



Care N' Care (HMO/PPO)

2023 Formulary

(List of Covered Drugs)

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

Formulary ID 00023504, Version 8

This formulary was updated on 2/21/2023. For more recent information or other questions, please contact us, Care N' Care (HMO/PPO) Customer Experience Team, at 1-877-374-7993, TTY users should call 711, October 1 - March 31, 8 a.m. to 8 p.m. CST seven days a week, or April 1 - September 30 8 a.m. to 8 p.m. CST, Monday through Friday or visit www.cnchealthplan.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call your Customer Experience Team 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.

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 Care N’ Care (HMO/PPO) Insurance Company, Inc. When it refers to “plan” or “our plan,” it means Care N’ Care (HMO/PPO).

This document includes list of the drugs (formulary) for our plan which is current as of 2/21/2023 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 Care N’ Care (HMO/PPO) Formulary?

A formulary is a list of covered drugs selected by Care N’ Care (HMO/PPO) 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. Care N’ Care (HMO/PPO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Care N’ Care (HMO/PPO) 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 Care N’ Care (HMO/PPO) may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the 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 find information in the section below titled “How do I request an exception to the Care N’ Care (HMO/PPO) 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - 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 Care N’ Care (HMO/PPO) 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 2/21/2023. To get updated information about the drugs covered by Care N’ Care (HMO/PPO), please contact us. Our contact information appears on the front and back cover pages. If the plan makes any negative non-maintenance formulary change, members affected will receive written notice which explains the change and the formulary posted on our website will be updated.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Care N’ Care (HMO/PPO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than

brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Care N' Care (HMO/PPO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care N' Care (HMO/PPO) before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Care N' Care (HMO/PPO) limits the amount of the drug that we will cover. For example, Care N' Care (HMO/PPO) provides 30 tablets per prescription for Januvia 100mg tablets. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explain our prior authorization 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 Care N' Care (HMO/PPO) 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 Care N' Care (HMO/PPO)'s formulary?" on page IV 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 your Customer Experience team and ask if your drug is covered.

If you learn that Care N' Care (HMO/PPO) does not cover your drug, you have two options:

- You can ask your Customer Experience Team for a list of similar drugs that are covered by Care N' Care (HMO/PPO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Care N' Care (HMO/PPO).
- You can ask us 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 Care N' Care (HMO/PPO)'s Formulary?

You can ask Care N' Care (HMO/PPO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-

sharing level.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply of medication. 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

- Emergency transitions and level of care changes: You may have a change in your treatment setting due to the level of care you require. Such transitions include:
 - If you are discharged from a hospital or skilled nursing facility to a home setting
 - If you are admitted to a hospital or skilled nursing facility from a home setting
 - If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy
 - If you end your skilled nursing facility Medicare Part A stay – where payments include all

- pharmacy charges – and you now need to use your Part D plan benefit
- If you give up Hospice status and revert back to standard Medicare Part A and B coverage

If you are outside your transition period, and experience a level of care change, Care N' Care (HMO/PPO) will allow you access to a 30/31 day refill (30 days in the retail setting and 31 days in the long-term care (LTC) setting) for formulary medications and an emergency 30/31 day (30 days in the retail setting and 31 days in the LTC setting) transition fill for non-formulary medications (including Part D drugs that are on the Plan's formulary but require prior authorization or quantity limit exception). This will occur on a case-by-case basis when an exception request or appeal has been filed but has not been completed by the end of the transition period. All transition fills for new members, either in the retail setting or LTC setting, will process automatically. If you require a transition fill outside of your first 90 days with Care N' Care Health Plan, you or your pharmacist should contact us at 1-855-791-5302, 7 days a week, 24 hours a day (TTY/TDD users should call 711), so we can implement our transition policy for you. If you enroll in our plan while living at home and then become a resident of an LTC facility, please contact us at 1-855-791-5302, 7 days a week, 24 hours a day (TTY/TDD users should call 711) to let us know that you're now a resident of an LTC facility. We can then implement an LTC transition policy for you. This policy does not apply for short-term leaves of absences (i.e. holidays or vacations) from LTC or hospital facilities.

We'll send you written notice via U.S. first-class mail within three business days of receiving your transition fill transaction from the pharmacy. This will contain an explanation of the temporary nature of that prescription fill, instructions on how to identify an appropriate therapeutic alternative that is on our formulary, an explanation of your right to request a formulary exception, and the procedure for requesting a formulary exception.

For more information

For more detailed information about your Care N' Care (HMO/PPO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Care N' Care (HMO/PPO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Care N' Care (HMO/PPO)'s Formulary

The formulary below provides coverage information about the drugs covered by Care N' Care (HMO/PPO). If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

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

The information in the Requirements/Limits column tells you if Care N' Care (HMO/PPO) has any special requirements for coverage of your drug.

Every drug on the plan's Drug List is in one of five cost-sharing tiers. The second column of the chart lists the tier for each drug.

- **Tier 1 - Preferred Generics:** (This is the lowest cost tier): Includes generic drugs that are available at the lowest cost share for this plan.
- **Tier 2 - Generics:** Includes generic drugs that are available at a higher cost to you than drugs in Tier 1. Also includes some very low cost brand drugs.
- **Tier 3 - Preferred Brands:** Includes preferred brand name drugs that are available at a lower cost to you than drugs in Tiers 4 and 5. Also includes some high cost generic medications which are available at a higher cost to you than drugs in Tiers 1 and 2. Also includes Select Insulins that are a part of the Insulin Senior Savings Model.
- **Tier 4 - Non-Preferred Drugs:** Includes brand and generic drugs that are available at a higher cost to you than drugs in Tier 3.
- **Tier 5 - Specialty Drugs:** (This is the highest-cost tier): Includes some injectables and other high-cost drugs.

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. Below is a summary of your copay amount based on drug tier.

Care N' Care Choice (PPO)	Retail 30-day supply	Retail 100-day Supply	Mail Order 30-day supply	Mail Order 100-day supply
Tier 1: Preferred Generics	\$4 copay	\$8 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$14 copay	\$28 copay	\$14 copay	\$28 copay
Tier 3: Preferred Brands <i>-Select Insulins*</i>	\$47 copay <i>\$35 copay</i>	\$94 copay <i>\$70 copay</i>	\$47 copay <i>\$35 copay</i>	\$94 copay <i>\$70 copay</i>
Tier 4: Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5: Specialty Drugs	33% of cost	Not Covered	33% of cost	Not Covered
Care N' Care Choice Plus (PPO)	Retail 30-day supply	Retail 90-day Supply	Mail Order 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generics	\$2 copay	\$4 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$12 copay	\$24 copay	\$12 copay	\$24 copay
Tier 3: Preferred Brands <i>-Select Insulins*</i>	\$45 copay <i>\$35 copay</i>	\$90 copay <i>\$70 copay</i>	\$45 copay <i>\$35 copay</i>	\$90 copay <i>\$70 copay</i>
Tier 4: Non-Preferred Drugs	\$97 copay	\$194 copay	\$97 copay	\$194 copay
Tier 5: Specialty Drugs	33% of cost	Not Covered	33% of cost	Not Covered
Care N' Care Choice Premium (PPO)	Retail 30-day supply	Retail 90-day Supply	Mail Order 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$8 copay	\$16 copay	\$8 copay	\$16 copay
Tier 3: Preferred Brands <i>-Select Insulins*</i>	\$43 copay <i>\$35 copay</i>	\$86 copay <i>\$70 copay</i>	\$43 copay <i>\$35 copay</i>	\$86 copay <i>\$70 copay</i>
Tier 4: Non-Preferred Drugs	\$92 copay	\$184 copay	\$92 copay	\$184 copay
Tier 5: Specialty Drugs	33% of cost	Not Covered	33% of cost	Not Covered

* You can identify Select Insulins by the abbreviation “SSM” found in the “Requirements/Limits” column in the Drug List starting on page 1 of this document.

For additional prescription drug benefit details, please refer to your Evidence of Coverage.

Care N' Care Classic (HMO)	Retail 30-day supply	Retail 100-day Supply	Mail Order 30-day supply	Mail Order 100-day supply
Tier 1: Preferred Generics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$14 copay	\$28 copay	\$14 copay	\$28 copay
Tier 3: Preferred Brands <i>-Select Insulins*</i>	\$47 copay <i>\$35 copay</i>	\$94 copay <i>\$70 copay</i>	\$47 copay <i>\$35 copay</i>	\$94 copay <i>\$70 copay</i>
Tier 4: Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5: Specialty Drugs	33% of cost	Not Covered	33% of cost	Not Covered
Southwestern Health Select (HMO)	Retail 30-day supply	Retail 100-day Supply	Mail Order 30-day supply	Mail Order 100-day supply
Tier 1: Preferred Generics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$10 copay	\$20 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brands <i>-Select Insulins*</i>	\$40 copay <i>\$35 copay</i>	\$80 copay <i>\$70 copay</i>	\$40 copay <i>\$35 copay</i>	\$80 copay <i>\$70 copay</i>
Tier 4: Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5: Specialty Drugs	33% of cost	Not Covered	33% of cost	Not Covered

* You can identify Select Insulins by the abbreviation “SSM” found in the “Requirements/Limits” column in the Drug List starting on page 1 of this document.

For additional prescription drug benefit details, please refer to your Evidence of Coverage.

LEGEND

1: Tier 1 - Preferred Generics

2: Tier 2 - Generics

3: Tier 3 - Preferred Brands

4: Tier 4 - Non-Preferred Drugs

5: Tier 5 - Specialty

BD: Part B vs Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

NMO: Not available through Mail Order.

PA: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

SSM: Senior Savings Model program is offered for this medication at a set copay during the initial coverage phase and coverage gap. Please refer to our Evidence of Coverage for more information about this program.

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Care N' Care Health Plan (List of Covered Drugs)

Drug Name	Tier	Requirements/Limits
ANALGESICS		
ANALGESICS		
<i>butilbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>butilbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>butilbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>butilbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	3	NMO; QL (180 EA per 30 days)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	GC
<i>diclofenac sodium external gel 1 %</i>	2	NMO
<i>diclofenac sodium external solution 1.5 %</i>	4	NMO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	GC
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>IBU ORAL TABLET 600 MG, 800 MG</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	NMO; GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	GC
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	NMO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC
<i>naproxen oral suspension 125 mg/5ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	3	NMO; 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>	3	NMO; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	4	NMO; QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	4	NMO; QL (30 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	NMO; QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	4	NMO; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	4	NMO; QL (60 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	3	NMO; QL (30 EA per 30 days)

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	NMO; QL (5000 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	NMO
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; NMO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NMO; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	2	NMO; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NMO; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	NMO; QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	NMO; QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	NMO; QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	NMO; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	NMO; QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	3	NMO; QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	3	NMO; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	3	NMO; QL (240 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	4	NMO; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	NMO; GC; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	NMO; QL (240 EA per 30 days)

