....	63	glatiramer acetate.....	53
ESTRING.....	66	flunisolide.....	80	GLATOPA.....	53
eszopiclone.....	84	fluocinolone acetonide.....	55, 80	GLEOSTINE.....	25
ethacrynic acid.....	49	fluocinolone acetonide scalp.....	55	glimepiride.....	40
ethambutol hcl.....	25	fluocinonide.....	55	glipizide.....	40
ethosuximide.....	19	fluocinonide emulsified base.....	55	glipizide er.....	40
ethynodiol diac-eth estradiol.....	66	fluorometholone.....	79	glipizide-metformin hcl.....	40
etodolac.....	10	fluorouracil.....	56	global alcohol prep ease.....	56
etravirine.....	37	fluoxetine hcl.....	21	GLUCAGEN HYPOKIT.....	42
euthyrox.....	68	fluphenazine decanoate.....	32	glucagon emergency.....	42
EVENITY.....	76	fluphenazine hcl.....	32	glycopyrrolate.....	60
everolimus.....	28, 72	flurbiprofen.....	10	GLYDO.....	12
EVOTAZ.....	39	flurbiprofen sodium.....	79	GLYXAMBI.....	40
EVRYSDI.....	52	flutamide.....	26	granisetron hcl.....	23
exel comfort point pen needle....	42	fluticasone propionate....	55, 56, 80	griseofulvin microsize.....	23
exemestane.....	27	fluticasone-salmeterol.....	81	griseofulvin ultramicrosize.....	23
EXKIVITY.....	28	fluvastatin sodium.....	50	guanfacine hcl.....	45
ezetimibe.....	50	fluvastatin sodium er.....	50	guanfacine hcl er.....	51
ezetimibe-rosuvastatin.....	50	fluvoxamine maleate.....	21	guanidine hcl.....	25
ezetimibe-simvastatin.....	50	fluvoxamine maleate er.....	21	GVOKE HYPOPEN 2-PACK.....	41
FALMINA.....	66	fondaparinux sodium.....	44	GVOKE KIT.....	41
famciclovir.....	36	fosamprenavir calcium.....	39	GVOKE PFS.....	41
famotidine.....	61	fosfomycin tromethamine.....	13	HADLIMA.....	73
FANAPT.....	33	fosinopril sodium.....	46	HADLIMA PUSHTOUCH.....	73
FANAPT TITRATION PACK.....	33	fosinopril sodium-hctz.....	48	HAILEY 24 FE.....	66
FARXIGA.....	40	FOTIVDA.....	28	halobetasol propionate.....	56
FASENRA.....	83	FRAGMIN.....	44	haloperidol.....	32
FASENRA PEN.....	83	furosemide.....	49	haloperidol decanoate.....	32
febuxostat.....	24	FUZEON.....	38	haloperidol lactate.....	32
felbamate.....	18	FYAVOLV.....	66	HAVRIX.....	74
felodipine er.....	47	FYCOMPA.....	18	HEMADY.....	63
FEMRING.....	66	gabapentin.....	19	heparin sodium (porcine).....	44
fenofibrate.....	49	GALAFOLD.....	61	HEPLISAV-B.....	74
fenofibrate micronized.....	49	galantamine hydrobromide.....	20	HIBERIX.....	74
fenofibric acid.....	49	galantamine hydrobromide er....	20	HUMIRA.....	73
fenoprofen calcium.....	10	GAMMAGARD.....	70	HUMIRA PEDIATRIC CROHNS	
fentanyl.....	10	GAMMAGARD S/D LESS IGA.....	70	START.....	73
fentanyl citrate.....	11	GAMUNEX-C.....	70	HUMIRA PEN.....	73
fesoterodine fumarate er.....	62	GARDASIL 9.....	74	HUMIRA PEN-CD/UC/HS	
FETZIMA.....	21	gatifloxacin.....	78	STARTER.....	73
FETZIMA TITRATION.....	21	GATTEX.....	60	HUMIRA PEN-PEDIATRIC UC	
FILSPARI.....	48	gavilyte-c.....	60	START.....	73
finasteride.....	63	gavilyte-g.....	60	HUMIRA PEN-PS/UV/ADOL	
fingolimod hcl.....	53	GAVRETO.....	26	HS START.....	73

HUMIRA PEN-PSOR/UVEIT		INVEGA SUSTENNA.....	34	KISQALI (200 MG DOSE).....	29
STARTER.....	73	INVEGA TRINZA.....	34	KISQALI (400 MG DOSE).....	29
HUMULIN R U-500		INVOKAMET.....	41	KISQALI (600 MG DOSE).....	29
(CONCENTRATED).....	43	INVOKAMET XR.....	41	KISQALI FEMARA (200 MG	
HUMULIN R U-500 KWIKPEN	43	INVOKANA.....	41	DOSE).....	26
