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HealthTeam Advantage
Diabetes & Heart Care (HMO CSNP)
2022 Formulary
(List of Covered Drugs)

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

Formulary ID: 22372, Version Number: 19

This formulary was updated on 11/24/2022. For more recent information or other questions, please contact us, HealthTeam Advantage Diabetes & Heart Care Diabetes & Heart Care Healthcare Concierge at 888-965-1965 (TTY users should call 711), October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit [HealthTeamAdvantage.com](https://www.healthteamadvantage.com).

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 HealthTeam Advantage Diabetes & Heart Care. When it refers to “plan” or “our plan,” it means 2022 HealthTeam Advantage Diabetes & Heart Care.

This document includes list of the drugs (formulary) for our plan which is current as of 11/24/2022. 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, 2023, and from time to time during the year.

What is the HealthTeam Advantage Diabetes & Heart Care Formulary?

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

For a complete listing of all prescription drugs covered by HealthTeam Advantage Diabetes & Heart Care, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but HealthTeam Advantage Diabetes & Heart Care 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 HealthTeam Advantage Diabetes & Heart Care’s 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 HealthTeam Advantage Diabetes & Heart Care’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 11/24/2022. To get updated information about the drugs covered by HealthTeam Advantage Diabetes & Heart Care please contact us. Our contact information appears on the front and back cover pages. In addition, each month the plan posts an updated Comprehensive formulary and a Formulary Addendum that has all the changes on the website.

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 2. 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 91. 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?

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

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

You can ask HealthTeam Advantage Diabetes & Heart Care 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 HealthTeam Advantage Diabetes & Heart Care's formulary?" on page vi for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that HealthTeam Advantage Diabetes & Heart Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthTeam Advantage Diabetes & Heart Care. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthTeam Advantage Diabetes & Heart Care.
- You can ask HealthTeam Advantage Diabetes & Heart Care 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 HealthTeam Advantage Diabetes & Heart Care's Formulary?

You can ask HealthTeam Advantage Diabetes & Heart Care 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. You can ask us to cover a formulary drug at 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, HealthTeam Advantage Diabetes & Heart Care 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, HealthTeam Advantage Diabetes & Heart Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

In addition, if you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care fill. 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 now you 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

For more information

For more detailed information about your HealthTeam Advantage Diabetes & Heart Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about HealthTeam Advantage Diabetes & Heart Care, 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>.

HealthTeam Advantage Diabetes & Heart Care Formulary

The section that begins on the next page provides coverage information about the drugs covered by HealthTeam Advantage Diabetes & Heart Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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 HealthTeam Advantage Diabetes & Heart Care has any special requirements for coverage of your drug.

Every drug on HealthTeam Advantage Diabetes & Heart Care’s Drug List is in one of five cost-sharing tiers. The second column of the Drug List contains the tier for each drug.

- **Tier 1 – Preferred Generics:** Generic drugs that are available at the lowest cost-share for this plan.
- **Tier 2 – Generics:** Generics that are available at a higher cost to you than drugs in Tier 1.
- **Tier 3 – Preferred Brands:** Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4.
- **Tier 4 – Non-Preferred Drugs:** Generic or brand drugs that are available at a higher cost to you than drugs that are in Tier 3.
- **Tier 5 – Specialty Drugs:** This is the highest cost tier. Includes some injectables and other high-cost drugs.
- **Tier 6 – Select Care Drugs:** Generic or brand drugs that provide the best value for treatment or prevention of many conditions. There is no copay for this tier in the Initial Coverage Stage. In addition, this plan offers additional gap coverage for generics and select insulins. During the Coverage Gap Stage, your out-of-pocket for Tier 6 generics and select insulins will be \$0.

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 cost-share amount for each drug tier. For additional prescription drug benefit details, please refer to your Evidence of Coverage.

	Standard In-Network Retail or Mail-Order (up to a 30-day supply)	Standard In-Network Retail or Mail-Order (31-90-day supply)
HealthTeam Advantage Diabetes & Heart Care (HMO)		
Tier 1 – Preferred Generics	\$0 copay	\$0 copay
Tier 2 – Generics	\$15 copay	\$30 copay
Tier 3 – Preferred Brands	\$45 copay	\$90 copay
Tier 4 – Non-Preferred Drugs	\$100 copay	\$200 copay
Tier 5 – Specialty	31% coinsurance	31% coinsurance
Tier 6 – Select Care Drugs Note: This tier includes select insulins.	\$0 copay	\$0 copay

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

6: Tier 6 - Select Care

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.

LA: Limited Access - This prescription drug is limited to certain pharmacies.

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 \$0 copay for a 30-90 days' supply. Please refer to our Evidence of Coverage for more information about this program.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

HealthTeam Advantage (List of Covered Drugs)

Drug Name	Tier	Requirements/Limits
ANALGESICS		
ANALGESICS		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	NMO; QL (180 EA per 30 days)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	3	
<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>	3	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	
<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	
IBU ORAL TABLET 600 MG, 800 MG	1	GC
<i>ibuprofen oral suspension 100 mg/5ml</i>	3	NMO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>indomethacin er oral capsule extended release 75 mg</i>	4	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	GC
<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 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	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; 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	PA; NMO; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	3	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 tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	3	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)
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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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, 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	4	NMO; QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	4	NMO; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	4	NMO; QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	NMO; GC; 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>	4	NMO; QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine external patch 5 %</i>	4	PA; NMO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	NMO; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	NMO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	4	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>	1	GC
<i>naltrexone hcl oral tablet 50 mg</i>	1	NMO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
OPIOID DEPENDENCE		

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Drug Name	Tier	Requirements/Limits
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	NMO; GC; QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	NMO; GC; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	NMO; GC; QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	NMO; GC; QL (90 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	NMO
OPIOID REVERSAL AGENTS		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	4	NMO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	3	NMO
<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>	3	NMO
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	3	NMO
NARCAN NASAL LIQUID 4 MG/0.1ML	3	NMO
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	NMO
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	NMO; GC
NICOTROL INHALATION INHALER 10 MG	4	NMO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	NMO
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	3	NMO
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	NMO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; NMO
<i>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-%</i>	4	NMO
<i>gentamicin sulfate external cream 0.1 %</i>	2	NMO
<i>gentamicin sulfate 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	NMO
<i>neomycin sulfate oral tablet 500 mg</i>	2	NMO
<i>paromomycin sulfate oral capsule 250 mg</i>	4	NMO
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	NMO
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	NMO
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	NMO
ANTIBACTERIALS, OTHER		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	NMO; GC
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	NMO
<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</i>	4	NMO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NMO
<i>linezolid intravenous solution 600 mg/300ml</i>	4	PA; NMO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	PA; NMO
<i>linezolid oral tablet 600 mg</i>	4	PA; NMO
<i>methenamine hippurate oral tablet 1 gm</i>	2	NMO
<i>metronidazole external cream 0.75 %</i>	4	NMO
<i>metronidazole external gel 0.75 %, 1 %</i>	4	NMO
<i>metronidazole external lotion 0.75 %</i>	4	NMO
<i>metronidazole intravenous solution 500 mg/100ml</i>	4	NMO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	NMO
<i>metronidazole vaginal gel 0.75 %</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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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>tigecycline intravenous solution reconstituted 50 mg</i>	5	BD; NMO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	4	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, 550 MG	5	NMO
BETA-LACTAM, CEPHALOSPORINS		
<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>	4	NMO
<i>cefadroxil oral capsule 500 mg</i>	2	NMO
<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>	3	NMO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	NMO
<i>cefixime oral capsule 400 mg</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

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Drug Name	Tier	Requirements/Limits
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	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
<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 suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	4	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>	4	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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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 L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	4	NMO
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	4	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 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 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		