ANESTHETICS

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
LOCAL ANESTHETICS		
<i>lidocaine external patch 5 %</i>	4	PA; NMO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	NMO; GC; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	NMO; GC
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	NMO; QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	1	NMO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
OPIOID DEPENDENCE		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	NMO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	NMO; QL (90 EA per 30 days)
OPIOID REVERSAL AGENTS		
<i>KLOXXADO NASAL LIQUID 8 MG/0.1ML</i>	3	NMO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	NMO; GC
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	NMO; GC
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	NMO; GC
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	3	NMO
<i>NARCAN NASAL LIQUID 4 MG/0.1ML</i>	3	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	NMO
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	NMO; GC
NICOTROL INHALATION INHALER 10 MG	4	NMO
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	NMO
varenicline tartrate oral tablet 0.5 mg, 1 mg	3	NMO
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	3	NMO
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate injection solution 500 mg/2ml	4	NMO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA; NMO
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	NMO
gentamicin sulfate external cream 0.1 %	2	NMO
gentamicin sulfate external ointment 0.1 %	2	NMO
gentamicin sulfate injection solution 40 mg/ml	2	NMO
neomycin sulfate oral tablet 500 mg	1	NMO; GC
paromomycin sulfate oral capsule 250 mg	4	NMO
streptomycin sulfate intramuscular solution reconstituted 1 gm	3	NMO
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	NMO
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	NMO
ANTIBACTERIALS, OTHER		
aztreonam injection solution reconstituted 1 gm, 2 gm	4	NMO
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	NMO; GC
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	NMO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	NMO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	NMO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BD; NMO
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	5	NMO
<i>linezolid intravenous solution 600 mg/300ml</i>	4	NMO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	NMO
<i>linezolid oral tablet 600 mg</i>	4	NMO
<i>methenamine hippurate oral tablet 1 gm</i>	2	NMO
<i>metronidazole external cream 0.75 %</i>	2	NMO
<i>metronidazole external gel 0.75 %, 1 %</i>	2	NMO
<i>metronidazole external lotion 0.75 %</i>	2	NMO
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	NMO
<i>metronidazole oral capsule 375 mg</i>	2	NMO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	NMO
<i>metronidazole vaginal gel 0.75 %</i>	2	NMO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	NMO
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	4	NMO
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	NMO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BD; NMO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	3	NMO
<i>trimethoprim oral tablet 100 mg</i>	1	NMO; GC
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	NMO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	NMO
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	4	NMO
XIFAXAN ORAL TABLET 200 MG	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	4	
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	3	NMO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	NMO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	2	NMO
<i>cefadroxil oral capsule 500 mg</i>	1	NMO; GC
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	NMO
<i>cefadroxil oral tablet 1 gm</i>	2	NMO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	NMO
<i>cefdinir oral capsule 300 mg</i>	2	NMO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefixime oral capsule 400 mg</i>	4	NMO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	NMO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	NMO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	NMO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	NMO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	NMO
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	4	NMO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	NMO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	NMO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	NMO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	NMO; GC
<i>cephalexin oral capsule 750 mg</i>	2	NMO
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	NMO; GC
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	NMO
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	NMO; GC
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	NMO; GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	NMO; GC
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	NMO; GC
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	3	NMO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	NMO
<i>ampicillin oral capsule 500 mg</i>	1	NMO; GC
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	NMO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	NMO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	NMO
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	NMO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	3	NMO
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	3	NMO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	NMO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	4	NMO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	NMO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	NMO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	NMO
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	NMO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	NMO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	NMO; GC
<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</i>	4	NMO
CARBAPENEMS		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	NMO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	NMO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	NMO
MACROLIDES		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	NMO
<i>azithromycin oral packet 1 gm</i>	2	NMO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	NMO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	NMO; GC
<i>azithromycin oral tablet 600 mg</i>	2	NMO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	NMO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	NMO
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	NMO
DIFICID ORAL TABLET 200 MG	5	NMO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	NMO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	NMO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	NMO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	NMO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	2	NMO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	NMO
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	NMO
QUINOLONES		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	NMO
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	NMO; GC
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	NMO; GC
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	NMO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	NMO
<i>levofloxacin oral solution 25 mg/ml</i>	4	NMO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	NMO; GC
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	NMO
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	NMO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	NMO
SULFONAMIDES		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	NMO
<i>sulfadiazine oral tablet 500 mg</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	NMO; GC
TETRACYCLINES		
<i>demeccycline hcl oral tablet 150 mg, 300 mg</i>	4	NMO
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	NMO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	NMO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	NMO; GC
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	NMO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	NMO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	NMO; GC
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	NMO
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA; NMO
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; NMO
<i>felbamate oral suspension 600 mg/5ml</i>	5	NMO
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; NMO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	NMO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	NMO
FYCOMPA ORAL TABLET 2 MG	4	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	4	NMO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	4	NMO
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	NMO
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	NMO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	GC
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	NMO
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	3	
<i>ethosuximide oral solution 250 mg/5ml</i>	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	NMO
<i> gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	GC
<i> gabapentin oral solution 250 mg/5ml</i>	2	
<i> gabapentin oral tablet 600 mg, 800 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	NMO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NMO; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	NMO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	NMO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	NMO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	NMO
<i>vigabatrin oral packet 500 mg</i>	5	PA; NMO
<i>vigabatrin oral tablet 500 mg</i>	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
VIGADRONE ORAL PACKET 500 MG	5	PA; NMO
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	NMO
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	GC
DILANTIN ORAL CAPSULE 30 MG	2	
EPITOL ORAL TABLET 200 MG	2	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	GC
<i>phenytoin oral suspension 125 mg/5ml</i>	1	GC
<i>phenytoin oral tablet chewable 50 mg</i>	1	GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	GC
<i>rufinamide oral suspension 40 mg/ml</i>	5	NMO
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	NMO
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates oral tablet 1 mg</i>	2	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	NMO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	
CHOLINESTERASE INHIBITORS		
donepezil hcl oral tablet 10 mg, 5 mg	1	GC
donepezil hcl oral tablet 23 mg	2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	GC
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	
galantamine hydrobromide oral solution 4 mg/ml	3	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	2	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	GC
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	GC
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	3	
bupropion hcl oral tablet 100 mg, 75 mg	1	GC
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	2	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	GC
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	2	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	4	QL (30 EA per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	4	
MONOAMINE OXIDASE INHIBITORS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NMO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide oral capsule 30 mg</i>	2	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	3	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	3	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	NMO
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	3	
paroxetine hcl oral suspension 10 mg/5ml	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	GC
PAXIL ORAL SUSPENSION 10 MG/5ML	4	
sertraline hcl oral capsule 150 mg, 200 mg	2	
sertraline hcl oral concentrate 20 mg/ml	1	GC
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	GC
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	GC
trazodone hcl oral tablet 300 mg	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	2	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	GC
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	2	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	GC
VIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	NMO
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	3	
TRICYCLICS		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin hcl oral concentrate 10 mg/ml	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	NMO
<i>procyclizine maleate oral tablet 10 mg, 5 mg</i>	1	GC
<i>procyclizine rectal suppository 25 mg</i>	2	NMO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	NMO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	NMO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	NMO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	NMO
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	NMO
EMETOGENIC THERAPY		
ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	4	BD; NMO
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; NMO; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	2	BD; NMO; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD; NMO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BD; NMO; GC
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD; NMO
ANTIFUNGALS		
ANTIFUNGALS		
<i>ABELCET INTRAVENOUS SUSPENSION 5 MG/ML</i>	4	BD; NMO
<i>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG</i>	5	BD; NMO
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BD; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	BD; NMO
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	4	BD; NMO
<i>ciclopirox olamine external cream 0.77 %</i>	2	NMO
<i>ciclopirox olamine external suspension 0.77 %</i>	2	NMO
<i>clotrimazole external cream 1 %</i>	1	NMO; GC
<i>clotrimazole external solution 1 %</i>	1	NMO; GC
<i>clotrimazole mouth/throat troche 10 mg</i>	2	NMO
<i>econazole nitrate external cream 1 %</i>	2	NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	NMO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	NMO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	NMO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	NMO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	NMO
<i>griseofulvin microsize oral tablet 500 mg</i>	2	NMO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	NMO
<i>itraconazole oral capsule 100 mg</i>	4	PA; NMO
<i>itraconazole oral solution 10 mg/ml</i>	4	PA; NMO
JUBLIA EXTERNAL SOLUTION 10 %	4	NMO
<i>ketoconazole external cream 2 %</i>	2	NMO
<i>ketoconazole external shampoo 2 %</i>	1	NMO; GC
<i>ketoconazole oral tablet 200 mg</i>	1	NMO; GC
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	5	NMO
<i>miconazole 3 vaginal suppository 200 mg</i>	2	NMO
<i>naftifine hcl external cream 1 %, 2 %</i>	4	NMO
NOXAFIL ORAL PACKET 300 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	PA; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	NMO; GC
<i>nystatin external cream 100000 unit/gm</i>	1	NMO; GC
<i>nystatin external ointment 100000 unit/gm</i>	1	NMO; GC
<i>nystatin external powder 100000 unit/gm</i>	1	NMO; GC
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	NMO; GC
<i>nystatin oral tablet 500000 unit</i>	2	NMO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	NMO; GC
<i>oxiconazole nitrate external cream 1 %</i>	4	NMO
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA; NMO
<i>terbinafine hcl oral tablet 250 mg</i>	1	NMO; GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	NMO
<i>terconazole vaginal suppository 80 mg</i>	2	NMO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NMO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA; NMO
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC
<i>colchicine oral capsule 0.6 mg</i>	2	NMO
<i>colchicine oral tablet 0.6 mg</i>	2	NMO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	
<i>probenecid oral tablet 500 mg</i>	2	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	NMO; QL (8 ML per 30 days)
<i>MIGERGOT RECTAL SUPPOSITORY 2-100 MG</i>	4	NMO; QL (20 EA per 28 days)
PROPHYLACTIC		
<i>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	3	
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	2	
<i>propranolol hcl oral tablet 80 mg</i>	1	GC
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
UBRELVY ORAL TABLET 100 MG, 50 MG	5	PA; NMO; QL (16 EA per 30 days)
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	NMO; QL (12 EA per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	4	NMO; QL (12 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	2	NMO; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	NMO; GC; QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	2	NMO; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	NMO; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	2	NMO; QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	NMO; QL (10 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	NMO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	NMO
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>PRIFTIN ORAL TABLET 150 MG</i>	4	NMO
<i>rifabutin oral capsule 150 mg</i>	3	NMO
ANTITUBERCULARS		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	NMO
<i>isoniazid oral syrup 50 mg/5ml</i>	1	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
<i>pyrazinamide oral tablet 500 mg</i>	2	NMO
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	NMO
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	NMO
<i>SIRTURO ORAL TABLET 100 MG, 20 MG</i>	5	NMO
<i>TRECATOR ORAL TABLET 250 MG</i>	4	NMO
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	BD; NMO
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	BD; NMO
<i>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</i>	4	PA; NMO
<i>LEUKERAN ORAL TABLET 2 MG</i>	5	NMO
<i>MATULANE ORAL CAPSULE 50 MG</i>	5	PA; NMO
<i>VALCHLOR EXTERNAL GEL 0.016 %</i>	5	PA; NMO
ANTIANDROGENS		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	NMO; GC; QL (30 EA per 30 days)
<i>ERLEADA ORAL TABLET 60 MG</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>LYSODREN ORAL TABLET 500 MG</i>	5	NMO
<i>nilutamide oral tablet 150 mg</i>	5	NMO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; NMO; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; NMO; QL (120 EA per 30 days)
ANTIANGIOGENIC AGENTS		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; NMO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NMO
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA; NMO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
ANTIESTROGENS/MODIFIERS		
EMCYT ORAL CAPSULE 140 MG	3	NMO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	NMO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	1	NMO; GC
INQOVI ORAL TABLET 35-100 MG	5	PA; NMO
<i>mercaptopurine oral tablet 50 mg</i>	2	NMO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
TABLOID ORAL TABLET 40 MG	3	NMO
ANTINEOPLASTICS, OTHER		
IDHIFA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
IDHIFA ORAL TABLET 50 MG	5	PA; NMO; QL (60 EA per 30 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	NMO; GC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NMO
LUMAKRAS ORAL TABLET 120 MG	5	PA; NMO; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; NMO
MESNEX ORAL TABLET 400 MG	5	NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO
ORGOVYX ORAL TABLET 120 MG	5	PA; NMO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA; NMO
WELIREG ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BD; NMO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; NMO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; NMO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO
ZOLINZA ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	1	GC
<i>exemestane oral tablet 25 mg</i>	2	QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	GC
MOLECULAR TARGET INHIBITORS		
ALECensa ORAL CAPSULE 150 MG	5	PA; NMO
ALUNBRIG ORAL TABLET 180 MG	5	PA; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; NMO; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; NMO
BOSULIF ORAL TABLET 100 MG	5	PA; NMO; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; NMO; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; NMO; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; NMO; QL (120 EA per 30 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NMO; QL (90 EA per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NMO; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; NMO
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; NMO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NMO
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; NMO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NMO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; NMO
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; NMO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NMO
INLYTA ORAL TABLET 1 MG	5	PA; NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; NMO; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; NMO
IRESSA ORAL TABLET 250 MG	5	PA; NMO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NMO; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; NMO
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; NMO; QL (150 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; NMO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; NMO
LORBRENA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	5	PA; NMO; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; NMO
MEKTOVI ORAL TABLET 15 MG	5	PA; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; NMO; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; NMO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NMO
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; NMO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; NMO
QINLOCK ORAL TABLET 50 MG	5	PA; NMO; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; NMO; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA; NMO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NMO
RYDAPT ORAL CAPSULE 25 MG	5	PA; NMO; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; NMO; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; NMO; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; NMO; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
STIVARGA ORAL TABLET 40 MG	5	PA; NMO
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5	PA; NMO
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; NMO
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; NMO; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; NMO; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA; NMO
TIBSOVO ORAL TABLET 250 MG	5	PA; NMO; QL (60 EA per 30 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA; NMO; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA; NMO; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; NMO; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; NMO; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA; NMO; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; NMO
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; NMO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; NMO
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
VOTRIENT ORAL TABLET 200 MG	5	PA; NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NMO; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; NMO
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZELBORA ORAL TABLET 240 MG	5	PA; NMO; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; NMO
RETINOIDES		
<i>bexarotene external gel 1 %</i>	5	PA; NMO
<i>bexarotene oral capsule 75 mg</i>	5	PA; NMO
<i>tretinoin oral capsule 10 mg</i>	5	NMO
ANTIPARASITICS		
ANTHELMINTICS		
<i>albendazole oral tablet 200 mg</i>	4	NMO
EMVERM ORAL TABLET CHEWABLE 100 MG	5	NMO
<i>ivermectin oral tablet 3 mg</i>	3	PA; NMO
<i>praziquantel oral tablet 600 mg</i>	4	NMO
ANTIPROTOZOALS		
<i>atovaquone oral suspension 750 mg/5ml</i>	5	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	NMO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	4	NMO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	NMO
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	2	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	NMO
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	NMO; QL (6 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BD; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	BD; NMO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	NMO
<i>pyrimethamine oral tablet 25 mg</i>	5	NMO
<i>quinine sulfate oral capsule 324 mg</i>	4	NMO
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>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</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
DOPAMINE AGONISTS		
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
<i>KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	5	PA; NMO; QL (150 EA per 30 days)
<i>NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR</i>	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	3	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO; QL (300 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	3	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	NMO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	NMO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	NMO
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	NMO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GC
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
2ND GENERATION/ATYPICAL		
<i>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG</i>	5	NMO
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG</i>	5	NMO
<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>ariPIPRAZOLE oral tablet dispersible 10 mg, 15 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	
<i>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG</i>	5	NMO
<i>FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG</i>	4	NMO
<i>FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG</i>	5	NMO
<i>FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG</i>	4	NMO
<i>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML</i>	5	NMO
<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML</i>	5	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	NMO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	NMO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	5	NMO
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	NMO
NUPLAZID ORAL CAPSULE 34 MG	5	PA; NMO
NUPLAZID ORAL TABLET 10 MG	5	PA; NMO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	NMO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NMO
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	GC
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	NMO
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	NMO
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	NMO
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	NMO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	NMO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	NMO
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	NMO
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	NMO
<i>clozapine oral tablet dispersible 200 mg</i>	5	NMO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NMO
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	NMO; GC
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	NMO
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	3	NMO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	NMO; GC
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	NMO; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NMO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
<i>lamivudine oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET ORAL PACKET 50-20 MG	5	PA; NMO
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO
<i>ribavirin oral capsule 200 mg</i>	4	NMO
<i>ribavirin oral tablet 200 mg</i>	3	NMO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NMO
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	1	NMO; GC
<i>acyclovir oral suspension 200 mg/5ml</i>	4	NMO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	NMO; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	BD; NMO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	NMO
<i>trifluridine ophthalmic solution 1 %</i>	2	NMO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	NMO
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NMO; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NMO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NMO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NMO; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	5	NMO; QL (360 EA per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	5	NMO; QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	NMO; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NMO; QL (30 EA per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NMO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	NMO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (720 ML per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	NMO; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	2	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NMO; QL (60 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO; QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO; QL (60 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	5	NMO; QL (240 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	NMO; QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NMO; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NMO; QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO; QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	NMO; QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	NMO; QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NMO; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NMO; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	NMO; QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	NMO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	NMO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	NMO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	3	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NMO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NMO; QL (120 EA per 30 days)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	NMO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	NMO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	NMO
<i>rimantadine hcl oral tablet 100 mg</i>	2	NMO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	NMO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	NMO
ANXIOLYTICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ANXIOLYTICS, OTHER		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	NMO; GC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	NMO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	NMO
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	3	NMO; QL (60 EA per 30 days)
BENZODIAZEPINES		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	NMO; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	NMO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	NMO; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	NMO; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	NMO; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	NMO; QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	NMO; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	NMO; QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	NMO; GC; QL (150 EA per 30 days)
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	GC
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	GC
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	GC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</i>	3	
<i>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</i>	3	
<i>INVOKANA ORAL TABLET 100 MG, 300 MG</i>	3	
<i>JANUMET ORAL TABLET 50-1000 MG, 50-500 MG</i>	3	QL (60 EA per 30 days)
<i>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG</i>	3	QL (30 EA per 30 days)
<i>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG</i>	3	QL (60 EA per 30 days)
<i>JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG</i>	3	QL (30 EA per 30 days)
<i>JARDIANCE ORAL TABLET 10 MG, 25 MG</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	GC
<i>metformin hcl oral solution 500 mg/5ml</i>	3	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	GC
<i> miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	3	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	GC
<i>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML</i>	3	
<i>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</i>	3	
<i>OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML</i>	3	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	GC
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	GC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG</i>	3	
<i>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML</i>	5	PA; NMO
<i>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML</i>	5	PA; NMO
<i>SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG</i>	3	
<i>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG</i>	3	
<i>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML</i>	3	
<i>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML</i>	3	
<i>XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML</i>	3	SSM
GLYCEMIC AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	NMO
<i>diazoxide oral suspension 50 mg/ml</i>	4	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	NMO
<i>glucagon emergency injection kit 1 mg</i>	3	NMO
KORLYM ORAL TABLET 300 MG	5	PA; NMO; QL (120 EA per 30 days)
INSULINS		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	NMO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	NMO
<i>cvs gauze sterile pad 2"x2"</i>	3	NMO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	NMO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
FIASP INJECTION SOLUTION 100 UNIT/ML	3	SSM
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	3	SSM
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	3	SSM
<i>insulin aspart injection solution 100 unit/ml</i>	3	SSM
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	3	SSM
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	3	SSM
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	SSM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SSM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	SSM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	SSM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	SSM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	SSM
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	NMO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	NMO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	SSM
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	SSM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	SSM
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	SSM
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	4	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	NMO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	NMO
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NMO
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	NMO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	NMO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	NMO
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	3	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NMO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
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	PA; NMO
<i>tranexamic acid oral tablet 650 mg</i>	2	NMO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NMO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GC
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	3	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NMO
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	GC
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	NMO
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GC
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	GC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	GC
EDARBI ORAL TABLET 40 MG, 80 MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	GC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	GC
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	GC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	GC
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	GC
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	GC
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	GC
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	GC
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	GC
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	GC
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	GC
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	GC
<i>nimodipine oral capsule 30 mg</i>	4	NMO
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	GC
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	GC
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	GC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	GC
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	GC
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	GC
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
CARDIOVASCULAR AGENTS, OTHER		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	GC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	GC
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
<i>CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	GC
<i>CORLANOR ORAL TABLET 5 MG, 7.5 MG</i>	4	
<i>DIGITEK ORAL TABLET 250 MCG</i>	1	GC
<i>digoxin oral solution 0.05 mg/ml</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	GC
<i>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</i>	4	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	GC
<i>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</i>	3	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	GC
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	GC
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metyrosine oral capsule 250 mg</i>	5	NMO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	GC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
DIURETICS, LOOP		
bumetanide injection solution 0.25 mg/ml	2	NMO
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
ethacrynic acid oral tablet 25 mg	4	
furosemide injection solution 10 mg/ml	1	NMO; GC
furosemide oral solution 10 mg/ml, 8 mg/ml	1	GC
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	GC
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	GC
DIURETICS, POTASSIUM-SPARING		
amiloride hcl oral tablet 5 mg	1	GC
eplerenone oral tablet 25 mg, 50 mg	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	GC
DIURETICS, THIAZIDE		
chlorthalidone oral tablet 25 mg, 50 mg	1	GC
hydrochlorothiazide oral capsule 12.5 mg	1	GC
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	GC
indapamide oral tablet 1.25 mg, 2.5 mg	1	GC
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	GC
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 150 mg, 50 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	
gemfibrozil oral tablet 600 mg	1	GC
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	2	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	GC
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	3	
<i>colesevelam hcl oral tablet 625 mg</i>	3	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; NMO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
PREVALITE ORAL PACKET 4 GM	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	GC
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	GC
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	GC
minoxidil oral tablet 10 mg, 2.5 mg	1	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	GC
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	GC
nitroglycerin translingual solution 0.4 mg/spray	4	
RECTIV RECTAL OINTMENT 0.4 %	4	NMO
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	2	QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	QL (120 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	4	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	4	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	4	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (150 EA per 30 days)
<i>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</i>	4	
<i>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</i>	4	
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	4	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	4	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	3	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	3	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	3	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	4	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
FIRDAPSE ORAL TABLET 10 MG	5	PA; NMO
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
<i>riluzole oral tablet 50 mg</i>	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	PA; NMO
FIBROMYALGIA AGENTS		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (120 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	NMO
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; NMO
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	5	PA; NMO
<i>fingolimod hcl oral capsule 0.5 mg</i>	5	PA; NMO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NMO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	5	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; NMO
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; NMO
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	NMO; GC
<i>PERIOGARD MOUTH/THROAT SOLUTION 0.12 %</i>	1	NMO; GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	NMO
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	NMO
<i>adapalene external cream 0.1 %</i>	4	PA; NMO
<i>adapalene external gel 0.3 %</i>	4	PA; NMO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	NMO
<i>azelaic acid external gel 15 %</i>	4	NMO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	NMO
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	4	NMO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	NMO
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>tazarotene external cream 0.1 %</i>	4	PA; NMO
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	PA; NMO
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; NMO
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA; NMO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	NMO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	4	NMO
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	4	NMO
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	NMO