<i>hydralazine hcl</i>	51	IOPIDINE.....	79	KISQALI FEMARA (400 MG	
<i>hydrochlorothiazide</i>	49	IPOL.....	75	DOSE).....	27
<i>hydrocodone-acetaminophen</i>	11	<i>ipratropium bromide</i>	81	KISQALI FEMARA (600 MG	
<i>hydrocodone-ibuprofen</i>	11	<i>ipratropium-albuterol</i>	83	DOSE).....	27
<i>hydrocortisone</i>	56, 63, 76	<i>irbesartan</i>	46	KLISYRI.....	57
<i>hydrocortisone (perianal)</i>	56	<i>irbesartan-hydrochlorothiazide</i>	48	KLOR-CON.....	58
<i>hydrocortisone butyr lipo base</i>	56	ISENTRESS.....	37	<i>klor-con</i>	58
<i>hydrocortisone butyrate</i>	56	ISENTRESS HD.....	37	KLOR-CON 10.....	58
<i>hydrocortisone valerate</i>	56	ISIBLOOM.....	66	KLOR-CON M10.....	58
<i>hydrocortisone-acetic acid</i>	80	<i>isoniazid</i>	25	KLOR-CON M15.....	58
<i>hydromorphone hcl</i>	11	<i>isosorbide dinitrate</i>	50	KLOR-CON M20.....	58
<i>hydromorphone hcl er</i>	10	<i>isosorbide mononitrate</i>	50	KLOR-CON/EF.....	58
<i>hydromorphone hcl pf</i>	11	<i>isosorbide mononitrate er</i>	50	KORLYM.....	42
<i>hydroxychloroquine sulfate</i>	31	<i>isotretinoin</i>	54	KOSELUGO.....	29
<i>hydroxyurea</i>	26	<i>isradipine</i>	47	<i>krazati</i>	27
<i>hydroxyzine hcl</i>	80	ISTURISA.....	64	KRINTAFEL.....	31
<i>hydroxyzine pamoate</i>	39	<i>itraconazole</i>	23	KURVELO.....	66
HYFTOR.....	56	<i>ivermectin</i>	31, 57	<i>labetalol hcl</i>	47
<i>ibandronate sodium</i>	76	IXIARO.....	75	<i>lacosamide</i>	20
IBRANCE.....	28	JAKAFI.....	29	LACRISERT.....	77
<i>ibu</i>	10	<i>jantoven</i>	44	<i>lactulose</i>	60
<i>ibuprofen</i>	10	JANUMET.....	41	<i>lamivudine</i>	36
<i>icatibant acetate</i>	70	JANUMET XR.....	41	<i>lamivudine-zidovudine</i>	38
ICLUSIG.....	28	JANUVIA.....	41	<i>lamotrigine</i>	18
<i>icosapent ethyl</i>	50	JARDIANC.....	41	<i>lamotrigine er</i>	18
IDHIFA.....	26	JAYPIRCA.....	29	<i>lamotrigine starter kit-blue</i>	18
<i>imatinib mesylate</i>	28	JENTADUETO.....	41	<i>lamotrigine starter kit-green</i>	18
IMBRUVICA.....	28, 29	JENTADUETO XR.....	41	<i>lamotrigine starter kit-orange</i>	18
<i>imipenem-cilastatin</i>	16	JINTELI.....	66	<i>lansoprazole</i>	61
<i>imipramine hcl</i>	22	JOENJA.....	70	<i>lanthanum carbonate</i>	59
<i>imipramine pamoate</i>	22	JULUCA.....	38	<i>lapatinib ditosylate</i>	29
<i>imiquimod</i>	56	JUNEL 1.5/30.....	66	LARIN 24 FE.....	66
IMOVAX RABIES.....	75	JUNEL 1/20.....	66	LARIN FE 1.5/30.....	66
INCRELEX.....	64	JUNEL FE 1.5/30.....	66	LARIN FE 1/20.....	66
INCRUSE ELLIPTA.....	81	JUNEL FE 1/20.....	66	<i>latanoprost</i>	77
<i>indapamide</i>	49	JUNEL FE 24.....	66	<i>ledipasvir-sofosbuvir</i>	36
INFANRIX.....	75	JYNNEOS.....	75	LEENA.....	66
INGREZZA.....	52	KALYDECO.....	82	<i>leflunomide</i>	70
INLYTA.....	29	KARIVA.....	66	<i>lenalidomide</i>	26
INQOVI.....	26	<i>kcl (0.149%) in nacl</i>	57	LENVIMA (10 MG DAILY	
INREBIC.....	29	<i>kcl (0.298%) in nacl</i>	57	DOSE).....	29
<i>insulin asp prot & asp flexpen</i>	43	<i>kcl in dextrose-nacl</i>	57	LENVIMA (12 MG DAILY	
<i>insulin aspart</i>	43	<i>kcl-lactated ringers-d5w</i>	58	DOSE).....	29
<i>insulin aspart flexpen</i>	43	KELNOR 1/35.....	66	LENVIMA (14 MG DAILY	
<i>insulin aspart penfill</i>	43	<i>kelnor 1/50</i>	66	DOSE).....	29
<i>insulin aspart prot & aspart</i>	43	KERENDIA.....	49	LENVIMA (18 MG DAILY	
INTELENCE.....	37	<i>ketoconazole</i>	23	DOSE).....	29