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Drug Name	Tier	Requirements/Limits
<i>azithromycin intravenous solution reconstituted 500 mg</i>	4	NMO
<i>azithromycin oral packet 1 gm</i>	4	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>	3	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>	4	NMO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	NMO
QUINOLONES		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	NMO
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	NMO
<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
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	NMO
<i>levofloxacin oral solution 25 mg/ml</i>	4	NMO

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Drug Name	Tier	Requirements/Limits
<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>	4	NMO
SULFONAMIDES		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	NMO
<i>sulfadiazine oral tablet 500 mg</i>	4	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		
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>	4	NMO
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	NMO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	NMO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	4	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	4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<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	4	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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>	4	
<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, 50 mg</i>	4	
<i>lamotrigine oral tablet dispersible 200 mg, 25 mg</i>	2	
<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>	3	
<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>	2	
<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	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	GC
<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)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	NMO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	NMO
<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; LA; NMO
<i>vigabatrin oral tablet 500 mg</i>	5	PA; NMO
VIGADRONE ORAL PACKET 500 MG	5	PA; NMO
SODIUM CHANNEL 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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	3	
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>	3	
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1	GC
<i>oxcarbazepine oral tablet 600 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	1	GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	NMO
<i>rufinamide oral tablet 200 mg, 400 mg</i>	5	NMO
VIMPAT ORAL SOLUTION 10 MG/ML	4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<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
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	GC
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	3	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	GC
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	GC
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	GC
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	GC
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	QL (30 EA per 30 days)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	4	
MONOAMINE OXIDASE INHIBITORS		
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>	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	
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</i>	2	
<i>fluoxetine hcl oral tablet 20 mg, 60 mg</i>	4	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	3	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIEMETICS		
ANTIEMETICS, OTHER		
COMPRO RECTAL SUPPOSITORY 25 MG	4	NMO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	NMO; GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	GC
<i>prochlorperazine rectal suppository 25 mg</i>	4	NMO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	4	NMO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	NMO
<i>trimethobenzamide hcl oral capsule 300 mg</i>	4	NMO
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BD; NMO; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BD; NMO; QL (12 EA per 30 days)
<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>	4	BD; NMO; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD; NMO; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BD; NMO; GC; QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD; NMO; QL (90 EA per 30 days)
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD; NMO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

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>	3	NMO
<i>clotrimazole external cream 1 %</i>	2	NMO
<i>clotrimazole external solution 1 %</i>	2	NMO
<i>clotrimazole mouth/throat troche 10 mg</i>	2	NMO
<i>econazole nitrate external cream 1 %</i>	2	NMO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	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>	4	NMO
<i>griseofulvin microsize oral tablet 500 mg</i>	4	NMO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	NMO
<i>itraconazole oral capsule 100 mg</i>	4	PA; NMO
<i>itraconazole oral solution 10 mg/ml</i>	3	PA; 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>	2	NMO
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	5	NMO
<i>miconazole 3 vaginal suppository 200 mg</i>	1	NMO; GC
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	PA; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	NMO
<i>nystatin external cream 100000 unit/gm</i>	2	NMO
<i>nystatin external ointment 100000 unit/gm</i>	2	NMO
<i>nystatin external powder 100000 unit/gm</i>	2	NMO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	NMO; GC

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Drug Name	Tier	Requirements/Limits
<i>nystatin oral tablet 500000 unit</i>	2	NMO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	NMO
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA
<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 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)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	4	NMO; QL (20 EA per 28 days)
PROPHYLACTIC		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	6	GC
<i>propranolol hcl oral tablet 80 mg</i>	6	GC
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; NMO; QL (16 EA per 30 days)
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	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>	4	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>	4	NMO; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	NMO; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	4	NMO; QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	NMO; QL (10 ML per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<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	
PRIFTIN ORAL TABLET 150 MG	4	NMO
<i>rifabutin oral capsule 150 mg</i>	4	NMO
ANTITUBERCULARS		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	NMO
<i>isoniazid oral syrup 50 mg/5ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PASER ORAL PACKET 4 GM	4	NMO
<i>pyrazinamide oral tablet 500 mg</i>	4	NMO
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	NMO
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	NMO
SIRTURO ORAL TABLET 100 MG, 20 MG	5	NMO

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Drug Name	Tier	Requirements/Limits
TRECTOR ORAL TABLET 250 MG	4	NMO
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	BD; NMO
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	4	BD; NMO
LEUKERAN ORAL TABLET 2 MG	3	NMO
MATULANE ORAL CAPSULE 50 MG	5	PA; NMO
VALCHLOR EXTERNAL GEL 0.016 %	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)
ERLEADA ORAL TABLET 60 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	3	NMO
<i>nilutamide oral tablet 150 mg</i>	5	NMO; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA; 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)
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; LA; NMO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; NMO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO
WELIREG ORAL TABLET 40 MG	5	PA; NMO
ANTIESTROGENS/MODIFIERS		
EMCYT ORAL CAPSULE 140 MG	3	NMO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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	4	
<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)
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>	3	NMO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NMO
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; LA; 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
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)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	1	GC
<i>exemestane oral tablet 25 mg</i>	4	QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	GC
MOLECULAR TARGET INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	5	PA; NMO; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5	PA; NMO; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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; LA; 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; LA; 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)
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; LA; 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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)
LORBRENA ORAL TABLET 25 MG	5	PA; NMO; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; NMO; QL (240 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; NMO
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; LA; NMO; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; 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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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)
<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)
STIVARGA ORAL TABLET 40 MG	5	PA; NMO
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	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
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; LA; NMO
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; NMO; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 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; LA; 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA; NMO
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA; NMO
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; NMO
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; NMO
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, 50 MG	4	PA; LA; NMO
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; LA; NMO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; 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
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; LA; NMO
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZELBORAF 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
RETINOIDS		
<i>bexarotene external gel 1 %</i>	5	PA; NMO
<i>bexarotene oral capsule 75 mg</i>	5	PA; NMO
PANRETIN EXTERNAL GEL 0.1 %	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
TARGRETIN EXTERNAL GEL 1 %	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	4	NMO
<i>ivermectin oral tablet 3 mg</i>	2	PA; 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>	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
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	NMO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	NMO
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NMO
<i>quinine sulfate oral capsule 324 mg</i>	4	PA; 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>	1	GC
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5ml</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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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>	4	
<i>entacapone oral tablet 200 mg</i>	2	
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	LA; NMO; QL (60 ML per 30 days)
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	NMO; QL (60 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<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 oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<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>	4	QL (30 EA per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	4	BD
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	NMO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	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>	4	NMO
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	NMO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
<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>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)

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Drug Name	Tier	Requirements/Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	3	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</i>	4	
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	5	NMO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	NMO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	NMO
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	NMO
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	NMO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO
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	3	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	NMO
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA; NMO
NUPLAZID ORAL TABLET 10 MG	5	PA; LA; 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>	1	GC
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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>	3	
<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
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
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>	3	NMO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg</i>	4	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	NMO; QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NMO; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	NMO; GC
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	NMO; GC
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NMO
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
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; NMO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	PA; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
<i>lamivudine oral tablet 100 mg</i>	3	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>	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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>	3	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	4	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)
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	4	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)

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Drug Name	Tier	Requirements/Limits
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>	3	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>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	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 200-25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir 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>	3	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>zidovudine oral capsule 100 mg</i>	3	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	3	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	3	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	4	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	NMO; QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	NMO; 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)
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>	3	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	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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>	4	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>	3	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>	4	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		
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>	4	NMO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	NMO; GC
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NMO; QL (120 EA per 30 days)
BENZODIAZEPINES		
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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>	1	NMO; GC; QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	NMO; GC; QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	NMO; GC; 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	
<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>	6	GC
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>glipizide oral tablet 10 mg, 5 mg</i>	6	GC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	6	GC
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	GC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	GC
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	6	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	6	
INVOKANA ORAL TABLET 100 MG, 300 MG	6	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	6	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	6	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	6	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	6	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	6	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	6	GC
<i>metformin hcl oral solution 500 mg/5ml</i>	6	GC
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	6	GC
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	GC
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	6	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	6	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	6	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	GC
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	6	GC
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	GC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	GC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	6	