DERMATITIS AND PRUITUS AGENTS

<i>alclometasone dipropionate external cream 0.05 %</i>	1	NMO; GC
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	NMO; GC
<i>amcinonide external lotion 0.1 %</i>	4	NMO
<i>amcinonide external ointment 0.1 %</i>	4	NMO
<i>ammonium lactate external cream 12 %</i>	1	NMO; GC
<i>ammonium lactate external lotion 12 %</i>	1	NMO; GC
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>betamethasone valerate external cream 0.1 %</i>	2	NMO
<i>betamethasone valerate external foam 0.12 %</i>	4	NMO
<i>betamethasone valerate external lotion 0.1 %</i>	2	NMO
<i>betamethasone valerate external ointment 0.1 %</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	NMO; QL (400 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	4	NMO; QL (400 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	4	NMO
<i>clobetasol propionate emulsion external foam 0.05 %</i>	4	NMO
<i>clobetasol propionate external cream 0.05 %</i>	4	NMO
<i>clobetasol propionate external foam 0.05 %</i>	4	NMO
<i>clobetasol propionate external gel 0.05 %</i>	4	NMO
<i>clobetasol propionate external liquid 0.05 %</i>	4	NMO
<i>clobetasol propionate external lotion 0.05 %</i>	4	NMO
<i>clobetasol propionate external ointment 0.05 %</i>	4	NMO
<i>clobetasol propionate external shampoo 0.05 %</i>	4	NMO
<i>clobetasol propionate external solution 0.05 %</i>	4	NMO
<i>desonide external cream 0.05 %</i>	4	NMO
<i>desonide external lotion 0.05 %</i>	4	NMO
<i>desonide external ointment 0.05 %</i>	2	NMO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	NMO
<i>desoximetasone external gel 0.05 %</i>	4	NMO
<i>desoximetasone external liquid 0.25 %</i>	4	NMO
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	4	NMO
<i>EUCRISA EXTERNAL OINTMENT 2 %</i>	4	NMO; QL (100 GM per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	NMO
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	NMO
<i>fluocinolone acetonide external solution 0.01 %</i>	4	NMO
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	4	NMO
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	NMO
<i>fluocinonide external cream 0.05 %</i>	3	NMO
<i>fluocinonide external cream 0.1 %</i>	4	NMO
<i>fluocinonide external gel 0.05 %</i>	2	NMO
<i>fluocinonide external ointment 0.05 %</i>	2	NMO
<i>fluocinonide external solution 0.05 %</i>	2	NMO
<i>fluticasone propionate external cream 0.05 %</i>	1	NMO; GC
<i>fluticasone propionate external lotion 0.05 %</i>	1	NMO; GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>fluticasone propionate external ointment 0.005 %</i>	1	NMO; GC
<i>halcinonide external cream 0.1 %</i>	4	NMO
<i>halobetasol propionate external cream 0.05 %</i>	2	NMO
<i>halobetasol propionate external ointment 0.05 %</i>	2	NMO
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	NMO; GC
<i>hydrocortisone external cream 1 %</i>	1	NMO; GC
<i>hydrocortisone external lotion 2.5 %</i>	1	NMO; GC
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	NMO; GC
<i>hydrocortisone valerate external cream 0.2 %</i>	3	NMO
<i>hydrocortisone valerate external ointment 0.2 %</i>	3	NMO
<i>mometasone furoate external cream 0.1 %</i>	2	NMO
<i>mometasone furoate external ointment 0.1 %</i>	2	NMO
<i>mometasone furoate external solution 0.1 %</i>	2	NMO
<i>pimecrolimus external cream 1 %</i>	4	NMO
<i>prednicarbate external ointment 0.1 %</i>	4	NMO
<i>PROCTO-MED HC EXTERNAL CREAM 2.5 %</i>	2	NMO
<i>PROCTO-PAK EXTERNAL CREAM 1 %</i>	2	NMO
<i>PROCTOSOL HC EXTERNAL CREAM 2.5 %</i>	2	NMO
<i>PROCTOZONE-HC EXTERNAL CREAM 2.5 %</i>	2	NMO
<i>selenium sulfide external lotion 2.5 %</i>	1	NMO; GC
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	NMO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	NMO; GC
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	NMO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	NMO; GC
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene external cream 0.005 %</i>	4	NMO; QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	4	NMO; QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	4	NMO; QL (60 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	2	NMO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	4	NMO
CONDYLOX EXTERNAL GEL 0.5 %	4	NMO
<i>diclofenac sodium external gel 3 %</i>	4	PA; NMO
<i>fluorouracil external cream 5 %</i>	3	NMO
<i>fluorouracil external solution 2 %, 5 %</i>	2	NMO
<i>global alcohol prep ease pad 70 %</i>	3	NMO
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	NMO
HYFTOR EXTERNAL GEL 0.2 %	5	PA; NMO
<i>imiquimod external cream 5 %</i>	3	NMO
<i>methoxsalen rapid oral capsule 10 mg</i>	5	PA; NMO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	NMO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	NMO
PANRETIN EXTERNAL GEL 0.1 %	5	PA; NMO
<i>podofilox external solution 0.5 %</i>	2	NMO
REGRANEX EXTERNAL GEL 0.01 %	5	NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	NMO
<i>silver sulfadiazine external cream 1 %</i>	1	NMO; GC
SSD EXTERNAL CREAM 1 %	1	NMO; GC
PEDICULICIDES/SCABICIDES		
<i>malathion external lotion 0.5 %</i>	2	NMO
<i>permethrin external cream 5 %</i>	2	NMO
TOPICAL ANTI-INFECTIVES		
<i>acyclovir external cream 5 %</i>	4	NMO
<i>acyclovir external ointment 5 %</i>	4	NMO
<i>ciclopirox external gel 0.77 %</i>	2	NMO
<i>ciclopirox external shampoo 1 %</i>	2	NMO
<i>ciclopirox external solution 8 %</i>	2	NMO
<i>clindamycin phosphate external foam 1 %</i>	4	NMO
<i>clindamycin phosphate external gel 1 %</i>	2	NMO
<i>clindamycin phosphate external lotion 1 %</i>	2	NMO
<i>clindamycin phosphate external solution 1 %</i>	2	NMO
<i>clindamycin phosphate external swab 1 %</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>ery external pad 2 %</i>	3	NMO
<i>erythromycin external gel 2 %</i>	1	NMO; GC
<i>erythromycin external solution 2 %</i>	1	NMO; GC
<i>mupirocin calcium external cream 2 %</i>	4	NMO
<i>mupirocin external ointment 2 %</i>	1	NMO; GC
SULFAMYLYON EXTERNAL CREAM 85 MG/GM	4	NMO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/ MINERAL REPLACEMENT		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	BD; NMO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	NMO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	NMO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	GC
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	GC
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	GC
KLOR-CON ORAL PACKET 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	GC
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	3	NMO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	BD; NMO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BD; NMO
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	NMO
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	2	NMO
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	NMO
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	2	NMO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	NMO
<i>sodium chloride irrigation solution 0.9 %</i>	1	NMO; GC
<i>sodium fluoride oral tablet 2.2 (1f) mg</i>	1	NMO; GC