INTRALIPID.....	59	<i>ketorolac tromethamine</i>	79	LENVIMA (20 MG DAILY	
INTRON A.....	71	KEVEYIS.....	61	DOSE).....	29
INVEGA HAFYERA.....	33	KINRIX.....	75		

LENVIMA (24 MG DAILY DOSE).....	29	loteprednol etabonate.....	79	meropenem	16
LENVIMA (4 MG DAILY DOSE).....	29	lovastatin.....	50	mesalamine	76
LENVIMA (8 MG DAILY DOSE).....	29	LOW-OGESTREL.....	66	mesalamine er.....	76
LEQVIO.....	50	loxapine succinate.....	32	MESNEX.....	31
LESSINA.....	66	lubiprostone.....	60	metformin hcl.....	41
letrozole.....	27	LUMAKRAS.....	27	metformin hcl er.....	41
leucovorin calcium.....	31	LUMIGAN.....	77	metformin hcl er (mod).....	41
LEUKERAN.....	25	LUMIZYME.....	61	metformin hcl er (osm).....	41
LEUKINE.....	44	LUPRON DEPOT (1-MONTH)....	69	methadone hcl.....	10, 11
leuprolide acetate.....	69	LUPRON DEPOT (3-MONTH)....	69	methazolamide	79
LEUPROLIDE ACETATE.....	69	LUPRON DEPOT (4-MONTH)....	69	methenamine hippurate	14
LEUPROLIDE ACETATE (3 MONTH).....	69	LUPRON DEPOT (6-MONTH)....	69	methimazole	70
levalbuterol hcl.....	81	LUPRON DEPOT-PED (1-MONTH).....	69	methocarbamol	84
levalbuterol tartrate.....	81	lupron depot-ped (1-month).....	69	methotrexate	73
levetiracetam.....	18	lupron depot-ped (3-month).....	69	methotrexate sodium	73
levetiracetam er.....	18	LUPRON DEPOT-PED (3-MONTH).....	69	methotrexate sodium (pf).....	73
levobunolol hcl.....	79	LUPRON DEPOT-PED (6-MONTH).....	69	methoxsalen rapid	57
levocarnitine.....	59	Iurasidone hcl.....	34	methscopolamine bromide	60
levocetirizine dihydrochloride.....	80	LUTERA.....	66	methylsuximide	19
levofloxacin.....	17, 78	Iyllana.....	66	methylergonovine maleate	63
levofloxacin in d5w.....	17	LYNPARZA.....	27	methylphenidate hcl	52
levonorgest-eth est & eth est.....	66	LYSODREN.....	69	methylphenidate hcl er	52
levonorgest-eth estrad 91-day.....	66	LYTGOBI (12 MG DAILY DOSE).....	29	methylphenidate hcl er (cd)	51
levonorgestrel-ethinyl estrad.....	66	LYTGOBI (16 MG DAILY DOSE).....	29	methylphenidate hcl er (la)	52
LEVORA 0.15/30 (28).....	66	LYTGOBI (20 MG DAILY DOSE).....	29	methylphenidate hcl er (osm).....	52
levothyroxine sodium.....	68	MARPLAN.....	21	methylprednisolone	64
levoxyl.....	68	MATULANE.....	25	methyltestosterone	65
LEXIVA.....	39	MAVYRET.....	36	metoclopramide hcl	60
lidocaine.....	12	MAYZENT.....	53	metolazone	49
lidocaine hcl.....	12	MAYZENT STARTER PACK.....	53	metoprolol succinate er	47
lidocaine hcl urethral/mucosal.....	12	meclizine hcl.....	22	metoprolol tartrate	47
lidocaine viscous hcl.....	12	medroxyprogesterone acetate.....	68	metoprolol-hydrochlorothiazide ..	48
lidocaine-prilocaine.....	12	mefenamic acid.....	10	metronidazole	14
linezolid.....	13, 14	mefloquine hcl.....	31	metyrosine	48
LINZESS.....	60	megestrol acetate.....	68	mexiletine hcl	46
liothyronine sodium.....	68	MEKINIST.....	29	miconazole 3	23
lisinopril.....	46	MEKTOVI.....	29	MICROGESTIN 1.5/30	67
lisinopril-hydrochlorothiazide.....	48	meloxicam.....	10	MICROGESTIN 1/20	67
lithium.....	40	melphalan.....	25	MICROGESTIN 24 FE	67
lithium carbonate.....	40	memantine hcl.....	20, 21	MICROGESTIN FE 1.5/30	67
lithium carbonate er.....	40	memantine hcl er.....	20	MICROGESTIN FE 1/20	67
LIVTENCITY.....	36	MENACTRA.....	75	midodrine hcl	45
LOKELMA.....	59	MENEST.....	67	miglitol	41