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	6	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	6	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	6	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	6	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	6	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	6	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	6	SSM
GLYCEMIC AGENTS		
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	6	NMO
<i>glucagon emergency injection kit 1 mg</i>	6	GC; NMO
KORLYM ORAL TABLET 300 MG	5	PA; LA; NMO; QL (120 EA per 30 days)
INSULINS		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	6	GC; NMO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	6	GC; NMO
<i>cvs gauze sterile pad 2"x2"</i>	6	GC; NMO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	6	GC; NMO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM
FIASP INJECTION SOLUTION 100 UNIT/ML	6	SSM
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	SSM
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	6	SSM
<i>insulin aspart injection solution 100 unit/ml</i>	6	SSM
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	6	SSM
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	6	SSM
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SSM
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SSM
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	SSM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	6	SSM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	SSM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	6	SSM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SSM
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	6	SSM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	SSM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	SSM
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	SSM
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	6	GC; NMO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	6	GC; 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	6	SSM
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	SSM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	SSM
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	6	SSM
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SSM
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
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
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
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)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; NMO
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; NMO
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>	3	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>	1	GC
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	6	GC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	6	GC
<i>droxidopa oral capsule 100 mg, 200 mg, 300 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	6	GC
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	GC; NMO
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	6	GC
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	6	GC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	6	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	6	GC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	GC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	6	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	GC
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	GC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	GC
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	GC
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone hcl oral tablet 200 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>	4	
<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	
<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 sulfate oral tablet 200 mg, 300 mg</i>	2	
<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>	6	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	6	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	6	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	6	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	6	GC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	6	GC
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	6	GC
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	6	GC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	6	GC
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	GC
<i>pindolol oral tablet 10 mg, 5 mg</i>	6	GC
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	6	GC
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	6	GC
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	6	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	6	GC
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	6	GC
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	6	GC
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	6	GC
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	6	GC
<i>nimodipine oral capsule 30 mg</i>	6	GC; 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>	6	GC
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	6	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	6	GC
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	6	GC
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	6	GC
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	6	GC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	6	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	6	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	6	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	6	
<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>	6	GC
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	6	GC
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	6	GC
CARDIOVASCULAR AGENTS, OTHER		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	6	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>	6	GC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	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>	6	GC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	6	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
BIDIL ORAL TABLET 20-37.5 MG	6	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	6	GC
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	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>	6	GC
CORLANOR ORAL TABLET 5 MG, 7.5 MG	6	PA; QL (60 EA per 30 days)
DEMSEER ORAL CAPSULE 250 MG	5	NMO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	6	
<i>digoxin oral solution 0.05 mg/ml</i>	6	GC
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	6	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	6	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	6	GC
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	GC
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	6	GC
<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>	6	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>	6	GC
<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>	6	GC
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>spironolactone-hctz oral tablet 25-25 mg</i>	6	GC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	6	GC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	6	GC
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	6	GC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	6	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	GC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
DIURETICS, LOOP		
<i>bumetanide injection solution 0.25 mg/ml</i>	6	GC; NMO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	GC
<i>ethacrynic acid oral tablet 25 mg</i>	6	GC
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	6	GC; NMO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	6	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	6	GC
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	6	GC
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl oral tablet 5 mg</i>	6	GC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	6	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
DIURETICS, THIAZIDE		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	6	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	6	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	6	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	6	GC
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	GC
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	6	GC
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	6	GC
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	6	GC
<i>gemfibrozil oral tablet 600 mg</i>	1	GC
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	GC
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	6	GC
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	6	GC
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	6	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	GC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	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 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-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	GC
<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	
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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA
VASCEPA ORAL CAPSULE 0.5 GM	4	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	4	QL (120 EA per 30 days)
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	6	GC
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	6	GC
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	6	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	6	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	6	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %	6	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	6	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	6	GC
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	6	GC
RECTIV RECTAL OINTMENT 0.4 %	4	NMO
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	4	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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)
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>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	4	PA
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	4	PA
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	4	PA
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	4	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	PA
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
NUEDEXTA ORAL CAPSULE 20-10 MG	3	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, 300 mg, 50 mg, 75 mg</i>	3	
<i>pregabalin oral solution 20 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NMO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; NMO; 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
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
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
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	NMO; GC
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	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		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
ACNE AND ROSACEA AGENTS		
ACUTANE 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	PA; NMO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	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>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	NMO
<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	PA; NMO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	4	PA; NMO
DERMATITIS AND PRUITUS AGENTS		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	NMO
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>ammonium lactate external cream 12 %</i>	1	NMO; GC
<i>ammonium lactate external lotion 12 %</i>	3	NMO
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>betamethasone valerate external cream 0.1 %</i>	3	NMO
<i>betamethasone valerate external lotion 0.1 %</i>	3	NMO
<i>betamethasone valerate external ointment 0.1 %</i>	3	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 ointment 0.05 %</i>	4	NMO
<i>clobetasol propionate external solution 0.05 %</i>	2	NMO
<i>desonide external cream 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 ointment 0.05 %, 0.25 %</i>	4	NMO
EUCRISA EXTERNAL OINTMENT 2 %	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 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 ointment 0.005 %</i>	2	NMO
<i>halobetasol propionate external cream 0.05 %</i>	4	NMO
<i>halobetasol propionate external ointment 0.05 %</i>	4	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>	2	NMO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	NMO; GC
<i>hydrocortisone valerate external cream 0.2 %</i>	4	NMO
<i>hydrocortisone valerate external ointment 0.2 %</i>	4	NMO
<i>mometasone furoate external cream 0.1 %</i>	2	NMO
<i>mometasone furoate 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>mometasone furoate external solution 0.1 %</i>	2	NMO
<i>pimecrolimus external cream 1 %</i>	4	NMO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTO-PAK EXTERNAL CREAM 1 %	2	NMO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	NMO
<i>selenium sulfide external lotion 2.5 %</i>	2	NMO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	NMO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	NMO
<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>	3	NMO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	NMO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	4	NMO
<i>diclofenac sodium external gel 3 %</i>	4	PA; NMO; QL (100 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	4	NMO
<i>fluorouracil external solution 2 %, 5 %</i>	2	NMO
<i>global alcohol prep ease pad 70 %</i>	6	GC; NMO
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	NMO
HYFTOR EXTERNAL GEL 0.2 %	4	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>	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	4	NMO
<i>podofilox external solution 0.5 %</i>	2	NMO
REGRANEX EXTERNAL GEL 0.01 %	5	PA; NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	NMO
<i>silver sulfadiazine external cream 1 %</i>	3	NMO
SSD EXTERNAL CREAM 1 %	1	NMO; GC
PEDICULICIDES/SCABICIDES		
<i>malathion external lotion 0.5 %</i>	4	NMO
<i>permethrin external cream 5 %</i>	3	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 solution 8 %</i>	2	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
<i>ery external pad 2 %</i>	2	NMO
<i>erythromycin external gel 2 %</i>	2	NMO
<i>erythromycin external solution 2 %</i>	2	NMO
<i>mupirocin external ointment 2 %</i>	1	NMO; GC
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/ MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET SOLUBLE 200 MG	5	PA; NMO
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA; NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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>	4	NMO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	4	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	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	GC
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	NMO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	BD; NMO
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	BD; NMO
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	GC
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	GC
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	GC
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	4	NMO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	4	NMO
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	4	NMO
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	NMO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	4	NMO
<i>sodium chloride irrigation solution 0.9 %</i>	1	NMO; GC
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	NMO; GC
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA; NMO
<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
LOKELMA ORAL PACKET 10 GM, 5 GM	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	NMO
SPS ORAL SUSPENSION 15 GM/60ML	3	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		
CLINISOL SF INTRAVENOUS SOLUTION 15 %	4	BD; NMO
<i>dextrose intravenous solution 10 %, 5 %</i>	4	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>	4	NMO
DOJOLVI ORAL LIQUID 100 %	5	PA; NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BD; NMO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BD; NMO
<i>levocarnitine oral solution 1 gm/10ml</i>	1	GC
<i>levocarnitine oral tablet 330 mg</i>	4	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD; NMO
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	BD; NMO
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO

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Drug Name	Tier	Requirements/Limits
<i>prenatal oral tablet 27-1 mg</i>	1	NMO; GC
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD; NMO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	BD; NMO
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
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>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	
MOVANTI ^K 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>	1	NMO; GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>dicyclomine hcl oral tablet 20 mg</i>	1	NMO; GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	NMO
GASTROINTESTINAL AGENTS, OTHER		
<i>amoxicill-clarithro-lansopraz oral</i>	3	NMO
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; NMO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	4	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
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; NMO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	NMO
<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>	4	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>	2	NMO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	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>	3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC

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Drug Name	Tier	Requirements/Limits
<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		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	QL (30 EA per 30 days)
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	
<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
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTADANE ORAL POWDER	5	NMO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA
ENDARI ORAL PACKET 5 GM	4	PA; LA; NMO; QL (180 EA per 30 days)

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Drug Name	Tier	Requirements/Limits
GALAFOLD ORAL CAPSULE 123 MG	5	PA; LA; 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	PA; NMO
ORFADIN ORAL CAPSULE 20 MG	5	PA; NMO
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; LA; NMO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; 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
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; NMO
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; NMO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; LA; NMO; QL (6 ML per 28 days)
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)
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>	2	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	4	
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>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC
<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	

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Drug Name	Tier	Requirements/Limits
<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 HYPERTROPHY AGENTS		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	GC
<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>	4	
<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>	4	NMO
PHEXXI VAGINAL GEL 1.8-1-0.4 %	4	NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	NMO
<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>	2	NMO
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>	2	BD; NMO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	NMO
<i>prednisolone oral solution 15 mg/5ml</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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BD; NMO
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	4	BD; NMO
<i>prednisone oral solution 5 mg/5ml</i>	4	BD; NMO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BD; NMO; GC
<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; LA; NMO
NOC DURNA 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>	4	

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Drug Name	Tier	Requirements/Limits
<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>	4	PA
<i>testosterone transdermal solution 30 mg/act</i>	4	PA
ESTROGENS		
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	
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 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>	3	
<i>estradiol vaginal tablet 10 mcg</i>	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	4	
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	4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
APRI ORAL TABLET 0.15-30 MG-MCG	2	

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Drug Name	Tier	Requirements/Limits
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	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 FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	GC
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	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	2	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	GC
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
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	
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	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	1	GC
JASMIEL ORAL TABLET 3-0.02 MG	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	1	GC

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Drug Name	Tier	Requirements/Limits
JUNEL FE 1/20 ORAL TABLET 1-20 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	
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	1	GC
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</i>	4	
<i>levonorgest-eth estrad 91-day oral tablet 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	
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 FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	GC
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	2	

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Drug Name	Tier	Requirements/Limits
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	
<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	1	GC

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Drug Name	Tier	Requirements/Limits
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SYEDA ORAL TABLET 3-0.03 MG	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	2	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 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 ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	GC
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	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	1	GC
DEBLITANE ORAL TABLET 0.35 MG	3	
ERRIN ORAL TABLET 0.35 MG	3	
INCASSIA ORAL TABLET 0.35 MG	3	
LYLEQ ORAL TABLET 0.35 MG	3	
LYZA ORAL TABLET 0.35 MG	3	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	4	NMO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	4	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>	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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	3	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	GC
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	3	

**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 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
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	3	
<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	
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	3	

**HORMONAL AGENTS,
SUPPRESSANT (PITUITARY)**

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	BD; NMO
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	BD; 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
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	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; LA; NMO
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	BD; 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		

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; LA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	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
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	BD; NMO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	BD; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BD; NMO
IMMUNOLOGICAL AGENTS, OTHER		
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 (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 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; LA; NMO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; NMO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	BD; NMO
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>	3	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	3	BD

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
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
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD
<i>everolimus oral tablet 0.25 mg</i>	4	BD; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	5	BD; NMO; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	5	BD; NMO; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	BD
GENGRAF ORAL SOLUTION 100 MG/ML	3	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
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/UEIT 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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	2	BD; NMO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	3	BD; NMO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	3	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; LA; NMO
<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
ZORTRESS ORAL TABLET 1 MG	5	BD; NMO; QL (60 EA per 30 days)
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	6	NMO
<i>bcg vaccine injection solution reconstituted 50 mg</i>	6	GC; NMO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	6	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	6	NMO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	6	BD; GC; NMO
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	6	BD; NMO
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	6	BD; NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	6	NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	NMO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	6	NMO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	6	NMO
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	6	BD; NMO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	6	NMO
IPOL INJECTION INJECTABLE	6	NMO
IXIARO INTRAMUSCULAR SUSPENSION	6	NMO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	NMO
MENACTRA INTRAMUSCULAR SOLUTION	6	NMO
MENQUADFI INTRAMUSCULAR SOLUTION	6	NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	NMO
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	NMO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	NMO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	6	NMO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	6	NMO
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	6	BD; NMO
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	6	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	NMO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	6	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	6	BD; NMO
ROTARIX ORAL SUSPENSION RECONSTITUTED	6	NMO
ROTATEQ ORAL SOLUTION	6	NMO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	NMO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	6	BD; NMO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	6	BD; NMO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	6	NMO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	NMO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	6	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	6	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	6	NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	6	NMO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	6	NMO
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	6	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium oral capsule 750 mg</i>	2	NMO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
<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>	4	
<i>mesalamine oral tablet delayed release 800 mg</i>	4	NMO
<i>mesalamine rectal enema 4 gm</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		
<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>	2	
<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>ibandronate sodium oral tablet 150 mg</i>	2	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	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>	4	
<i>risedronate sodium oral tablet 30 mg</i>	4	NMO
<i>risedronate sodium oral tablet delayed release 35 mg</i>	4	
<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
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>	3	NMO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	NMO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	NMO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	NMO; GC
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<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>	2	NMO
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	3	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>	2	NMO
<i>levofloxacin ophthalmic solution 0.5 %</i>	3	NMO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	NMO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	NMO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3	NMO
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	NMO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	NMO
<i>tobramycin ophthalmic solution 0.3 %</i>	2	NMO
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>	2	NMO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	NMO
<i>difluprednate ophthalmic emulsion 0.05 %</i>	3	NMO
DUREZOL OPHTHALMIC EMULSION 0.05 %	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	NMO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	NMO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	NMO
<i>ketorolac tromethamine ophthalmic solution 0.4 % , 0.5 %</i>	2	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
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<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
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	6	GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	6	GC
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 % , 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	4	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	GC
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	6	GC
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	
OTIC AGENTS		
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	2	NMO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	NMO
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	NMO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	NMO
<i>fluocinolone acetonide otic oil 0.01 %</i>	4	NMO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	4	NMO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	NMO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	NMO
<i>ofloxacin otic solution 0.3 %</i>	4	NMO
RESPIRATORY TRACT/ PULMONARY AGENTS		
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	NMO
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	NMO
<i>clemastine fumarate oral tablet 2.68 mg</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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	3	NMO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	NMO; GC
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	
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>	4	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 nasal suspension 50 mcg/act</i>	2	NMO
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	NMO; QL (34 GM per 30 days)
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>	2	
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	
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>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	4	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	NMO
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	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>	4	BD
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; LA; 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; LA; NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; NMO
<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>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
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
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO
<i>pirfenidone oral tablet 267 mg, 801 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BD; NMO
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	3	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	BD
<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>	3	
<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
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Drug Name	Tier	Requirements/Limits
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	4	NMO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	4	NMO
<i>metaxalone oral tablet 800 mg</i>	4	NMO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	NMO
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)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 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 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>	4	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; LA; 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: 22372, Ver. 19 Last Updated 11/24/2022 Effective Date: 12/01/2022