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET ORAL CAPSULE 100 MG	4	NMO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NMO
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA; NMO
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA; NMO
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NMO
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	NMO
SPS ORAL SUSPENSION 15 GM/60ML	2	NMO
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA; NMO
<i>trientine hcl oral capsule 250 mg</i>	5	PA; NMO

ELECTROLYTES/MINERALS/METALS/VITAMINS

CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BD; NMO
---	---	---------

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BD; NMO
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	BD; NMO
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BD; NMO
<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	NMO
DOJOLVI ORAL LIQUID 100 %	5	PA; NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BD; NMO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	BD; NMO
<i>levocarnitine oral solution 1 gm/10ml</i>	4	
<i>levocarnitine oral tablet 330 mg</i>	1	GC
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD; NMO
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	BD; NMO
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
<i>prenatal oral tablet 27-1 mg</i>	1	NMO; GC
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD; NMO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	BD; NMO
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BD; NMO
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	4	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	NMO
<i>sevelamer carbonate oral tablet 800 mg</i>	3	
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	1	GC
<i>generlac oral solution 10 gm/15ml</i>	1	GC
<i>lactulose oral solution 10 gm/15ml</i>	1	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	NMO
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	NMO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	NMO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	NMO
<i>loperamide hcl oral capsule 2 mg</i>	1	NMO; GC
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	NMO; GC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	NMO
<i>dicyclomine hcl oral tablet 20 mg</i>	1	NMO; GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	NMO
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	2	NMO
GASTROINTESTINAL AGENTS, OTHER		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>amoxicill-clarithro-lansopraz oral</i>	3	NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	NMO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	NMO; GC
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	NMO; GC
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	NMO; GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	GC
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	3	NMO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	NMO; GC
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	NMO; GC
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	NMO
SUTAB ORAL TABLET 1479-225-188 MG	4	NMO
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet 200 mg</i>	2	NMO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
PROTECTANTS		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	1	GC
PROTON PUMP INHIBITORS		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	GC
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	GC
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	

**GENETIC OR ENZYME OR PROTEIN DISORDER:
REPLACEMENT, MODIFIERS,
TREATMENT**

**GENETIC OR ENZYME OR PROTEIN DISORDER:
REPLACEMENT, MODIFIERS,
TREATMENT**

<i>betaine oral powder</i>	5	NMO
<i>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT</i>	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
<i>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</i>	3	
<i>ENDARI ORAL PACKET 5 GM</i>	5	PA; NMO; QL (180 EA per 30 days)
<i>GALAFOLD ORAL CAPSULE 123 MG</i>	5	PA; NMO; QL (15 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	5	PA; NMO
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	NMO
<i>ORFADIN ORAL CAPSULE 20 MG</i>	5	NMO
<i>ORFADIN ORAL SUSPENSION 4 MG/ML</i>	5	NMO
<i>PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</i>	5	PA; NMO
<i>RAVICTI ORAL LIQUID 1.1 GM/ML</i>	5	NMO
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; NMO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
sodium phenylbutyrate oral powder 3 gm/tsp	5	NMO
sodium phenylbutyrate oral tablet 500 mg	5	NMO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; NMO
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	PA; NMO
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	5	PA; NMO
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	3	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	4	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	GC
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	
<i>trospium chloride oral tablet 20 mg</i>	2	
BENIGN PROSTATIC HYPERPLASIA AGENTS		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	GC
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	GC
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	NMO
ELMIRON ORAL CAPSULE 100 MG	4	NMO
<i>penicillamine oral tablet 250 mg</i>	5	NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	NMO; GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	NMO; GC
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	NMO; GC
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	5	PA; NMO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	BD; NMO; GC
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	NMO
<i>prednisolone oral solution 15 mg/5ml</i>	2	BD; NMO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	BD; NMO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	4	BD; NMO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	BD; NMO
<i>prednisone oral solution 5 mg/5ml</i>	1	BD; NMO; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BD; NMO; GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	NMO; GC
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NMO
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANDROGENS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	NMO
<i>oxandrolone oral tablet 10 mg</i>	4	PA; NMO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; NMO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	PA
<i>testosterone transdermal solution 30 mg/act</i>	3	PA
ESTROGENS		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	4	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	NMO
ESTRING VAGINAL RING 2 MG	4	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	4	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
YUVAFEM VAGINAL TABLET 10 MCG	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	2	
APRI ORAL TABLET 0.15-30 MG-MCG	2	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
<i>brielllyn oral tablet 0.4-35 mg-mcg</i>	2	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	2	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
INTROVALE ORAL TABLET 0.15-0.03 MG	2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	
JASMIEL ORAL TABLET 3-0.02 MG	2	
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	2	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	2	
LORYNA ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	
MILI ORAL TABLET 0.25-35 MG-MCG	2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NIKKI ORAL TABLET 3-0.02 MG	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	2	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYMYO ORAL TABLET 0.25-35 MG-MCG	2	
OCELLA ORAL TABLET 3-0.03 MG	2	
OSPHENA ORAL TABLET 60 MG	3	PA
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	2	
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SYEDA ORAL TABLET 3-0.03 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	2	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	2	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VESTURA ORAL TABLET 3-0.02 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
DEBLITANE ORAL TABLET 0.35 MG	2	
ERRIN ORAL TABLET 0.35 MG	2	
INCASSIA ORAL TABLET 0.35 MG	2	
LYLEQ ORAL TABLET 0.35 MG	2	
LYZA ORAL TABLET 0.35 MG	2	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	NMO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	NMO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	NMO; GC
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	NMO; GC
NORA-BE ORAL TABLET 0.35 MG	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	2	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	4	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	4	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	GC
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	2	NMO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA; NMO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA; NMO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA; NMO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NMO; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO
SYNAREL NASAL SOLUTION 2 MG/ML	5	NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	PA; NMO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	1	GC
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NMO
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5	PA; NMO
IMMUNOGLOBULINS		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	BD; NMO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	BD; NMO
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	BD; NMO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	BD; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BD; NMO
IMMUNOLOGICAL AGENTS, OTHER		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO
IMMUNOSTIMULANTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; NMO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NMO
IMMUNOSUPPRESSANTS		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	BD
<i>azathioprine oral tablet 50 mg</i>	1	BD; GC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA; NMO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD
<i>everolimus oral tablet 0.25 mg, 0.75 mg, 1 mg</i>	5	BD; NMO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	5	BD; NMO; QL (120 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BD
GENGRAF ORAL SOLUTION 100 MG/ML	2	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BD; NMO; GC
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BD; NMO; GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	BD; NMO
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD
REZUROCK ORAL TABLET 200 MG	5	PA; NMO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	BD
<i>sirolimus oral solution 1 mg/ml</i>	5	BD; NMO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	BD
<i>sirolimus oral tablet 2 mg</i>	5	BD; NMO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	BD
<i>tacrolimus oral capsule 5 mg</i>	4	BD
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BD; NMO
VACCINES		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NMO
<i>bcg vaccine injection solution reconstituted 50 mg</i>	3	NMO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	NMO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NMO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	3	BD; NMO
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	BD; NMO
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BD; NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	NMO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NMO
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BD; NMO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NMO
IPOP INJECTION INJECTABLE	3	NMO
IXIARO INTRAMUSCULAR SUSPENSION	3	NMO
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	NMO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
MENACTRA INTRAMUSCULAR SOLUTION	3	NMO
MENQUADFI INTRAMUSCULAR SOLUTION	3	NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NMO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NMO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NMO
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	3	BD; NMO
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NMO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NMO
ROTAQUE ORAL SOLUTION	3	NMO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NMO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BD; NMO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BD; NMO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NMO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NMO
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	NMO
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium oral capsule 750 mg</i>	2	NMO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	3	
<i>mesalamine oral capsule delayed release 400 mg</i>	4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	3	
<i>mesalamine oral tablet delayed release 800 mg</i>	3	NMO
<i>mesalamine rectal enema 4 gm</i>	4	NMO
<i>mesalamine rectal suppository 1000 mg</i>	4	NMO
<i>sulfasalazine oral tablet 500 mg</i>	1	GC
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	GC
GLUCOCORTICOIDS		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	NMO
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	NMO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	NMO
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>alendronate sodium oral solution 70 mg/75ml</i>	2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	GC
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	BD
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	GC
<i>calcitriol oral solution 1 mcg/ml</i>	4	
<i>cinacalcet hcl oral tablet 30 mg</i>	3	BD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	BD; NMO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BD; NMO; QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	
<i>ibandronate sodium oral tablet 150 mg</i>	2	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NMO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	NMO
<i>raloxifene hcl oral tablet 60 mg</i>	2	
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	2	
<i>risedronate sodium oral tablet 30 mg</i>	2	NMO
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; NMO
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	5	PA; NMO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	NMO
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	NMO; GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	NMO; GC
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.025</i>	2	NMO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	NMO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	NMO; GC
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	NMO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	NMO

OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	NMO; GC
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	2	NMO