LONSURF.....	27	MENQUADFI.....	75	miglustat	61
loperamide hcl.....	60	MENVEO.....	75	MIMVEY	67
lopinavir-ritonavir.....	39	mercaptopurine	73	minocycline hcl	18
lorazepam.....	40			minoxidil	51
LORAZEPAM INTENSOL.....	40			mirtazapine	21
LORBRENA.....	29			misoprostol	61
LORYNA.....	66			M-M-R II	75
losartan potassium.....	46			modafinil	84
losartan potassium-hctz.....	48			moexipril hcl	46
LOTEMAX.....	79			molindone hcl	33
				mometasone furoate	56, 80
				montelukast sodium	80

<i>morphine sulfate</i>	11	<i>nitrofurantoin monohyd macro</i>	14	OPSUMIT	82
<i>morphine sulfate (concentrate)</i>	11	<i>nitroglycerin</i>	50, 51	OPVEE	13
<i>morphine sulfate er</i>	11	NIVESTYM	44	ORENCIA	71
MOUNJARO	41	<i>nizatidine</i>	61	ORENCIA CLICKJECT	70
MOVANTIK	60	NORA-BE	68	ORENITRAM	82
<i>moxifloxacin hcl</i>	17, 78	NORDITROPIN FLEXPRO	64	ORENITRAM MONTH 1	82
MULTAQ	46	<i>norethindrone</i>	68	ORENITRAM MONTH 2	82
<i>mupirocin</i>	57	<i>norethindrone acetate</i>	68	ORENITRAM MONTH 3	82
<i>mupirocin calcium</i>	57	<i>norethindrone acet-ethinyl est</i>	67	ORFADIN	62
MYALEPT	60	<i>norethindrone-eth estradiol</i>	67	ORGOVYX	27
<i>mycophenolate mofetil</i>	73, 74	<i>norethindron-ethinyl estrad-fe</i>	67	ORKAMBI	82
<i>mycophenolate sodium</i>	74	<i>norethin-eth estradiol-fe</i>	67	ORLADEYO	48
MYRBETRIQ	62	<i>norgestimate-eth estradiol</i>	67	ORSERDU	26
<i>nabumetone</i>	10	<i>norgestim-eth estrad triphasic</i>	67	<i>oseltamivir phosphate</i>	39
<i>nadolol</i>	47	NORMOSOL-M IN D5W	58	OTEZLA	57, 74
<i>nafcillin sodium</i>	16	NORMOSOL-R	58	<i>oxacillin sodium</i>	16
<i>naloxone hcl</i>	12	NORTREL 0.5/35 (28)	67	<i>oxacillin sodium in dextrose</i>	16
<i>naltrexone hcl</i>	12	NORTREL 1/35 (21)	67	<i>oxandrolone</i>	64
<i>naproxen</i>	10	NORTREL 1/35 (28)	67	<i>oxaprozin</i>	10
<i>naproxen sodium</i>	10	NORTREL 7/7/7	67	<i>oxcarbazepine</i>	20
<i>naratriptan hcl</i>	24	<i>nortriptyline hcl</i>	22	OXERVATE	77
NATACYN	78	NORVIR	39	<i>oxybutynin chloride</i>	62
<i>nateglinide</i>	41	NOXAFILE	23	<i>oxybutynin chloride er</i>	62
NATPARA	76	NUBEQA	26	<i>oxycodone hcl</i>	11, 12
NAYZILAM	19	NUCALA	83	<i>oxycodone-acetaminophen</i>	12
<i>nebivolol hcl</i>	47	NUEDEXTA	52	<i>oxymorphone hcl</i>	12
NECON 0.5/35 (28)	67	NULIBRY	62	<i>oxymorphone hcl er</i>	11
<i>nefazodone hcl</i>	21	NUPLAZID	34	OZEMPIC (0.25 OR 0.5	
<i>neomycin sulfate</i>	13	NYAMYC	23	MG/DOSE)	41
<i>neomycin-bacitracin zn-polymyx</i>	78	nylia 1/35	67	OZEMPIC (1 MG/DOSE)	41
<i>neomycin-polymyxin-dexameth</i>	77	nymyo	67	OZEMPIC (2 MG/DOSE)	41
<i>neomycin-polymyxin-gramicidin</i>	77	nystatin	24	pacerone	46
<i>neomycin-polymyxin-hc</i>	77, 80	nystatin-triamcinolone	57	paliperidone er	34
<i>neo-polycin</i>	77	NYSTOP	24	PANRETIN	57
<i>neo-polycin hc</i>	77	NYVEPRIA	45	<i>pantoprazole sodium</i>	61
NERLYNX	29	OCALIVA	60	<i>paricalcitol</i>	76
NEUPRO	32	OCELLA	67	<i>paromomycin sulfate</i>	13
<i>nevirapine</i>	37	<i>octreotide acetate</i>	69	<i>paroxetine hcl</i>	21
<i>nevirapine er</i>	37	ODEFSEY	38	<i>paroxetine mesylate</i>	21
NEXLETOL	48	ODOMZO	29	<i>pazopanib hcl</i>	29
NEXLIZET	48	OFEV	83	PEDIARIX	75
<i>niacin er (antihyperlipidemic)</i>	50	<i>ofloxacin</i>	17, 78, 80	PEDVAX HIB	75
<i>nicardipine hcl</i>	47	OJJAARA	27	<i>peg 3350-kcl-na bicarb-nacl</i>	60