Alphabetical Listing

A

abacavir sulfate.....	37	amiloride-hydrochlorothiazide	49	ASSURE ID INSULIN	
abacavir sulfate-lamivudine ...	37	amiodarone hcl	47	SAFETY SYR	42
ABELCET.....	18	amitriptyline hcl	17	atazanavir sulfate	38
ABILIFY MAINTENA.....	32	amlodipine besy-benazepril hcl		atenolol	47
abiraterone acetate.....	22	.....	49	atenolol-chlorthalidone.....	49
acamprosate calcium	4	amlodipine besylate.....	48	atomoxetine hcl	54
acarbose.....	40	amlodipine besylate-valsartan	49	atorvastatin calcium.....	52
AC CUTANE	56	amlodipine-atorvastatin	49	atovaquone.....	30
acebutolol hcl	47	amlodipine-olmesartan	49	atovaquone-proguanil hcl	30
acetaminophen-codeine.....	3	ammonium lactate	56	atropine sulfate	82
acetaminophen-codeine #3	3	AMNESTEEM	56	ATROVENT HFA.....	87
acetazolamide	84	amoxapine	17	AUBRA EQ.....	69
acetazolamide er.....	84	amoxicill-clarithro-lansopraz .	63	AURYXIA.....	62
acetic acid.....	85	amoxicillin.....	8	AUSTEDO	54
acetylcysteine	89	amoxicillin-pot clavulanate	8	AVIANE.....	69
acitretin.....	56	amoxicillin-pot clavulanate er ..	8	AVONEX PEN.....	55
ACTHIB.....	78	amphetamine-dextroamphet er		AVONEX PREFILLED	55
ACTIMMUNE	76	.....	53	AYVAKIT	25
acyclovir	35, 36, 59	amphetamine-		AZASITE	83
acyclovir sodium	36	dextroamphetamine	53	azathioprine	76
ADACEL.....	78	amphoteric b.....	18	azelastine hcl	83, 85
adefovir dipivoxil	35	ampicillin.....	8	azithromycin	10
ADEMPAS.....	88	ampicillin sodium.....	8, 9	AZOPT	84
ADVAIR DISKUS.....	89	ampicillin-sulbactam sodium ...	9	aztreonam	6
ADVAIR HFA	89	anagrelide hcl	45	B	
AFINITOR	24	anastrozole.....	24	bacitracin	83
AFINITOR DISPERZ	24	ANORO ELLIPTA.....	89	bacitracin-polymyxin b.....	83
albendazole.....	30	APOKYN	31	bacitra-neomycin-polymyxin-hc	
albuterol sulfate	87	apomorphine hcl	31	.....	82
albuterol sulfate hfa.....	87	aprepitant	18	baclofen	35
alclometasone dipropionate....	56	APRI.....	68	balsalazide disodium	81
ALECENSA.....	24	APTIOM.....	14	BALVERSA	25
alendronate sodium	81	APTIVUS	38	BALZIVA.....	69
alfuzosin hcl er	66	ARANELLE.....	69	BAQSIMI ONE PACK	42
aliskiren fumarate.....	49	ARCALYST	75	BARACLUDE.....	35
allopurinol	20	ARIKAYCE	5	bcg vaccine	78
alosetron hcl	62	aripiprazole.....	32, 33	BELSOMRA	90
ALPHAGAN P.....	84	armodafinil	90	benazepril hcl.....	46
alprazolam	39	ARNUITY ELLIPTA.....	86	benazepril-hydrochlorothiazide	
ALTAVERA	68	asenapine maleate.....	33	.....	49
ALUNBRIG	24	ASMANEX (120 METERED		BENLYSTA	76
alyacen 1/35.....	68	DOSES).....	86	benzoyl peroxide-erythromycin	
amantadine hcl.....	30, 31	ASMANEX (30 METERED		.....	56
AMBISOME	18	DOSES).....	86	benztropine mesylate	30
ambrisentan	88	ASMANEX (60 METERED		BESIVANCE.....	10
amikacin sulfate.....	5	DOSES).....	86	BESREMI.....	76
amiloride hcl.....	51	ASMANEX HFA	86	betaine.....	64
		aspirin-dipyridamole er	45	betamethasone dipropionate ...	56

betamethasone dipropionate aug	56	BYSTOLIC	47	cevimeline hcl.....	55
betamethasone valerate	57	C		chlordiazepoxide hcl.....	39
BETASERON	55	cabergoline	74	chlorhexidine gluconate.....	55
betaxolol hcl	47, 84	CABLIVI.....	45	chloroquine phosphate.....	30
bethanechol chloride	66	CABOMETYX.....	25	chlorpromazine hcl	32
bexarotene	29	calcipotriene	58	chlorthalidone	51
BEXSERO.....	78	calcitonin (salmon).....	81	chlorzoxazone.....	90
bicalutamide	22	calcitriol.....	58, 81	cholestyramine.....	52
BICILLIN L-A	9	calcium acetate	62	cholestyramine light	52
BIDIL	50	calcium acetate (phos binder).....	62	ciclopirox	59
BIKTARVY	36	CALQUENCE.....	25	ciclopirox olamine	19
bisoprolol fumarate	47	CAMILA	72	cilostazol.....	45
bisoprolol-hydrochlorothiazide	50	CAMZYOS	50	CIMDUO.....	37
BLISOVI FE 1.5/30	69	candesartan cilexetil	46	cimetidine	63
BOOSTRIX.....	78	candesartan cilexetil-hctz	50	cimetidine hcl	63
bosentan.....	88	CAPLYTA.....	33	cinacalcet hcl	81
BOSULIF	25	CAPRELSA.....	25	ciprofloxacin hcl.....	10, 85
BRAFTOVI.....	25	captopril.....	46	ciprofloxacin in d5w.....	10
BREO ELLIPTA	89	CARBAGLU	59	ciprofloxacin-dexamethasone.....	85
BREZTRI AEROSPHERE	89	carbamazepine	14	ciprofloxacin-fluocinolone pf.....	85
briellyn	69	carbamazepine er	14	citalopram hydrobromide	16
BRILINTA	45	carbidopa-levodopa	31	CLARAVIS	56
brimonidine tartrate	84	carbidopa-levodopa er	31	clarithromycin.....	10
brimonidine tartrate-timolol ...	84	carbidopa-levodopa-entacapone	31	clarithromycin er	10
BRIVIACT	11	carglumic acid	59	clemastine fumarate.....	85
bromfenac sodium (once-daily)	83	carteolol hcl	84	CLENPIQ	63
bromocriptine mesylate	31	CARTIA XT.....	48	clindamycin hcl	6
BROMSITE.....	83	carvedilol	47	clindamycin palmitate hcl.....	6
BRUKINSA	25	carvedilol phosphate er.....	47	clindamycin phosphate	6, 59
budesonide.....	81, 86	caspofungin acetate	19	clindamycin phosphate in d5w ..	6
budesonide er.....	81	CAYSTON	87	CLINISOL SF	61
budesonide-formoterol fumarate	89	cefaclor	7	clobazam.....	13
bumetanide	51	cefadroxil.....	7	clobetasol propionate.....	57
buprenorphine hcl.....	5	cefazolin sodium.....	7	clobetasol propionate emulsion	57
buprenorphine hcl-naloxone hcl	5	cefdinir.....	7	clomipramine hcl	17
bupropion hcl.....	15	cefepime hcl	7	clonazepam	39
bupropion hcl er (smoking det)	5	cefixime	7	clonidine	45
bupropion hcl er (sr).....	15	cefotetan disodium	7	clonidine hcl	45
bupropion hcl er (xl).....	15	cefoxitin sodium	7	clopidogrel bisulfate	45
buspiron hcl	39	cefepodoxime proxetil.....	7	clorazepate dipotassium.....	40
butalbital-apap-caffeine.....	2	cefprozil.....	8	clotrimazole	19
butalbital-aspirin-caffeine	2	ceftazidime	8	clotrimazole-betamethasone ...	58
butorphanol tartrate	3	ceftriaxone sodium	8	clozapine.....	34, 35
BYLVAY	63	cefuroxime axetil.....	8	COARTEM.....	30
BYLVAY (PELLETS).....	63	cefuroxime sodium	8	codeine sulfate	3
		celecoxib.....	2	colchicine.....	20
		CELONTIN	13	colchicine-probenecid.....	20
		cephalexin.....	8	colesevelam hcl	52
		cetirizine hcl	85	colestipol hcl.....	52