OPHTHALMIC ANTI-INFECTIVES

AZASITE OPHTHALMIC SOLUTION 1 %	4	NMO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	NMO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	NMO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	NMO; GC
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	NMO
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	NMO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	NMO; GC
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	NMO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	NMO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	NMO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	NMO
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	NMO; GC
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	NMO; GC
<i>tobramycin ophthalmic solution 0.3 %</i>	1	NMO; GC
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	NMO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	NMO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	NMO; GC
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	NMO; GC
<i>diluprednate ophthalmic emulsion 0.05 %</i>	3	NMO
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	NMO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	NMO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	NMO; GC
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	NMO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	NMO; GC
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	4	NMO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	NMO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	NMO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	NMO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	4	NMO
XIIDRA OPHTHALMIC SOLUTION 5 %	4	QL (60 EA per 30 days)
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	GC
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	GC
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
apraclonidine hcl ophthalmic solution 0.5 %	2	NMO
brimonidine tartrate ophthalmic solution 0.15 %	2	
brimonidine tartrate ophthalmic solution 0.2 %	1	GC
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	3	
brinzolamide ophthalmic suspension 1 %	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
dorzolamide hcl ophthalmic solution 2 %	1	GC
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	GC
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	GC
methazolamide oral tablet 25 mg, 50 mg	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost ophthalmic solution 0.03 %	2	
latanoprost ophthalmic solution 0.005 %	1	GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
travoprost (bak free) ophthalmic solution 0.004 %	3	
OTIC AGENTS		
OTIC AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>acetic acid otic solution 2 %</i>	1	NMO; GC
<i>ciprofloxacin hcl otic solution 0.2 %</i>	3	NMO
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	3	NMO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	NMO
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	NMO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	NMO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	NMO; GC
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	NMO; GC
<i>ofloxacin otic solution 0.3 %</i>	2	NMO
RESPIRATORY TRACT/ PULMONARY AGENTS		
ANTIHISTAMINES		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	NMO
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	4	NMO
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	NMO; GC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	NMO
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	NMO
<i>desloratadine oral tablet 5 mg</i>	2	NMO
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	4	NMO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	NMO; GC
<i>olopatadine hcl nasal solution 0.6 %</i>	4	NMO
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
<i>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT</i>	3	
<i>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</i>	3	
<i>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	3	BD
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	NMO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	3	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	NMO; GC
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	NMO
ANTILEUKOTRIENES		
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	GC
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	5	NMO
ZYFLO ORAL TABLET 600 MG	5	NMO
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BD; GC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	GC
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	GC
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	GC
<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>	1	BD; GC
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	NMO
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	NMO
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	BD
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	GC
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	GC
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; NMO
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
ORKAMBI ORAL PACKET 100-125 MG, 150- 188 MG, 75-94 MG	5	PA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	5	PA; NMO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	5	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NMO
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	3	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	1	GC
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	GC
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG	5	PA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	5	PA; NMO
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BD; NMO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	GC
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	4	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	GC
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BD
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	4	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	2	GC
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BD; GC
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	GC
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	4	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	GC
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	GC
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	3	NMO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	NMO
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	NMO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Drug Name	Tier	Requirements/Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	NMO; GC
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	NMO; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	3	NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	3	NMO; QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	4	NMO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	NMO; QL (30 EA per 30 days)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NMO; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; NMO; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 23504, Ver. 8 Last Updated 02/21/2023 Effective Date: 03/01/2023

Alphabetical Listing

A

abacavir sulfate	38
abacavir sulfate-lamivudine	38
ABELCET	19
ABILIFY MAINTENA.....	34
abiraterone acetate	23
acamprosate calcium	5
acarbose.....	42
ACCUTANE	58
acebutolol hcl.....	49
acetaminophen-codeine	3, 4
acetaminophen-codeine #3	3
acetazolamide	90
acetazolamide er	90
acetic acid.....	91
acetylcysteine.....	94
acitretin.....	58
ACTHIB	84
ACTIMMUNE.....	81
acyclovir	37, 62
acyclovir sodium.....	37
ADACEL.....	84
adapalene.....	58
adefovir dipivoxil.....	37
ADEMPAS	94
albendazole	31
albuterol sulfate	93
albuterol sulfate hfa.....	93
alclometasone dipropionate....	59
ALECENSA	26
alendronate sodium	87
alfuzosin hcl er.....	69
aliskiren fumarate	51
allopurinol	21
almotriptan malate	22
alosetron hcl.....	66
ALPHAGAN P	90
alprazolam	41
alprazolam er	41
ALTAVERA.....	73
ALUNBRIG	26
alyacen 1/35.....	73
amantadine hcl.....	32
AMBISOME.....	19
ambrisentan.....	94
amcinonide	59
AMETHIA.....	73
amikacin sulfate	6

amiloride hcl.....	53
amiloride-hydrochlorothiazide	51
amiodarone hcl	48
amitriptyline hcl	18
amlodipine besy-benazepril hcl	
.....	51
amlodipine besylate	50
amlodipine besylate-valsartan	51
amlodipine-atorvastatin	51
amlodipine-olmesartan	51
ammonium lactate	59
AMNESTEEM.....	58
amoxapine	18
amoxicill-clarithro-lansopraz.	67
amoxicillin	9
amoxicillin-pot clavulanate.....	9
amoxicillin-pot clavulanate er..	9
amphetamine-dextroamphet er	
.....	55
amphetamine-	
dextroamphetamine.....	55
amphotericin b.....	19
ampicillin	9
ampicillin sodium	9
ampicillin-sulbactam sodium ...	9
anagrelide hcl	46
anastrozole	26
ANORO ELLIPTA.....	94
apraclonidine hcl	90
aprepitant.....	19
APRI	73
APTIOM	15
APTIVUS.....	40
ARANELLE.....	73
ARCALYST.....	81
ARIKAYCE	6
ariPIPRAZOLE.....	34
armodafinil.....	96
ARNUTITY ELLIPTA.....	91
asenapine maleate	34
ASHLYNA.....	73
ASMANEX (120 METERED	
DOSES).....	91
ASMANEX (30 METERED	
DOSES).....	91
ASMANEX (60 METERED	
DOSES).....	92
ASMANEX HFA	92

aspirin-dipyridamole er	47
ASSURE ID INSULIN	
SAFETY SYR.....	44
atazanavir sulfate.....	40
atenolol	49
atenolol-chlorthalidone.....	51
atomoxetine hcl.....	56
atorvastatin calcium	54
atovaquone	31
atovaquone-proguanil hcl	31
atropine sulfate.....	87
ATROVENT HFA	92
AUBRA EQ.....	73
AURYXIA.....	66
AUSTEDO.....	57
AUVELITY	16
AVIANE	73
AVONEX PEN.....	57
AVONEX PREFILLED	57
AYVAKIT	26
AZASITE	88
azathioprine.....	82
azelaic acid.....	58
azelastine hcl.....	88, 91
azelastine-fluticasone	91
azithromycin	11
aztreonam.....	6
B	
bacitracin	88
bacitracin-polymyxin b.....	88
bacitra-neomycin-polymyxin-hc	
.....	87
baclofen	36
balsalazide disodium	86
BALVERSA	26
BALZIVA	73
BAQSIMI ONE PACK	44
BARACLUDE	37
bcg vaccine	84
BELSOMRA	96
benazepril hcl.....	48
benazepril-hydrochlorothiazide	
.....	51
BENLYSTA	82
benznidazole	31
benzoyl peroxide-erythromycin	
.....	58
benztropine mesylate.....	32

BESIVANCE.....	11
BESREMI.....	81
betaine	68
betamethasone dipropionate	59
betamethasone dipropionate aug	59
betamethasone valerate	59
BETASERON.....	57
betaxolol hcl	49, 89
bethanechol chloride	70
bexarotene	31
BEXSERO.....	84
bicalutamide	23
BICILLIN C-R	10
BICILLIN C-R 900/300.....	9
BICILLIN L-A	10
BIKTARVY	37
bimatoprost.....	90
bisoprolol fumarate	49
bisoprolol-hydrochlorothiazide	51
BLISOVI 24 FE.....	73
BLISOVI FE 1.5/30	73
BOOSTRIX	84
bosentan.....	94
BOSULIF	26
BRAFTOVI	26
BREO ELLIPTA	94
BREZTRI AEROSPHERE.....	94
briellyn	73
BRILINTA	47
brimonidine tartrate.....	90
brimonidine tartrate-timolol	90
brinzolamide	90
BRIVIACT	12
bromfenac sodium (once-daily)	89
bromocriptine mesylate.....	32
BROMSITE.....	89
BRUKINSA.....	26
budesonide.....	86, 92
budesonide er	86
budesonide-formoterol fumarate	95
bumetanide	53
buprenorphine	3
buprenorphine hcl	5
buprenorphine hcl-naloxone hcl	5
bupropion hcl.....	16
bupropion hcl er (smoking det)	6
bupropion hcl er (sr)	16
bupropion hcl er (xl).....	16
buspirone hcl	41
butalbital-apap-caff-cod	2
butalbital-apap-caffeine	2
butalbital-asa-caff-codeine.....	2
butalbital-aspirin-caffeine	2
butorphanol tartrate	4
C	
cabergoline	79
CABLIVI	47
CABOMETYX.....	26
calcipotriene	61
calcipotriene-betameth diprop	60
calcitonin (salmon)	87
calcitriol	61, 87
calcium acetate	66
calcium acetate (phos binder)	66
CALQUENCE	26
CAMILA.....	77
CAMRESE LO.....	73
CAMZYOS	51
candesartan cilexetil	47
candesartan cilexetil-hctz	51
CAPLYTA	34
CAPRELSA	26
captopril	48
carbamazepine	15
carbamazepine er	15
carbidopa	33
carbidopa-levodopa	33
carbidopa-levodopa er	33
carbidopa-levodopa-entacapone	32
carglumic acid	63
carteolol hcl.....	89
CARTIA XT.....	50
carvedilol.....	49
carvedilol phosphate er	49
caspofungin acetate	20
CAYSTON.....	93
cefaclor	8
cefaclor er	8
cefadroxil	8
cefazolin sodium.....	8
cefdinir	8
cefepime hcl	8
cefixime	8
cefotetan disodium.....	8
cefoxitin sodium.....	8
cefpodoxime proxetil.....	8
cefprozil	8
ceftazidime	8
ceftriaxone sodium	8
cefuroxime axetil.....	9
cefuroxime sodium	9
celecoxib	2
CELONTIN	14
cephalexin	9
cetirizine hcl.....	91
cevimeline hcl	58
CHEMET	64
chlordiazepoxide hcl	41
chlordiazepoxide-amitriptyline	16
chlorhexidine gluconate	58
chloroquine phosphate.....	31
chlorpromazine hcl.....	33
chlorthalidone	53
chlorzoxazone	95
cholestyramine	54
cholestyramine light	54
ciclopirox	62
ciclopirox olamine	20
cilostazol	47
CIMDUO	38
cimetidine	67
cimetidine hcl.....	67
cinacalcet hcl	87
CINRYZE	80
ciprofloxacin hcl	11, 91
ciprofloxacin in d5w	11
ciprofloxacin-dexamethasone	91
ciprofloxacin-fluocinolone pf	91
citalopram hydrobromide	17
CLARAVIS	58
clarithromycin	11
clarithromycin er	11
CLENPIQ	67
CLIMARA PRO	73
clindamycin hcl	6
clindamycin palmitate hcl	6
clindamycin phos-benzoyl perox	58
clindamycin phosphate	7, 62
clindamycin phosphate in d5w	7
CLINIMIX E/DEXTROSE (2.75/5)	64

CLINIMIX E/DEXTROSE	
(4.25/10)	65
CLINIMIX E/DEXTROSE	
(4.25/5)	65
CLINIMIX E/DEXTROSE	
(5/15)	65
CLINIMIX E/DEXTROSE	
(5/20)	65
CLINIMIX/DEXTROSE	
(4.25/10)	65
CLINIMIX/DEXTROSE	
(4.25/5)	65
CLINIMIX/DEXTROSE (5/15)	
.....	65
CLINIMIX/DEXTROSE (5/20)	
.....	65
CLINISOL SF.....	65
clobazam.....	14
clobetasol propionate	60
clobetasol propionate e.....	60
clobetasol propionate emulsion	
.....	60
clomipramine hcl	18
clonazepam.....	41
clonidine	47
clonidine hcl	47
clonidine hcl er	56
clopidogrel bisulfate.....	47
clorazepate dipotassium	41
clotrimazole	20
clotrimazole-betamethasone	61,
62	
clozapine.....	36
COARTEM.....	31
codeine sulfate	4
colchicine.....	21
colchicine-probenecid	21
colesevelam hcl.....	54
colestipol hcl.....	54
colistimethate sodium (cba)....	7
COMBIGAN	90
COMBIPATCH	73
COMBIVENT RESPIMAT	95
COMETRIQ (100 MG DAILY DOSE).....	26
COMETRIQ (140 MG DAILY DOSE).....	27
COMETRIQ (60 MG DAILY DOSE).....	27
COMFORT ASSIST INSULIN SYRINGE	44
COMPLERA.....	38
CONDYLOX	62
constulose.....	66
COPIKTRA.....	27
CORLANOR.....	51
COSENTYX	81
COSENTYX (300 MG DOSE)	
.....	81
COSENTYX SENSOREADY (300 MG).....	81
COTELLIC	27
CREON.....	68
cromolyn sodium.....	68, 88, 95
CRYSELLE-28	73
cvs gauze sterile.....	44
cyclobenzaprine hcl	95
cyclophosphamide	23
cyclosporine	82, 87
cyclosporine modified	82
cyproheptadine hcl.....	91
CYRED EQ.....	73
CYSTADROPS	87
CYSTAGON	68
CYSTARAN	88
D	
dabigatran etexilate mesylate	.46
dalfampridine er	57
DALIRESP.....	94
danazol	71
dantrolene sodium	36
dapsone	23
DAPTACEL.....	84
daptomycin.....	7
darifenacin hydrobromide er..	69
DAURISMO	27
DEBLITANE	78
deferasirox.....	64
deferiprone	64
DELSTRIGO.....	38
demeccocycline hcl	12
DEPO-ESTRADIOL	71
DESCOVY	38
desipramine hcl	18
desloratadine	91
desmopressin acetate	71
desmopressin acetate spray	71
desogestrel-ethinyl estradiol ..	73
desonide	60
desoximetasone	60
desvenlafaxine er.....	17
desvenlafaxine succinate er ...	17
dexamethasone	70
dexamethasone sodium	
phosphate	89
dexlansoprazole.....	67
dexamethylphenidate hcl.....	56
dextroamphetamine sulfate... <td>55,</td>	55,
56	
dextroamphetamine sulfate er	55
dextrose.....	65
dextrose-nacl.....	65
DIACOMIT	12
diazepam.....	14, 41
DIAZEPAM INTENSOL.....	41
diazoxide.....	44
diclofenac potassium	2
diclofenac sodium	2, 62, 89
diclofenac sodium er	2
diclofenac-misoprostol	2
dicloxacillin sodium	10
dicyclomine hcl.....	66
DIFICID	11
diflunisal	2
difluprednate	89
DIGITEK.....	51
digoxin.....	51, 52
dihydroergotamine mesylate..	21
DILANTIN	15
diltiazem hcl.....	50
diltiazem hcl er.....	50
diltiazem hcl er beads	50
diltiazem hcl er coated beads.	50
dilt-xr	50
dimethyl fumarate	57
dimethyl fumarate starter pack	
.....	57
diphenoxylate-atropine	66
diphtheria-tetanus toxoids dt..	84
dipyridamole	47
disopyramide phosphate	48
disulfiram.....	5
divalproex sodium.....	42
divalproex sodium er.....	41
DIVIGEL.....	72
dofetilide.....	48
DOJOLVI	65
donepezil hcl.....	16
dorzolamide hcl.....	90