NICOTROL	13	<i>olanzapine</i>	34	<i>peg-3350/electrolytes</i>	60
NICOTROL NS	13	<i>olmesartan medoxomil</i>	46	PEGASYS	72
<i>nifedipine er</i>	47	<i>olmesartan medoxomil-hctz</i>	48	PEMAZYRE	29
<i>nifedipine er osmotic release</i>	47	<i>olmesartan-amlodipine-hctz</i>	48	<i>penicillamine</i>	63
<i>nilutamide</i>	26	<i>olopatadine hcl</i>	78, 80	<i>penicillin g pot in dextrose</i>	16
<i>nimodipine</i>	47	<i>omega-3-acid ethyl esters</i>	50	<i>penicillin g potassium</i>	16
NINLARO	27	<i>omeprazole</i>	61	<i>penicillin g sodium</i>	16
<i>nitazoxanide</i>	31	<i>omeprazole magnesium</i>	61	<i>penicillin v potassium</i>	16
<i>nitisinone</i>	61	<i>ondansetron</i>	23	PENTACEL	75
NITRO-BID	50	<i>ondansetron hcl</i>	23	<i>pentamidine isethionate</i>	31
<i>nitrofurantoin macrocrystal</i>	14	ONGENTYS	32	<i>pentoxifylline er</i>	48
		ONUREG	26	<i>perindopril erbumine</i>	46

permethrin.....	57	PREMARIN.....	67	rabeprazole sodium.....	61
perphenazine.....	33	PREMASOL.....	59	RADICAVA ORS.....	52
PERSERIS.....	34	PRETOMANID.....	25	RADICAVA ORS STARTER	
phenelzine sulfate.....	21	prevalite.....	50	KIT.....	52
phenobarbital.....	19	PREVYMIS.....	36	raloxifene hcl.....	26
phenytoin.....	20	PREZCOBIX.....	39	ramelteon.....	84
phenytoin sodium extended.....	20	PREZISTA.....	39	ramipril.....	46
PIFELTRO.....	37	PRIFTIN.....	25	ranolazine er.....	49
pilocarpine hcl.....	54, 79	primaquine phosphate.....	31	rasagiline mesylate.....	32
pimecrolimus.....	56	primidone.....	19	RAVICTI.....	62
pimozide.....	33	PRIORIX.....	75	RAYALDEE.....	76
pindolol.....	47	probenecid.....	24	REBIF.....	54
pioglitazone hcl.....	41	prochlorperazine.....	22	REBIF REBIDOSE.....	54
pioglitazone hcl-glimepiride.....	41	prochlorperazine maleate.....	22	REBIF REBIDOSE TITRATION	
pioglitazone hcl-metformin hcl.....	41	PROCRT.....	45	PACK.....	54
piperacillin sod-tazobactam so... 16		procto-med hc.....	56	REBIF TITRATION PACK.....	54
PIQRAY (200 MG DAILY DOSE).....	29	proctosol hc.....	56	RECLIPSEN.....	67
PIQRAY (250 MG DAILY DOSE).....	29	PROCTOZONE-HC.....	56	RECOMBIVAX HB.....	75
PIQRAY (300 MG DAILY DOSE).....	29	progesterone.....	68	RECTIV.....	51
pirfenidone.....	83	progesterone micronized.....	68	RELENZA DISKHALER.....	39
piroxicam.....	10	PROGRAF.....	74	reli-on insulin syringe.....	43
PLEGRIDY.....	53	PROLASTIN-C.....	62	RELISTOR.....	60
PLEGRIDY STARTER PACK.....	53	PROLIA.....	76	RELYVRIA.....	52
podofilox.....	57	PROMACTA.....	45	repaglinide.....	41
polycin.....	78	promethazine hcl.....	22	REPATHA.....	50
polymyxin b-trimethoprim.....	77	promethegan.....	22	REPATHA PUSHTRONEX	
POMALYST.....	26	propafenone hcl.....	46	SYSTEM.....	50
PORTIA-28.....	67	propafenone hcl er.....	46	REPATHA SURECLICK.....	50
posaconazole.....	24	propranolol hcl.....	47	RESTASIS.....	78
potassium chloride.....	58	propranolol hcl er.....	47	RESTASIS MULTIDOSE.....	78
potassium chloride crys er.... 58, 59		propylthiouracil.....	70	RETACRIT.....	45
potassium chloride er.....	58	PROQUAD.....	75	RETEVMO.....	27
potassium chloride in nacl.....	58	protriptyline hcl.....	22	REVCOVI.....	71
potassium citrate er.....	58	PULMICORT FLEXHALER.....	80	REVLIMID.....	26
potassium cl in dextrose 5%.....	58	PULMOZYME.....	82	REXULTI.....	35
PRADAXA.....	44	PURIXAN.....	26	REYATAZ.....	39
pramipexole dihydrochloride.....	32	pyrazinamide.....	25	REZLIDHIA.....	27