colistimethate sodium (cba)	6	DEMSEER.....	50	disulfiram.....	4
COMBIGAN	84	DESCOVY	37	divalproex sodium	40
COMBIVENT RESPIMAT ...	89	desipramine hcl.....	17	divalproex sodium er	40
COMETRIQ (100 MG DAILY DOSE)	25	desmopressin acetate	67	DIVIGEL	68
COMETRIQ (140 MG DAILY DOSE)	25	desmopressin acetate spray ...	67	dofetilide.....	47
COMETRIQ (60 MG DAILY DOSE)	25	desogestrel-ethinyl estradiol...	69	DOJOLVI	61
COMFORT ASSIST INSULIN SYRINGE.....	42	desonide.....	57	donepezil hcl.....	15
COMPLERA	36	desoximetasone	57	dorzolamide hcl	84
COMPRO	18	desvenlafaxine er.....	16	dorzolamide hcl-timolol mal ..	84
constulose.....	62	desvenlafaxine succinate er ...	16	dorzolamide hcl-timolol mal pf	84
COPAXONE	55	dexamethasone	66	DOVATO	36
COPIKTRA.....	25	dexamethasone sodium phosphate.....	83	doxazosin mesylate.....	46
CORLANOR.....	50	DEXILANT.....	64	doxepin hcl	17
COSENTYX.....	75	dexlansoprazole	64	DOXY 100.....	11
COSENTYX (300 MG DOSE)	75	dextroamphetamine sulfate....	53, 54	doxycycline hyclate	11
COSENTYX SENSOREADY (300 MG).....	75	dextrose	61	doxycycline monohydrate	11
COTELLIC.....	25	dextrose-nacl	61	DRIZALMA SPRINKLE.....	16
CREON	64	DIACOMIT	11	dronabinol.....	18
cromolyn sodium.....	64, 83, 89	DIASTAT ACUDIAL.....	13	drospirenone-ethinyl estradiol	69
CRYSSELLE-28	69	DIASTAT PEDIATRIC	13	DROXIA.....	23
cvs gauze sterile	42	diazepam.....	13, 40	droxidopa.....	45
cyclobenzaprine hcl.....	90	DIAZEPAM INTENSOL.....	40	DUAVEE.....	68
cyclophosphamide.....	22	diazoxide	42	duloxetine hcl	16
cyclosporine	76, 82	diclofenac potassium	2	DUPIXENT	75
cyclosporine modified.....	76	diclofenac sodium.....	2, 58, 83	DUREZOL	83
cyproheptadine hcl	85	diclofenac sodium er	2	dutasteride.....	66
CYRED EQ.....	69	diclofenac-misoprostol	2	dutasteride-tamsulosin hcl	66
CYSTADANE.....	64	dicloxacillin sodium	9	E	
CYSTADROPS	82	dicyclomine hcl	62, 63	econazole nitrate.....	19
CYSTAGON	64	DIFICID	10	EDURANT	36
CYSTARAN	82	diflunisal.....	2	efavirenz	36
D		difluprednate.....	83	efavirenz-emtricitab-tenofovir	37
dalfampridine er	55	DIGITEK.....	50	.....	37
DALIRESP.....	88	digoxin.....	50	ELIGARD.....	74
danazol	67	dihydroergotamine mesylate ..	20	ELIQUIS.....	44
dapsone.....	21	DILANTIN.....	14	ELIQUIS DVT/PE STARTER PACK	44
DAPTACEL.....	78	diltiazem hcl	49	ELMIRON.....	66
daptomycin.....	6	diltiazem hcl er	49	EMCYT	22
darifenacin hydrobromide er ..	65	diltiazem hcl er beads.....	48	EMGALITY	20
DAURISMO.....	25	diltiazem hcl er coated beads..	48	EMOQUETTE.....	69
DEBLITANE	72	dilt-xr.....	49	EMSAM	15
deferasirox.....	61	dimethyl fumarate.....	55	emtricitabine	37
deferiprone	61	dimethyl fumarate starter pack	55	emtricitabine-tenofovir df.....	37
DELSTRIGO.....	37	diphenoxylate-atropine.....	62	EMTRIVA.....	37
		diphtheria-tetanus toxoids dt ..	79	EMVERM.....	30
		dipyridamole.....	45	enalapril maleate.....	46
		disopyramide phosphate	47	enalapril-hydrochlorothiazide.	50