dorzolamide hcl-timolol mal	90
dorzolamide hcl-timolol mal pf	90
DOTTI.....	72
DOVATO.....	37
doxazosin mesylate	47
doxepin hcl	18, 96
doxercalciferol.....	87
DOXY 100	12
doxycycline hydiate	12
doxycycline monohydrate	12
DRIZALMA SPRINKLE.....	17
dronabinol.....	19
drospirenone-ethinyl estradiol	73
DROXIA	24
droxidopa.....	47
DUAVEE.....	72
duloxetine hcl	17
DUPIXENT	81
dutasteride	70
dutasteride-tamsulosin hcl.....	70
E	
econazole nitrate	20
EDARBI	47
EDARBYCLOR	52
EDURANT	38
efavirenz	38
efavirenz-emtricitab-tenofo df	39
efavirenz-lamivudine-tenofovir	39
eletriptan hydrobromide	22
ELIGARD	79
ELIQUIS	46
ELIQUIS DVT/PE STARTER PACK	46
ELMIRON.....	70
ELURYNG	73
EMCYT	24
EMGALITY	21, 22
EMOQUETTE.....	73
EMSAM	17
emtricitabine	39
emtricitabine-tenofovir df	39
EMTRIVA.....	39
EMVERM	31
enalapril maleate	48
enalapril-hydrochlorothiazide	52
ENBREL	82
ENBREL MINI.....	82
ENBREL SURECLICK.....	82
ENDARI	68
ENGERIX-B	84
enoxaparin sodium.....	46
ENPRESSE-28	73
ENSKYCE	73
ENSPLYNG.....	82
entacapone.....	32
entecavir.....	37
ENTRESTO	52
enulose	66
ENVARSUS XR	82
EPIDIOLEX.....	13
epinastine hcl.....	88
epinephrine.....	93
EPITOL.....	15
EPIVIR HBV	37
eplerenone	53
EPRONTIA.....	22
ERAXIS	20
ergoloid mesylates	15
ERIVEDGE.....	27
ERLEADA	23
erlotinib hcl	27
ERRIN	78
ertapenem sodium.....	10
ery	63
ERYTHROCIN	
LACTOBIONATE	11
ERYTHROCIN STEARATE	11
erythromycin	11, 63, 88
erythromycin base	11
erythromycin ethylsuccinate ..	11
ESBRIET	94
escitalopram oxalate	17
esomeprazole magnesium	68
ESTARYLLA	74
estradiol.....	72
estradiol valerate.....	72
estradiol-norethindrone acet..	74
ESTRING.....	72
ESTROGEL	72
eszopiclone	96
ethacrynic acid.....	53
ethambutol hcl	23
ethosuximide	14
ethynodiol diac-eth estradiol..	74
etodolac	2
etodolac er	2
etonogestrel-ethinyl estradiol.	74
etravirine	38
EUCRISA	60
EUTHYROX	78
EVAMIST	72
everolimus	27, 82
EVOTAZ	40
EVRYSDI	57
EXEL COMFORT POINT PEN NEEDLE	44
exemestane.....	26
EXKIVITY	27
ezetimibe.....	54
ezetimibe-rosuvastatin	54
ezetimibe-simvastatin	54
F	
FALMINA	74
famciclovir.....	37
famotidine	67
FANAPT	34
FANAPT TITRATION PACK	
.....	34
febuxostat.....	21
felbamate	13
felodipine er	50
FEMYNOR	74
fenofibrate	53
fenofibrate micronized	53
fenofibric acid	53
fentanyl	3
fentanyl citrate	4
FERRIPROX	64
fesoterodine fumarate er	69
FETZIMA	17
FETZIMA TITRATION	17
FIASP	44
FIASP FLEXTOUCH	44
FIASP PENFILL	44
finasteride	70
fingolimod hcl.....	57
FINTEPLA	13
FIRDAPSE	57
FLAREX	89
flecainide acetate	48
FLOVENT DISKUS	92
FLOVENT HFA	92
fluconazole	20
fluconazole in sodium chloride	20
flucytosine	20
fludrocortisone acetate	70
flunisolide	92

fluocinolone acetonide	60, 91	GILENYA.....	57
fluocinolone acetonide scalp ..	60	GILOTrif	27
fluocinonide	60	glatiramer acetate	57
fluocinonide emulsified base..	60	GLEOSTINE.....	23
fluorometholone.....	89	glimepiride	42
fluorouracil	62	glipizide	42
fluoxetine hcl	17	glipizide er.....	42
fluphenazine decanoate	33	glipizide-metformin hcl	42
fluphenazine hcl.....	33	global alcohol prep ease.....	62
flurbiprofen.....	2	GLUCAGEN HYPOKIT	44
flurbiprofen sodium	89	glucagon emergency	44
fluticasone furoate-vilanterol.	95	glyburide	42
fluticasone propionate 60, 61,	92	glyburide micronized.....	42
fluticasone propionate hfa	92	glyburide-metformin.....	42
fluticasone-salmeterol	95	glycopyrrolate	66
fluvastatin sodium.....	54	granisetron hcl	19
fluvastatin sodium er.....	54	griseofulvin microsize	20
fluvoxamine maleate.....	17	griseofulvin ultramicrosize	20
fondaparinux sodium.....	46	guanfacine hcl	47
fosamprenavir calcium	40	guanfacine hcl er	56
fosinopril sodium.....	48	H	
fosinopril sodium-hctz	52	HAILEY 24 FE	74
FOTIVDA	27	halcinoxide	61
furosemide.....	53	halobetasol propionate	61
FUZEON.....	39	haloperidol	34
FYAVOLV	74	haloperidol decanoate	33
FYCOMPA.....	13	haloperidol lactate	33
G		HAVRIX.....	84
gabapentin	14	heparin sodium (porcine)	46
GALAFOLD.....	68	HIBERIX	84
galantamine hydrobromide....	16	HUMIRA	83
galantamine hydrobromide er.	16	HUMIRA PEDIATRIC	
GAMMAGARD	80	CROHNS START	82
GAMMAGARD S/D LESS IGA		HUMIRA PEN	82
.....	80	HUMIRA PEN-CD/UC/HS	
GAMMAPLEX.....	80	STARTER.....	83
GAMUNEX-C	80	HUMIRA PEN-PEDIATRIC	
GARDASIL 9.....	84	UC START	83
gatifloxacin.....	88	HUMIRA PEN-PS/UV/ADOL	
GATTEX.....	67	HS START	83
GAVILYTE-C	67	HUMIRA PEN-PSOR/UVEIT	
GAVILYTE-G.....	67	STARTER.....	83
GAVRETO.....	27	hydralazine hcl	55
gemfibrozil	53	hydrochlorothiazide	53
generlac	66	hydrocodone-acetaminophen ...	4
GENGRAF	82	hydrocodone-ibuprofen.....	4
GENTAK.....	88	hydrocortisone	61, 70, 86
gentamicin in saline	6	hydrocortisone (perianal).....	61
gentamicin sulfate	6, 88	hydrocortisone ace-pramoxine	62
GENVOYA	37	hydrocortisone valerate.....	61
		hydrocortisone-acetic acid.....	91
		hydromorphone hcl	4
		hydromorphone hcl er	3
		hydroxychloroquine sulfate ..	31
		hydroxyurea	24
		hydroxyzine hcl.....	41
		hydroxyzine pamoate	41
		HYFTOR	62
		I	
		ibandronate sodium	87
		IBRANCE.....	27
		IBU	2
		ibuprofen.....	2
		icatibant acetate.....	80
		ICLEVIA	74
		ICLUSIG	27
		icosapent ethyl	54
		IDHIFA.....	24, 25
		ILEVRO	89
		imatinib mesylate	27
		IMBRUVICA.....	27, 28
		imipenem-cilastatin	10
		imipramine hcl	18
		imipramine pamoate	18
		imiquimod.....	62
		IMOVAx RABIES	84
		IMVEXXY MAINTENANCE	
		PACK	72
		IMVEXXY STARTER PACK	
		72
		INBRIJA	33
		INCASSIA	78
		INCRELEX.....	71
		indapamide.....	53
		indomethacin.....	2
		indomethacin er.....	2
		INFANRIX	84
		INLYTA	28
		INQOVI	24
		INREBIC	28
		insulin asp prot & asp flexpen	44
		insulin aspart	44
		insulin aspart flexpen	44
		insulin aspart penfill	44
		insulin aspart prot & aspart....	44
		INTELENCE	38
		INTRALIPID	65
		INTRAROSA.....	74
		INTROVALE.....	74
		INVEGA HAFYERA.....	34

INVEGA SUSTENNA.....	34, 35	KARIVA	74
INVEGA TRINZA.....	35	KATERZIA.....	50
INVOKAMET	42	kcl in dextrose-nacl.....	63
INVOKAMET XR.....	42	kcl-lactated ringers-d5w	63
INVOKANA.....	42	KELNOR 1/35.....	74
IPOP.....	84	KELNOR 1/50.....	74
ipratropium bromide	92	KERENDIA	53
ipratropium-albuterol	95	KESIMPTA.....	58
irbesartan	48	ketoconazole.....	20
irbesartan-hydrochlorothiazide	52	ketoprofen	3
IRESSA.....	28	ketoprofen er	2
ISENTRESS	37	ketorolac tromethamine	3, 89
ISENTRESS HD.....	37	KINRIX	84
ISIBLOOM.....	74	KISQALI (200 MG DOSE) ...	28
ISOLYTE-P IN D5W.....	65	KISQALI (400 MG DOSE) ...	28
ISOLYTE-S PH 7.4	63	KISQALI (600 MG DOSE) ...	28
isoniazid	23	KISQALI FEMARA (400 MG DOSE).....	25
isosorb dinitrate-hydralazine ..	52	KISQALI FEMARA (600 MG DOSE).....	25
isosorbide dinitrate.....	55	KISQALI FEMARA(200 MG DOSE).....	25
isosorbide mononitrate	55	KLOR-CON	63
isosorbide mononitrate er.....	55	KLOR-CON 10	63
isotretinoin.....	58	KLOR-CON M10.....	63
isradipine	50	KLOR-CON M15	63
ISTURISA.....	70	KLOR-CON M20.....	63
itraconazole.....	20	KLOXXADO	5
ivermectin.....	31	KORLYM	44
IXIARO.....	84	KOSELUGO	28
J		KURVELO.....	74
JAKAFI.....	28	KYNMOBI.....	32
JANTOVEN	46	L	
JANUMET	42	labetalol hcl.....	49
JANUMET XR.....	42	lacosamide.....	15
JANUVIA.....	42	lactulose	66
JARDIANCE	42	lamivudine.....	37, 39
JASMIEL	74	lamivudine-zidovudine	39
JINTELI	74	lamotrigine	13
JUBLIA	20	lamotrigine er	13
JULEBER.....	74	lamotrigine starter kit-blue....	13
JULUCA.....	39	lamotrigine starter kit-green... <td>13</td>	13
JUNEL 1.5/30.....	74	lamotrigine starter kit-orange.	13
JUNEL 1/20.....	74	LAMPIT.....	31
JUNEL FE 1.5/30	74	lansoprazole	68
JUNEL FE 1/20	74	LANTUS.....	44
JUNEL FE 24	74	LANTUS SOLOSTAR.....	44
JUXTAPID	54	lapatinib ditosylate.....	28
JYNNEOS	84	LARIN 1.5/30	74
K		LARIN 1/20	74
KAITLIB FE	74	L	
KALYDECO	93	LARIN FE 1.5/30.....	75
		LARIN FE 1/20.....	75
		latanoprost	90
		LATUDA.....	35
		LEENA.....	75
		leflunomide	81
		lenalidomide	24
		LENVIMA (10 MG DAILY DOSE)	28
		LENVIMA (12 MG DAILY DOSE)	28
		LENVIMA (14 MG DAILY DOSE)	28
		LENVIMA (18 MG DAILY DOSE)	28
		LENVIMA (20 MG DAILY DOSE)	28
		LENVIMA (24 MG DAILY DOSE)	28
		LENVIMA (4 MG DAILY DOSE)	28
		LENVIMA (8 MG DAILY DOSE)	28
		LESSINA.....	75
		letrozole	26
		leucovorin calcium.....	25
		LEUKERAN.....	23
		LEUKINE	46
		leuprolide acetate	79
		levalbuterol hcl.....	93
		LEVEMIR	44
		LEVEMIR FLEXTOUCH....	44
		levetiracetam	13
		levetiracetam er	13
		levobunolol hcl.....	89
		levocarnitine	65
		levocetirizine dihydrochloride	91
		levofloxacin	12, 88
		levofloxacin in d5w.....	11
		LEVONEST.....	75
		levonorgest-eth estrad 91-day	75
		levonorgestrel-ethinyl estrad .	75
		levonorg-eth estrad triphasic..	75
		LEVORA 0.15/30 (28).....	75
		LEVO-T.....	78
		levothyroxine sodium	78
		LEVOXYL	79
		LEXIVA	40
		lidocaine	5
		lidocaine hcl.....	5