pramipexole dihydrochloride er..	32	pyridostigmine bromide.....	25	REZUROCK.....	74
prasugrel hcl.....	45	pyridostigmine bromide er.....	25	RHOPRESSA.....	77
pravastatin sodium.....	50	pyrimethamine.....	31	ribavirin.....	36
praziquantel.....	31	PYRUKYND.....	45	RIDAURA.....	71
prazosin hcl.....	45	PYRUKYND TAPER PACK.....	45	rifabutin.....	25
prednicarbate.....	56	QELBREE.....	52	rifampin.....	25
prednisolone.....	64	QINLOCK.....	29	riluzole.....	52
prednisolone acetate.....	79	QNDSL.....	80	rimantadine hcl.....	39
prednisolone sodium phosphate	64, 79	QUADRACEL.....	75	RINVOQ.....	71
prednisone.....	64	quetiapine fumarate.....	35	risedronate sodium.....	76, 77
prednisone intensol.....	64	quetiapine fumarate er.....	34, 35	RISPERDAL CONSTA.....	35
preferred plus insulin syringe	43	quinapril hcl.....	46	risperidone.....	35
pregabalin.....	53	quinapril-hydrochlorothiazide.....	48	RITONAVIR.....	39
PREHEVBARIO.....	75	quinidine gluconate er.....	46	rivastigmine.....	20
		quinidine sulfate.....	46	rivastigmine tartrate.....	20
		quinine sulfate.....	31	rizatriptan benzoate.....	24
		QVAR REDIHALER.....	80	ROCKLATAN.....	78
		RABAVERT.....	75	roflumilast.....	82

<i>ropinirole hcl</i>	32	SOMAVERT	69	<i>tacrolimus</i>	56, 74
<i>ropinirole hcl er</i>	32	sorafenib tosylate	30	<i>tadalafil</i>	63
<i>rosuvastatin calcium</i>	50	SORINE	46	<i>tadalafil (pah)</i>	82
ROTARIX	75	<i>sotalol hcl</i>	46	TAFINLAR	30
ROTATEQ	75	<i>sotalol hcl (af)</i>	46	TAGRISSO	30
ROZLYTREK	30	SPEVIGO	74	TAKHZYRO	70
RUBRACA	30	SPIRIVA HANDIHALER	81	TALZENNA	30
<i>rufinamide</i>	20	SPIRIVA RESPIMAT	81	<i>tamoxifen citrate</i>	26
RUKOBIA	38	spironolactone	49	<i>tamsulosin hcl</i>	63
RYDAPT	30	spironolactone-hctz	49	TARINA 24 FE	67
<i>sajazir</i>	70	SPRINTEC 28	67	TASIGNA	30
<i>salsalate</i>	10	SPRITAM	18	<i>tasimelteon</i>	84
SANCUSO	23	SPRYCEL	30	TAVNEOS	71
SANDIMMUNE	74	SPS	59	<i>tazarotene</i>	54
SANDOSTATIN LAR DEPOT	69	SRONYX	67	<i>taztia xt</i>	48
SANTYL	57	ssd	57	TAZVERIK	30
<i>sapropterin dihydrochloride</i>	62	SSD (SILVER SULFADIAZINE)	57	TDVAX	75
<i>saxagliptin hcl</i>	41	STELARA	71	TEFLARO	15
<i>saxagliptin-metformin er</i>	41, 42	STIOLTO RESPIMAT	83	TEGSEDI	62
SCEMBLIX	30	STIVARGA	30	<i>telmisartan</i>	46
<i>scopolamine</i>	22	<i>streptomycin sulfate</i>	13	<i>telmisartanamlodipine</i>	49
SECUADO	35	STRIBILD	37	<i>telmisartan-hctz</i>	46, 49
<i>selegiline hcl</i>	32	STRIVERDI RESPIMAT	81	<i>temazepam</i>	84
<i>selenium sulfide</i>	56	SUCRAID	62	TENIVAC	75
SELZENTRY	38	<i>sucralfate</i>	61	<i>tenofovir disoproxil fumarate</i>	38
SEREVENT DISKUS	81	<i>sulfacetamide sodium</i>	78	TEPMETKO	30
SEROSTIM	64	<i>sulfacetamide sodium (acne)</i>	17	<i>terazosin hcl</i>	45
<i>sertraline hcl</i>	21	<i>sulfacetamide-prednisolone</i>	78	<i>terbinafine hcl</i>	24
<i>sevelamer carbonate</i>	59	<i>sulfadiazine</i>	17	<i>terbutaline sulfate</i>	81
<i>sf</i>	54	<i>sulfamethoxazole-trimethoprim</i>	17	<i>terconazole</i>	24
<i>sf 5000 plus</i>	54	SULFAMYRON	57	<i>teriflunomide</i>	54
SHINGRIX	75	<i>sulfasalazine</i>	76	TERIPARATIDE (RECOMBINANT)	77
SIGNIFOR	69	<i>sulindac</i>	10	<i>testosterone</i>	65
<i>sildenafil citrate</i>	82	<i>sumatriptan</i>	24	<i>testosterone cypionate</i>	65
<i>silodosin</i>	63	<i>sumatriptan succinate</i>	24, 25	<i>testosterone enanthate</i>	65