ENBREL	77	EVRYSDI.....	54	fluoxetine hcl.....	16
ENBREL MINI	77	EXEL COMFORT POINT PEN		fluphenazine decanoate	32
ENBREL SURECLICK.....	77	NEEDLE	42	fluphenazine hcl.....	32
ENDARI.....	64	exemestane	24	flurbiprofen.....	2
ENGERIX-B	79	EXKIVITY	26	flurbiprofen sodium	84
enoxaparin sodium	44	ezetimibe	52	fluticasone propionate	57, 86
ENPRESSE-28.....	69	ezetimibe-simvastatin.....	52	fluticasone-salmeterol.....	89
ENSKYCE	69	F		fluvastatin sodium	52
ENSPRYNG.....	77	FALMINA.....	69	fluvastatin sodium er	52
entacapone.....	31	famciclovir.....	36	fluvoxamine maleate	16
entecavir	35	famotidine.....	63	fondaparinux sodium.....	44
ENTRESTO	50	FANAPT	33	fosamprenavir calcium	38
enulose.....	62	FANAPT TITRATION PACK		fosinopril sodium.....	46
ENVARUSUS XR	77	.....	33	fosinopril sodium-hctz.....	50
EPIDIOLEX.....	11	febuxostat	20	FOTIVDA.....	26
epinephrine.....	87	felbamate	11	furosemide	51
EPITOL	14	felodipine er.....	48	FUZEON	38
EPIVIR HBV.....	35	FEMYNOR	69	FYCOMPA.....	12
eplerenone	51	fenofibrate	51, 52	G	
EPRONTIA	20	fenofibrate micronized	51	gabapentin.....	13
ERIVEDGE.....	25	fenofibric acid.....	52	GALAFOLD.....	65
ERLEADA	22	fentanyl.....	3	galantamine hydrobromide.....	15
erlotinib hcl	25	fentanyl citrate.....	3	galantamine hydrobromide er.	15
ERRIN.....	72	fesoterodine fumarate er.....	65	GAMMAGARD.....	75
ertapenem sodium	9	FETZIMA.....	16	GAMMAGARD S/D LESS IGA	
ery.....	59	FETZIMA TITRATION	16	.....	75
ERYTHROCIN		FIASP	42	GAMUNEX-C.....	75
LACTOBIONATE.....	10	FIASP FLEXTOUCH	42	GARDASIL 9.....	79
ERYTHROCIN STEARATE.	10	FIASP PENFILL	42	gatifloxacin.....	83
erythromycin	59, 83	finasteride	66	GATTEX	63
erythromycin base	10	FINTEPLA	11	GAVILYTE-C.....	63
erythromycin ethylsuccinate ..	10	FIRAZYR.....	75	GAVILYTE-G.....	63
ESBRIET.....	88	FIRMAGON.....	74	GAVRETO.....	26
escitalopram oxalate.....	16	FIRMAGON (240 MG DOSE)		gemfibrozil	52
esomeprazole magnesium	64	.....	74	generlac.....	62
ESTARYLLA.....	69	flecainide acetate	47	GENGRAF	77
estradiol	68	FLOVENT DISKUS	86	GENTAK.....	83
estradiol-norethindrone acet... 69		FLOVENT HFA.....	86	gentamicin in saline.....	5
ethacrynic acid.....	51	fluconazole	19	gentamicin sulfate.....	5, 6, 83
ethambutol hcl.....	21	fluconazole in sodium chloride		GENVOYA	36
ethosuximide	13	.....	19	GILENYA	55
ethynodiol diac-eth estradiol ..	69	flucytosine	19	GILOTRIF	26
etodolac	2	fludrocortisone acetate	66	glatiramer acetate.....	55
etodolac er	2	flunisolide.....	86	glimepiride.....	40
etravirine.....	36	fluocinolone acetonide	57, 85	glipizide	40
EUCRISA.....	57	fluocinolone acetonide scalp ..	57	glipizide er	40
EUTHYROX.....	73	fluocinonide.....	57	glipizide-metformin hcl.....	40
EVAMIST	68	fluocinonide emulsified base..	57	global alcohol prep ease	58
everolimus	25, 26, 77	fluorometholone	84	GLUCAGEN HYPOKIT.....	42
EVOTAZ.....	38	fluorouracil	58	glucagon emergency.....	42

glyburide.....	41	ICLEVIA	69	ISIBLOOM.....	69
glyburide micronized.....	40	ICLUSIG	26	ISOLYTE-P IN D5W	61
glyburide-metformin	41	IDHIFA	23	ISOLYTE-S PH 7.4.....	59
glycopyrrolate.....	63	ILEVRO	84	isoniazid.....	21
granisetron hcl	18	imatinib mesylate	26	isosorb dinitrate-hydralazine ..	50
griseofulvin microsize	19	IMBRUVICA	26	isosorbide dinitrate	53
griseofulvin ultramicrosize.....	19	imipenem-cilastatin	9	isosorbide mononitrate	53
guanfacine hcl	46	imipramine hcl.....	17	isosorbide mononitrate er	53
guanfacine hcl er	54	imipramine pamoate	17	isotretinoin.....	56
H		imiquimod	58	isradipine	48
halobetasol propionate.....	57	IMOVAX RABIES	79	ISTURISA	66
haloperidol.....	32	IMVEXXY MAINTENANCE		itraconazole.....	19
haloperidol decanoate.....	32	PACK	68	ivermectin	30
haloperidol lactate	32	IMVEXXY STARTER PACK		IXIARO	79
HAVRIX	79	.....	68	J	
heparin sodium (porcine)	44	INBRIJA.....	31	JAKAFI	26
HETLIOZ.....	90	INCASSIA.....	72	JANTOVEN	44
HIBERIX.....	79	INCRELEX	67	JANUMET	41
HUMIRA.....	77	indapamide	51	JANUMET XR.....	41
HUMIRA PEDIATRIC		indomethacin	2	JANUVIA.....	41
CROHNS START	77	indomethacin er	2	JARDIANCE.....	41
HUMIRA PEN	77	INFANRIX.....	79	JASMIEL.....	69
HUMIRA PEN-CD/UC/HS		INLYTA	26	JULEBER.....	69
STARTER	77	INQOVI.....	23	JULUCA.....	37
HUMIRA PEN-PEDIATRIC		INREBIC	26	JUNEL 1.5/30.....	69
UC START.....	77	insulin asp prot & asp flexpen	42	JUNEL 1/20.....	69
HUMIRA PEN-PS/UV/ADOL		insulin aspart.....	43	JUNEL FE 1.5/30	69
HS START	77	insulin aspart flexpen.....	43	JUNEL FE 1/20	70
HUMIRA PEN-PSOR/UEVIT		insulin aspart penfill	43	K	
STARTER	77	insulin aspart prot & aspart ...	43	KALYDECO	87, 88
hydralazine hcl	53	INTELENCE	37	KARIVA.....	70
hydrochlorothiazide.....	51	INTRALIPID.....	61	KATERZIA	48
hydrocodone-acetaminophen ...	3	INTRAROSA	69	kcl in dextrose-nacl.....	60
hydrocodone-ibuprofen	3	INTRON A	76	kcl-lactated ringers-d5w	60
hydrocortisone.....	57, 66, 81	INTROVALE	69	KELNOR 1/35.....	70
hydrocortisone (perianal)	57	INVEGA HAFYERA.....	33	KELNOR 1/50.....	70
hydrocortisone ace-pramoxine	58	INVEGA SUSTENNA.....	33	KESIMPTA	55
hydrocortisone valerate	57	INVEGA TRINZA	33	ketoconazole	19
hydrocortisone-acetic acid.....	85	INVOKAMET.....	41	ketorolac tromethamine	84
hydromorphone hcl	3	INVOKAMET XR	41	KINRIX	79
hydroxychloroquine sulfate....	30	INVOKANA	41	KISQALI (200 MG DOSE)....	26
hydroxyurea.....	23	IPOL	79	KISQALI (400 MG DOSE)....	26
hydroxyzine hcl	39	ipratropium bromide.....	87	KISQALI (600 MG DOSE)....	26
hydroxyzine pamoate	39	ipratropium-albuterol.....	89	KISQALI FEMARA (400 MG	
HYFTOR.....	58	irbesartan	46	DOSE)	23
I		irbesartan-hydrochlorothiazide		KISQALI FEMARA (600 MG	
ibandronate sodium	81	.....	50	DOSE)	23
IBRANCE	26	IRESSA	26	KISQALI FEMARA(200 MG	
IBU	2	ISENTRESS	36	DOSE)	23
ibuprofen	2	ISENTRESS HD	36	KLOR-CON	60