lidocaine viscous hcl	5	MATZIM LA	50
lidocaine-prilocaine.....	5	MAVYRET	37
linezolid.....	7	MAYZENT	58
LINZESS.....	66	MAYZENT STARTER PACK	58
liothyronine sodium	79	meclizine hcl	19
lisinopril	48	medroxyprogesterone acetate.	78
lisinopril-hydrochlorothiazide	52	mefloquine hcl.....	31
lithium carbonate	42	megestrol acetate	78
lithium carbonate er	42	MEKINIST.....	29
LIVALO	54	MEKTOVI	29
LO LOESTRIN FE	75	meloxicam.....	3
LOKELMA.....	64	memantine hcl	15
LONSURF	25	memantine hcl er	15
loperamide hcl	66	MENACTRA	85
lopinavir-ritonavir.....	40	MENEST.....	72
lorazepam	41	MENQUADFI	85
LORAZEPAM INTENSOL	41	MENVEO	85
LORBRENA.....	28, 29	mercaptopurine.....	24
LORYNA	75	meropenem.....	10
losartan potassium.....	48	mesalamine.....	86
losartan potassium-hctz	52	mesalamine er.....	86
loteprednol etabonate	89	MESNEX	25
lovastatin	54	metformin hcl.....	43
LOW-OGESTREL.....	75	metformin hcl er	43
loxapine succinate.....	34	methadone hcl	3
lubiprostone	66	methazolamide	90
LUMAKRAS.....	25	methenamine hippurate.....	7
LUMIGAN	90	methimazole	80
LUPKYNIS	83	methocarbamol	95
LUPRON DEPOT (1-MONTH)	79	methotrexate sodium.....	83
LUPRON DEPOT (3-MONTH)	79	methotrexate sodium (pf).....	83
LUPRON DEPOT (4-MONTH)	79	methoxsalen rapid.....	62
LUPRON DEPOT (6-MONTH)	79	methscopolamine bromide	66
LUTERA	75	methylphenidate hcl.....	56
LYBALVI	35	methylphenidate hcl er.....	56
LYLEQ.....	78	methylphenidate hcl er (cd)....	56
LYNPARZA.....	25	methylphenidate hcl er (la)	56
LYSODREN.....	23	methylphenidate hcl er (osm).56	
LYZA	78	methylphenidate hcl er (xr)....	56
M		methylprednisolone	70
magnesium sulfate	63	metoclopramide hcl	67
malathion.....	62	metolazone	53
maraviroc.....	39	metoprolol succinate er.....	49
marlissa	75	metoprolol tartrate	49
MARPLAN.....	17	metoprolol-hydrochlorothiazide	52
MATULANE.....	23	metronidazole.....	7
		metyrosine.....	52
		mexiletine hcl	48
		micafungin sodium.....	20
		miconazole 3	20
		MICROGESTIN 1.5/30.....	75
		MICROGESTIN 1/20	75
		MICROGESTIN 24 FE.....	75
		MICROGESTIN FE 1.5/30 ...	75
		MICROGESTIN FE 1/20.....	75
		midodrine hcl	47
		MIGERGOT	21
		miglitol	43
		miglustat	68
		MILI	75
		minocycline hcl.....	12
		minoxidil.....	55
		mirtazapine	16
		misoprostol	67
		M-M-R II	85
		modafinil.....	96
		moexipril hcl.....	48
		molindone hcl	34
		mometasone furoate	61, 92
		montelukast sodium	92
		morphine sulfate.....	4
		morphine sulfate (concentrate)	4
		morphine sulfate er.....	3
		MOVANTIK.....	66
		moxifloxacin hcl	12, 88
		moxifloxacin hcl in nacl.....	12
		MULTAQ	48
		mupirocin.....	63
		mupirocin calcium.....	63
		mycophenolate mofetil	83
		mycophenolate sodium.....	83
		MYORISAN	58
		MYRBETRIQ	69
		N	
		na sulfate-k sulfate-mg sulf ...	67
		nabumetone.....	3
		nadolol	49
		nafcillin sodium	10
		naftifine hcl.....	20
		naloxone hcl.....	5
		naltrexone hcl.....	5
		NAMZARIC	15, 16
		naproxen	3
		naproxen sodium	3
		naratriptan hcl	22
		NARCAN	5
		NATACYN.....	88
		nateglinide	43

NATPARA	87
NAYZILAM.....	14
nebivolol hcl	49
NECON 0.5/35 (28)	75
nefazodone hcl.....	17
neomycin sulfate.....	6
neomycin-bacitracin zn- polymyx.....	88
neomycin-polymyxin-dexameth	88
neomycin-polymyxin- gramicidin.....	88
neomycin-polymyxin-hc ..	88, 91
NERLYNX.....	29
NEUPRO.....	32
nevirapine	38
nevirapine er	38
niacin er (antihyperlipidemic)	54
nicardipine hcl	50
NICOTROL.....	6
NICOTROL NS.....	6
nifedipine er.....	50
nifedipine er osmotic release..	50
NIKKI	75
nilutamide.....	23
nimodipine.....	50
NINLARO.....	25
nisoldipine er	50
nitazoxanide.....	31
nitisinone	68
NITRO-BID.....	55
nitrofurantoin.....	7
nitrofurantoin macrocrystal	7
nitrofurantoin monohyd macro.	7
nitroglycerin	55
nizatidine	67
NOCDURNA.....	71
NORA-BE	78
norethin ace-eth estrad-fe	75
norethindrone.....	78
norethindrone acetate	78
norethindrone acet-ethinyl est	75
norethindrone-eth estradiol....	76
norethindron-ethinyl estrad-fe	76
norethin-eth estradiol-fe	76
norgestimate-eth estradiol	76
norgestim-eth estrad triphasic.	76
NORTREL 0.5/35 (28).....	76
NORTREL 1/35 (21)	76
NORTREL 1/35 (28)	76
NORTREL 7/7/7	76
nortriptyline hcl	19
NORVIR	40
NOVOLIN 70/30.....	45
NOVOLIN 70/30 FLEXPEN.	45
NOVOLIN N.....	45
NOVOLIN N FLEXPEN.....	45
NOVOLIN R.....	45
NOVOLIN R FLEXPEN	45
NOVOLOG	45
NOVOLOG FLEXPEN	45
NOVOLOG MIX 70/30.....	45
NOVOLOG MIX 70/30 FLEXPEN	45
NOVOLOG PENFILL.....	45
NOXAFILE.....	20, 21
NUBEQA	24
NUCALA	95
NUEDEXTA	57
NUPLAZID.....	35
NUTRILIPID	65
NYAMYC	21
NYLIA 1/35	76
NYLIA 7/7/7	76
NYMYO	76
nystatin.....	21
nystatin-triamcinolone	62
NYSTOP	21
O	
OCELLA	76
octreotide acetate.....	80
ODEFSEY.....	39
ODOMZO	29
OFEV	94
ofloxacin	12, 88, 91
olanzapine	35
olanzapine-fluoxetine hcl.....	16
olmesartan medoxomil.....	48
olmesartan medoxomil-hctz...	52
olmesartan-amlodipine-hctz...	52
olopatadine hcl	88, 91
omega-3-acid ethyl esters	54
omeprazole	68
OMNITROPE	71
ondansetron	19
ondansetron hcl	19
ONUREG	24
OPSUMIT	94
ORFADIN	68
ORGOVYX.....	25
ORKAMBI	93
orphenadrine citrate er.....	96
oseltamivir phosphate.....	40
OSPHENA.....	76
oxacillin sodium.....	10
oxacillin sodium in dextrose..	10
oxandrolone	71
oxaprozin	3
oxazepam	41
oxcarbazepine	15
oxiconazole nitrate	21
oxybutynin chloride	69
oxybutynin chloride er.....	69
oxycodone hcl.....	4
oxycodone hcl er	3
oxycodone-acetaminophen	4
oxymorphone hcl.....	4
OZEMPIC (0.25 OR 0.5 MG/DOSE)	43
OZEMPIC (1 MG/DOSE)....	43
OZEMPIC (2 MG/DOSE)....	43
P	
PACERONE	49
paliperidone er	35
PANRETIN.....	62
pantoprazole sodium	68
paricalcitol	87
paromomycin sulfate	6
paroxetine hcl.....	18
paroxetine hcl er.....	18
PAXIL	18
PEDIARIX.....	85
PEDVAX HIB	85
peg 3350-kcl-na bicarb-nacl ..	67
peg-3350/electrolytes	67
PEGASYS	82
PEMAZYRE.....	29
penicillamine.....	70
penicillin g pot in dextrose ...	10
penicillin g potassium.....	10
penicillin g procaine	10
penicillin g sodium.....	10
penicillin v potassium.....	10
PENTACEL.....	85
pentamidine isethionate....	31, 32
pentoxifylline er	52
perindopril erbumine.....	48
PERIOGARD.....	58
permethrin.....	62
perphenazine	34

perphenazine-amitriptyline.....	16
PERSERIS.....	35
phenelzine sulfate	17
phenobarbital	13
phenytoin.....	15
phenytoin sodium extended....	15
PIFELTRO	38
pilocarpine hcl	58, 90
pimecrolimus	61
pimozide	34
PIMTREA	76
pindolol	49
pioglitazone hcl.....	43
pioglitazone hcl-glimepiride..	43
pioglitazone hcl-metformin hcl	43
piperacillin sod-tazobactam so10	
PIQRAY (200 MG DAILY DOSE).....	29
PIQRAY (250 MG DAILY DOSE).....	29
PIQRAY (300 MG DAILY DOSE).....	29
pirfenidone.....	94
PIRMELLA 1/35	76
piroxicam.....	3
PLASMA-LYTE 148.....	63
PLASMA-LYTE A.....	63
PLENAMINE	65
podofilox	62
polymyxin b sulfate.....	7
polymyxin b-trimethoprim	88
POMALYST.....	24
PORTIA-28	76
posaconazole.....	21
potassium chloride	64
potassium chloride crys er.....	63
potassium chloride er	64
potassium chloride in nacl.....	64
potassium citrate er	64
potassium cl in dextrose 5%... <td>64</td>	64
PRADAXA.....	46
pramipexole dihydrochloride..	32
pramipexole dihydrochloride er	32
prasugrel hcl	47
pravastatin sodium	54
praziquantel	31
prazosin hcl.....	47
prednicarbate	61
prednisolone	70
prednisolone acetate	89
prednisolone sodium phosphate	70, 89
prednisone	70, 71
PREDNISONE INTENSOL ..	70
preferred plus insulin syringe.	45
pregabalin.....	57
prehevbrio	85
PREMARIN	72
PREMASOL	65
PREMPHASE	76
PREMPRO	76
prenatal.....	65
PREVALITE	54
PREVYMIS	36
PREZCOBIX.....	40
PREZISTA	40
PRIFTIN	23
primaquine phosphate.....	32
primidone	13
PRIORIX.....	85
PRIVIGEN	80
PROAIR RESPICLICK.....	93
probenecid.....	21
prochlorperazine	19
prochlorperazine maleate.....	19
PROCTO-MED HC.....	61
PROCTO-PAK.....	61
PROCTOSOL HC	61
PROCTOZONE-HC.....	61
progesterone	78
PROGRAF	83
PROLASTIN-C	68
PROLENSA	89
PROLIA	87
PROMACTA.....	46
promethazine hcl	19
propafenone hcl	49
propafenone hcl er	49
propranolol hcl	22, 49
propranolol hcl er	22, 49
propylthiouracil	80
PROQUAD	85
PROSOL	65
protriptyline hcl	19
PULMOZYME.....	93
PURIXAN.....	24
pyrazinamide	23
pyridostigmine bromide.....	23
pyridostigmine bromide er....	22
pyrimethamine	32
Q	
QINLOCK	29
QUADRACEL.....	85
quetiapine fumarate.....	35
quetiapine fumarate er.....	35
quinapril hcl.....	48
quinapril-hydrochlorothiazide	52
quinidine gluconate er	49
quinidine sulfate.....	49
quinine sulfate.....	32
R	
RABAVERT	85
rabeprazole sodium	68
raloxifene hcl	87
ramipril	48
ranolazine er.....	52
rasagiline mesylate	33
RAVICTI	68
RECLIPSEN	76
RECOMBIVAX HB	85
RECTIV	55
REGRANEX.....	62
RELENZA DISKHALER	40
RELI-ON INSULIN SYRINGE	45
repaglinide	43
REPATHA	54
REPATHA PUSHTRONEX SYSTEM.....	54
REPATHA SURECLICK	55
RETACRIT	47
RETEVMO	29
REVLIMID	24
REXULTI	35
REYATAZ	40
REZUROCK	83
RHOPRESSA	90
ribavirin	37
rifabutin	23
rifampin	23
riluzole.....	57
rimantadine hcl.....	40
RINVOQ	81
risedronate sodium	87
RISPERDAL CONSTA	35
risperidone	35, 36
ritonavir	40
rivastigmine	16