<i>silver sulfadiazine</i>	57	<i>sumatriptan succinate refill</i>	25	<i>tetrabenazine</i>	53
SIMBRINZA	79	<i>sunitinib malate</i>	30	<i>tetracycline hcl</i>	18
<i>simvastatin</i>	50	SUNLENCA	38	TEZSPIRE	84
<i>sirolimus</i>	74	SUPRAX	15	THALOMID	26
SIRTURO	25	SUPREP BOWEL PREP KIT	58	<i>theophylline er</i>	82
SIVEXTRO	14	syeda	67	<i>thioridazine hcl</i>	33
SKYCLARYS	52	SYMBICORT	84	<i>thiothixene</i>	33
SKYRIZI	71	SYMDEKO	82	<i>tiagabine hcl</i>	19
SKYRIZI PEN	71	SYMJEPI	81	TIBSOVO	30
<i>sodium chloride</i>	58	SYMLINPEN 120	42	TICOVAC	75
<i>sodium fluoride</i>	54	SYMLINPEN 60	42	<i>tigecycline</i>	14
<i>sodium fluoride 5000 plus</i>	54	SYMPAZAN	19	<i>timolol maleate</i>	47, 79
<i>sodium fluoride 5000 ppm</i>	54	SYMTUZA	37	TIVICAY	37
SODIUM OXYBATE	84	SYNAREL	69	<i>tizanidine hcl</i>	36
<i>sodium phenylbutyrate</i>	62	SYNJARDY	42	TOBRADEX	78
<i>sodium polystyrene sulfonate</i>	59	SYNJARDY XR	42	<i>tobramycin</i>	78, 82
<i>solifenacin succinate</i>	62	SYNRIBO	27	<i>tobramycin sulfate</i>	13
SOLIQUA	43	SYNTHROID	68	<i>tobramycin-dexamethasone</i>	78
SOLTAMOX	26	TABLOID	26		
SOMATULINE DEPOT	69	TABRECTA	30		

TOBREX	78	TRUMENBA	75	VIJOICE	62
<i>tolterodine tartrate</i>	62	TUKYSA	27	<i>vilazodone hcl</i>	22
<i>tolterodine tartrate er</i>	62	TURALIO	30	VIRACEPT	39
<i>tolvaptan</i>	59	TWINRIX	75	VIREAD	38
<i>topiramate</i>	18	TYBOST	38	VITRAKVI	30
<i>toremifene citrate</i>	26	TYMLOS	77	VIZIMPRO	30
<i>torsemide</i>	49	TYPHIM VI	75	VONJO	30
TRACLEER	82	TYVASO	82	<i>voriconazole</i>	24
TRADJENTA	42	TYVASO DPI MAINTENANCE		VOTRIENT	30
<i>tramadol hcl</i>	12	KIT	83	VOWST	60
<i>tramadol hcl (er biphasic)</i>	11	TYVASO DPI TITRATION KIT	83	VOXZOGO	77
<i>tramadol hcl er</i>	11	TYVASO REFILL	83	VRAYLAR	35
<i>tramadol-acetaminophen</i>	12	TYVASO STARTER	83	<i>vylibra</i>	68
<i>trandolapril</i>	46	UBRELVY	24	VYNDAMAX	64
<i>trandolapril-verapamil hcl er</i>	49	<i>unithroid</i>	69	VYNDAQEL	62
<i>tranexamic acid</i>	45	UPTRAVI	83	<i>warfarin sodium</i>	44
<i>tranylcypromine sulfate</i>	21	ursodiol	60	WELIREG	27
<i>travoprost (bak free)</i>	77	UZEDY	35	XALKORI	30
<i>trazodone hcl</i>	22	<i>valacyclovir hcl</i>	36	XARELTO	44
TRECATOR	25	VALCHLOR	25	XARELTO STARTER PACK	44
TRELEGY ELLIPTA	84	<i>valganciclovir hcl</i>	36	XATMEP	74
<i>trelegy ellipta</i>	84	<i>valproic acid</i>	19	XCOPRI	19
TRELSTAR MIXJECT	69	<i>valsartan</i>	46	XCOPRI (250 MG DAILY	
<i>tretinooin</i>	31, 54, 55	<i>valsartan-hydrochlorothiazide</i>	49	DOSE)	19
TREXALL	74	VALTOCO 10 MG DOSE	19	XCOPRI (350 MG DAILY	
<i>triamicinolone acetonide</i>	54, 56	VALTOCO 15 MG DOSE	19	DOSE)	19
<i>triamterene</i>	49	VALTOCO 20 MG DOSE	19	XELJANZ	71
<i>triamterene-hctz</i>	49	VALTOCO 5 MG DOSE	19	XELJANZ XR	71, 74
<i>triazolam</i>	84	<i>vancomycin hcl</i>	14	XERMELO	60
TRIDERM	56	<i>vanflyta</i>	30	XGEVA	77
<i>trientine hcl</i>	59	VAQTA	75	XIFAXAN	14
<i>tri-estarrylla</i>	67	<i>varenicline tartrate</i>	13	XIGDUO XR	42
<i>trifluoperazine hcl</i>	33	<i>varenicline tartrate (starter)</i>	13	XOFLUZA (40 MG DOSE)	39
<i>trifluridine</i>	78	VARIVAX	75	XOFLUZA (80 MG DOSE)	39
<i>trihexyphenidyl hcl</i>	31	VECAMYL	49	XOLAIR	71
TRIJARDY XR	42	VELIVET	68	XOSPATA	30
TRIKAFTA	82	VEMLIDY	36	XPOVIO (100 MG ONCE	
TRI-LEGEST FE	67	VENCLEXTA	30	WEEKLY)	27
TRI-LO-ESTARYLLA	67	VENCLEXTA STARTING		XPOVIO (40 MG ONCE	
TRI-LO-SPRINTEC	67	PACK	30	WEEKLY)	27
<i>trimethoprim</i>	14	<i>venlafaxine hcl</i>	22	XPOVIO (40 MG TWICE	
<i>trimipramine maleate</i>	22	<i>venlafaxine hcl er</i>	22	WEEKLY)	27
TRINTELLIX	22	VENTAVIS	83	XPOVIO (60 MG ONCE	
<i>tri-nymyo</i>	67	VENTOLIN HFA	81	WEEKLY)	27
TRI-SPRINTEC	68	<i>verapamil hcl</i>	48	XPOVIO (60 MG TWICE	
TRIUMEQ	38	<i>verapamil hcl er</i>	48	WEEKLY)	27
TRIUMEQ PD	38	VERSACLOZ	35	XPOVIO (80 MG ONCE	
TRIVORA (28)	68	VERZENIO	30	WEEKLY)	27
<i>tri-vylibra</i>	68	V-GO 20	43	XPOVIO (80 MG TWICE	
TRIZIVIR	38	V-GO 30	43	WEEKLY)	27
TROPHAMINE	59	V-GO 40	43	XTANDI	26
<i>trospium chloride</i>	62	VICTOZA	42	XULANE	68
<i>trospium chloride er</i>	62	<i>vigabatrin</i>	19	XULTOPHY	42
TRUDHESA	24	<i>vigadron</i>	19	XYREM	84
TRULICITY	42	VIIBRYD STARTER PACK	22	YARGESA	62

YF-VAX.....	75
YUVAFEM.....	68
zafirlukast.....	80
zaleplon.....	84
ZEJULA.....	30, 31
ZELBORAF.....	31
ZEMAIRA.....	62
ZENPEP	62
ZEPATIER.....	36
ZERBAXA.....	15
zidovudine.....	38
zileuton er.....	80
ZIMHI.....	13
ziprasidone hcl.....	35
ziprasidone mesylate	35
ZIRGAN.....	78
zoledronic acid.....	77
ZOLINZA.....	27
zolmitriptan	25
zolpidem tartrate	84
zolpidem tartrate er.....	84
ZONISADE.....	19
zonisamide.....	20
ZORBTIVE.....	64
ZOVIA 1/35 (28).....	68
ZTALMY.....	19
ZYDELIG.....	31
ZYKADIA.....	31
ZYPREXA.....	35
ZYPREXA RELPREVV.....	35

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-389-6648. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-389-6648. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-389-6648。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantoneese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-389-6648。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-389-6648. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-389-6648. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-389-6648 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-389-6648. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-389-6648 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-389-6648. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا.
للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-389-6648. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-389-6648 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-389-6648. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-389-6648. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-389-6648. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-389-6648. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、 1-888-389-6648 にお電話ください。日本語を話す人者が支援いたします。これは無料のサ ービスです。



This formulary was approved on 11/21/2023. For more recent information or other questions, please contact Priority Health Medicare at toll-free 833.939.0983 (TTY users should call 711) 8 a.m. – 8 p.m., seven days a week, or visit priorityhealth.com/dsnp. The Formulary, may change at any time. You will receive notice when necessary.

The pharmacy network and/or provider network may change at any time. You will receive notice when necessary. For up-to-date information about our network pharmacies, please call 833.939.0983, TTY users should call 711, or consult the online Pharmacy Directory at priorityhealth.com/dsnp.

ID 23258, Version 23