rivastigmine tartrate	16	SYNTHROID	79
rizatriptan benzoate.....	22	T	
ROCKLATAN.....	90	TABLOID.....	24
roflumilast	94	TABRECTA	30
ropinirole hcl	32	tacrolimus	61, 83
ropinirole hcl er.....	32	TAFINLAR.....	30
rosuvastatin calcium.....	54	TAGRISSO	30
ROTARIX	85	TALZENNA	30
ROTATEQ	85	tamoxifen citrate	24
ROZLYTREK	29	tamsulosin hcl	70
RUBRACA.....	29	TARINA 24 FE.....	77
rufinamide	15	TARINA FE 1/20 EQ.....	77
RUKOBIA.....	39	TASIGNA.....	30
RYBELSUS.....	43	TAVNEOS.....	81
RYDAPT.....	29	tazarotene.....	59
RYTARY	33	TAZORAC	59
S		TAZTIA XT.....	51
SANDIMMUNE.....	83	TAZVERIK	30
SANTYL	62	TDVAX	85
sapropterin dihydrochloride ...	68	TEFLARO	9
SAVELLA.....	57	TEGSEDI.....	69
SAVELLA TITRATION PACK	57	telmisartan	48
SCEMBLIX.....	29	telmisartan-amlodipine	52
scopolamine.....	19	telmisartan-hctz.....	52
SECUADO	36	temazepam	96
selegiline hcl.....	33	TENIVAC.....	85
selenium sulfide	61	tenofovir disoproxil fumarate	39
SELZENTRY	39	TEPMETKO	30
SEREVENT DISKUS.....	93	terazosin hcl	47
sertraline hcl	18	terbinafine hcl	21
SETLAKIN.....	76	terbutaline sulfate.....	93
sevelamer carbonate	66	terconazole	21
SHAROBEL	78	teriparatide (recombinant)	87
SHINGRIX.....	85	testosterone	71
SIGNIFOR.....	80	testosterone cypionate	71
sildenafil citrate	94	testosterone enanthate	71
silodosin	70	tetrabenazine	57
silver sulfadiazine	62	tetracycline hcl.....	12
SIMBRINZA	90	THALOMID	24
simvastatin.....	54	theophylline er	94
sirolimus	83	thioridazine hcl.....	34
SIRTURO	23	thiothixene	34
SKYRIZI.....	81	THYQUIDITY.....	79
SKYRIZI PEN.....	81	TIADYLT ER.....	51
sodium chloride	64	tiagabine hcl.....	14
sodium fluoride.....	64	TIBSOVO.....	30
sodium phenylbutyrate.....	69	TICOVAC	85
sodium polystyrene sulfonate	64	tigecycline.....	7
sofosbuvir-velpatasvir	37	TIGLUTIK.....	57
		TILIA FE	77

timolol maleate	49, 89
timolol maleate (once-daily)....	89
timidazole	7
TIROSINT	79
TIROSINT-SOL	79
TIVICAY.....	38
TIVICAY PD.....	38
tizanidine hcl	36
TOBI PODHALER.....	93
tobramycin.....	89, 94
tobramycin sulfate.....	6
tobramycin-dexamethasone....	88
tolterodine tartrate.....	69
tolterodine tartrate er.....	69
tolvaptan.....	64
topiramate.....	22
topiramate er.....	22
toremifene citrate.....	24
torsemide	53
TOUJEO MAX SOLOSTAR	45
TOUJEO SOLOSTAR.....	45
TPN ELECTROLYTES.....	65
tramadol hcl.....	4
tramadol hcl er.....	3
tramadol-acetaminophen	4
trandolapril	48
tranexamic acid.....	47
tranylcypromine sulfate.....	17
TRAVASOL.....	65
travoprost (bak free).....	90
trazodone hcl	18
TRECATOR.....	23
TRELEGY ELLIPTA	95
TRELSTAR MIXJECT.....	80
TRESIBA	45
TRESIBA FLEXTOUCH	45
tretinoin	31, 59
tretinoin microsphere	59
TREXALL.....	83
triamcinolone acetonide ...	58, 61
triamterene-hctz	52
triazolam.....	41
trientine hcl.....	64
TRI-ESTARYLLA	77
trifluoperazine hcl.....	34
trifluridine.....	37
trihexyphenidyl hcl	32
TRIKAFTA	94
TRI-LEGEST FE.....	77
TRI-LO-ESTARYLLA	77
TRI-LO-SPRINTEC	77
trimethobenzamide hcl.....	19
trimethoprim.....	7
TRI-MILI	77
trimipramine maleate	19
TRINTELLIX	18
TRI-NYMYO	77
TRI-SPRINTEC	77
TRIUMEQ	39
TRIUMEQ PD.....	39
TRIVORA (28)	77
TRI-VYLIBRA	77
TRI-VYLIBRA LO	77
TRIZIVIR	39
TROPHAMINE.....	66
trospium chloride.....	69
trospium chloride er.....	69
TRULICITY.....	43
TRUMENBA	86
TRUSELTIQ (100MG DAILY DOSE).....	30
TRUSELTIQ (125MG DAILY DOSE).....	30
TRUSELTIQ (50MG DAILY DOSE).....	30
TRUSELTIQ (75MG DAILY DOSE).....	30
TUKYSA	30
TURALIO	30
TWINRIX	86
TYBOST	39
TYMLOS	87
TYPHIM VI	86
U	
UBRELVY	22
UNITHROID.....	79
ursodiol	67
V	
valacyclovir hcl	37
VALCHLOR	23
valganciclovir hcl	36
valproic acid.....	13
valsartan	48
valsartan-hydrochlorothiazide	53
VALTOCO 10 MG DOSE....	14
VALTOCO 15 MG DOSE....	14
VALTOCO 20 MG DOSE....	14
VALTOCO 5 MG DOSE.....	14
vancomycin hcl	7
VAQTA	86
varenicline tartrate.....	6
VARIVAX.....	86
VELIVET	77
VELPHORO	66
VEMLIDY	37
VENCLEXTA	30
VENCLEXTA STARTING PACK	30
venlafaxine besylate er	18
venlafaxine hcl.....	18
venlafaxine hcl er	18
verapamil hcl.....	51
verapamil hcl er.....	51
VERQUVO.....	53
VERSACLOZ.....	36
VERZENIO	30
VESTURA.....	77
VICTOZA.....	43
VIENVA.....	77
vigabatrin	14
VIGADRONE.....	15
VIIBRYD STARTER PACK	18
VIJOICE	69
vilazodone hcl	18
VIRACEPT	40
VIREAD	39
VITRAKVI	30
VIVITROL	5
VIZIMPRO	30
VONJO	30
voriconazole.....	21
VOSEVI	37
VOTRIENT	31
VRAYLAR	36
VUMERTY	58
VYFEMLA	77
VYLIBRA	77
VYNDAMAX.....	69
VYVANSE	56
W	
warfarin sodium	46
WELIREG	25
WIXELA INHUB	95
X	
XALKORI	31
XARELTO	46
XARELTO STARTER PACK	46
XATMEP.....	25
XCOPRI	14

XCOPRI (250 MG DAILY DOSE).....	13	XPOVIO (80 MG ONCE WEEKLY).....	25	ZENATANE.....	59
XCOPRI (350 MG DAILY DOSE).....	14	XPOVIO (80 MG TWICE WEEKLY).....	25	ZENPEP	69
XGEVA.....	87	XTANDI	24	zidovudine	39
XIFAXAN.....	7, 8	XULANE	77	ZIEXTENZO	47
XiIDRA.....	89	XULTOPHY	43	zileuton er	92
XOFLUZA (40 MG DOSE)...	40	XURIDEN.....	69	ZIMHI	6
XOFLUZA (80 MG DOSE)...	40	XYREM	96	ziprasidone hcl	36
XOLAIR.....	81	XYWAV	96	ziprasidone mesylate	36
XOSPATA.....	31	Y		ZIRGAN	36
XPOVIO (100 MG ONCE WEEKLY).....	25	YF-VAX	86	ZOLINZA.....	25
XPOVIO (40 MG ONCE WEEKLY).....	25	YONSA.....	24	zolmitriptan.....	22
XPOVIO (40 MG TWICE WEEKLY).....	25	YUVAFEM.....	72	zolpidem tartrate	96
XPOVIO (60 MG ONCE WEEKLY).....	25	Z		zolpidem tartrate er	96
XPOVIO (60 MG TWICE WEEKLY).....	25	ZAFEMY	77	ZONISADE	14
ZEMDRI	6	zafirlukast.....	92	zonisamide	14

Discrimination is Against the Law

Care N' Care (HMO/PPO) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Care N' Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Care N' Care:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact Care N' Care at 1-877-665-2622 (TTY: 711), 8 a.m. to 8 p.m., CST seven days a week from October 1–March 31, or 8 a.m. to 8 p.m., CST, Monday through Friday April 1–September 30

If you believe that Care N' Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Care N' Care, Attn: Appeals and Grievances, 1603 Lyndon B. Johnson Freeway, Suite 300, Farmers Branch, TX 75234 , 1-877-665-2622 (TTY 711), or via fax at 817-810-5214. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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 1-877-374-7993 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-374-7993 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助解答关于健康或药物保的任何疑问。如果需要此翻译服务，致电 1-877-374-7993 (TTY: 711)。我们的中文工作人员很乐意帮助。这是一份免费服务。

Chinese Cantonese: 對我們的健康或藥物保險可能存有疑問，此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-374-7993 (TTY: 711)。我們講中文的人員將樂意提供幫助。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 1-877-374-7993 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-374-7993 (TTY : 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-374-7993 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-374-7993 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-374-7993 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-374-7993 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: ان يidel ئيودألا لودج وآحة صلاب قلعتت ئيلئسأ يأنع ئباج إلل ئيناجملا يروفلا مجرتملا تامدخ مدقن اننإ ام صخش موقيس. 1-877-374-7993 (TTY: 711).

Hindi: हमारे सुवासस्थ्य या दवा की योजना के बारे में आपके कसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषणि सेवाएँ उपलब्ध हैं। एक दुभाषणि परापत करने के लिए, बस हमें 1-877-374-7993 (TTY: 711) पर फोन करें। कोई व्यक्तिजो हनिदी 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 1-877-374-7993 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-374-7993 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprt, jis rele nou nan 1-877-374-7993 (TTY : 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-374-7993 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 「社の健康 健康保」と「品 方 プランに」するご質問にお答えするため に、無料の通「サ」ビスがあります。通「サ」ビスをご用命になるには、1-877-374-7993 (TTY: 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサ「ビスです。

This formulary was updated on 2/21/2023. For more recent information or other questions, please contact us, Care N' Care (HMO/PPO) Customer Experience Team, at 1-877-374-7993 ,TTY users should call 711, October 1 - March 31, 8 a.m. to 8 p.m. CST seven days a week, or April 1 - September 30 8 a.m. to 8 p.m. CST, Monday through Friday or visit www.cnchealthplan.com.

The Formulary may change at any time. You will receive notice when necessary. Care N' Care Insurance Company, Inc. (Care N' Care) is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.