KLOR-CON 10	60	letrozole	24	LOW-OGESTREL	70
KLOR-CON M10.....	60	leucovorin calcium	23	loxapine succinate	32
KLOR-CON M15.....	60	LEUKERAN	22	lubiprostone	62
KLOR-CON M20.....	60	leuprolide acetate.....	74	LUMAKRAS.....	27
KLOXXADO	5	levabuterol hcl	87	LUMIGAN	85
KORLYM.....	42	LEVEMIR	43	LUPKYNIS	78
KOSELUGO	27	LEVEMIR FLEXTOUCH	43	LUPRON DEPOT (1-MONTH)	
KURVELO.....	70	levetiracetam	12	.....	74
L		levetiracetam er	12	LUPRON DEPOT (3-MONTH)	
labetalol hcl	47	levobunolol hcl	84	.....	74
lacosamide.....	14	levocarnitine	61	LUPRON DEPOT (4-MONTH)	
lactulose.....	62	levocetirizine dihydrochloride	86	.....	74
lamivudine.....	35, 37	levofloxacin	10, 11, 83	LUPRON DEPOT (6-MONTH)	
lamivudine-zidovudine.....	37	levofloxacin in d5w	10	.....	74
lamotrigine	12	LEVONEST	70	LUTERA	70
lamotrigine er	12	levonorgest-eth estrad 91-day	70	LYBALVI.....	33
lamotrigine starter kit-blue.....	12	levonorgestrel-ethinyl estrad ..	70	LYLEQ.....	72
lamotrigine starter kit-green...	12	levonorg-eth estrad triphasic ..	70	LYNPARZA.....	23
lamotrigine starter kit-orange.	12	LEVORA 0.15/30 (28).....	70	LYSODREN.....	22
LAMPIT	30	LEVO-T.....	73	LYZA	72
lansoprazole.....	64	levothyroxine sodium.....	73	M	
LANTUS	43	LEVOXYL	73	magnesium sulfate	60
LANTUS SOLOSTAR	43	LEXIVA	38	malathion	59
lapatinib ditosylate	27	LIALDA	81	maraviroc	38
LARIN 1.5/30.....	70	lidocaine	4	marlissa.....	70
LARIN 1/20.....	70	lidocaine hcl	4	MARPLAN.....	15
LARIN FE 1.5/30.....	70	lidocaine viscous hcl	4	MATULANE.....	22
LARIN FE 1/20.....	70	lidocaine-prilocaine	4	MATZIM LA.....	49
latanoprost	85	linezolid.....	6	MAVYRET	35
LATUDA	33	LINZESS	62	MAYZENT.....	55
LEENA.....	70	liothyronine sodium.....	73	MAYZENT STARTER PACK	
leflunomide.....	75	lisinopril.....	46	.....	55
lenalidomide.....	22	lisinopril-hydrochlorothiazide	50	meclizine hcl.....	18
LENVIMA (10 MG DAILY		lithium carbonate.....	40	medroxyprogesterone acetate	72
DOSE)	27	lithium carbonate er.....	40	mefloquine hcl	30
LENVIMA (12 MG DAILY		LIVALO	52	megestrol acetate	72, 73
DOSE)	27	LIVMARLI	63	MEKINIST	27
LENVIMA (14 MG DAILY		LIVTENCITY	35	MEKTOVI.....	27
DOSE)	27	LOKELMA	61	meloxicam	2
LENVIMA (18 MG DAILY		LONSURF.....	23	memantine hcl	14
DOSE)	27	loperamide hcl	62	memantine hcl er	14
LENVIMA (20 MG DAILY		lopinavir-ritonavir	38	MENACTRA.....	79
DOSE)	27	lorazepam	40	MENEST	68
LENVIMA (24 MG DAILY		LORAZEPAM INTENSOL...	40	MENQUADFI	79
DOSE)	27	LORBRENA	27	MENVEO	79
LENVIMA (4 MG DAILY		LORYNA	70	mercaptopurine	23
DOSE)	27	losartan potassium	46	meropenem	9
LENVIMA (8 MG DAILY		losartan potassium-hctz	50	mesalamine	81
DOSE)	27	loteprednol etabonate	84	mesalamine er	81
LESSINA	70	lovastatin	52	MESNEX.....	23

metaxalone	90	moxifloxacin hcl.....	11, 83	nitisinone	65
metformin hcl	41	moxifloxacin hcl in nacl	11	NITRO-BID.....	53
metformin hcl er	41	MULTAQ.....	47	nitrofurantoin	7
methadone hcl	3	mupirocin.....	59	nitrofurantoin macrocrystal	7
methazolamide	85	mycophenolate mofetil	78	nitrofurantoin monohyd macro.....	7
methenamine hippurate	6	mycophenolate sodium.....	78	nitroglycerin	53
methimazole	74	MYRBETRIQ	65	nizatidine	64
methocarbamol	90	N		NOCDURNA	67
methotrexate	78	na sulfate-k sulfate-mg sulf....	63	NORA-BE	73
methotrexate sodium	78	nabumetone	2	norethin ace-eth estrad-fe	71
methotrexate sodium (pf)	78	nadolol.....	48	norethindrone.....	73
methoxsalen rapid	58	nafcillin sodium.....	9	norethindrone acetate.....	73
methylphenidate hcl	54	naloxone hcl	5	norethindrone acet-ethinyl est	71
methylphenidate hcl er	54	naltrexone hcl	4	norgestimate-eth estradiol	71
methylphenidate hcl er (osm).....	54	NAMZARIC.....	14	norgestim-eth estrad triphasic.....	71
methylprednisolone	66	naproxen	2	NORTREL 0.5/35 (28).....	71
metoclopramide hcl	63	naproxen sodium	2	NORTREL 1/35 (21).....	71
metolazone	51	naratriptan hcl.....	21	NORTREL 1/35 (28).....	71
metoprolol succinate er	47	NARCAN	5	NORTREL 7/7/7	71
metoprolol tartrate	47	NATACYN	83	nortriptyline hcl	17
metoprolol-hydrochlorothiazide	50	nateglinide	41	NORVIR.....	38
metronidazole	6	NATPARA	81	NOVOLIN 70/30.....	43
metyrosine	50	NAYZILAM.....	13	NOVOLIN 70/30 FLEXPEN	43
mexiletine hcl	47	neбиволol hcl.....	48	NOVOLIN N	43
micafungin sodium.....	19	NECON 0.5/35 (28)	71	NOVOLIN N FLEXPEN	43
miconazole 3	19	nefazodone hcl.....	16	NOVOLIN R	43
MICROGESTIN 1.5/30	70	neomycin sulfate.....	6	NOVOLIN R FLEXPEN.....	43
MICROGESTIN 1/20	70	neomycin-bacitracin zn-		NOVOLOG	43
MICROGESTIN FE 1.5/30....	70	polymyx.....	83	NOVOLOG FLEXPEN.....	43
MICROGESTIN FE 1/20.....	70	neomycin-polymyxin-dexameth		NOVOLOG MIX 70/30	43
midodrine hcl.....	46	.....	82	NOVOLOG MIX 70/30	
MIGERGOT.....	20	neomycin-polymyxin-		FLEXPEN.....	43
miglitol	41	gramicidin.....	82	NOVOLOG PENFILL	43
miglustat.....	65	neomycin-polymyxin-hc ..	82, 85	NOXAFIL.....	19
MILI	71	NERLYNX.....	27	NUBEQA	22
minocycline hcl	11	NEUPRO.....	31	NUCALA	89
minoxidil	53	nevirapine	37	NUEDEXTA	54
mirtazapine	15	nevirapine er.....	37	NUPLAZID	33
misoprostol.....	64	NEXAVAR	27	NUTRILIPID.....	61
M-M-R II.....	79	niacin er (antihyperlipidemic)	52	NYAMYC	19
modafinil	90	nicardipine hcl	48	NYLIA 1/35.....	71
moexipril hcl	46	NICOTROL.....	5	NYLIA 7/7/7	71
molindone hcl.....	32	nifedipine er.....	48	NYMYO.....	71
mometasone furoate ...	57, 58, 86	nifedipine er osmotic release..	48	nystatin	19, 20
montelukast sodium.....	86	NIKKI.....	71	nystatin-triamcinolone.....	58, 59
morphine sulfate.....	4	nilutamide.....	22	NYSTOP.....	20
morphine sulfate (concentrate).....	3	nimodipine.....	48	O	
morphine sulfate er.....	3	NINLARO	23	OCELLA	71
MOVANTIK	62	nisoldipine er.....	48	OCTAGAM.....	75
		nitazoxanide.....	30	octreotide acetate	74

ODEFSEY	37	PEGASYS	76	potassium chloride crys er	60
ODOMZO	27	PEMAZYRE	27	potassium chloride er.....	60
OFEV	88	penicillamine	66	potassium chloride in dextrose	
ofloxacin.....	83, 85	penicillin g pot in dextrose	9	.....	60
olanzapine.....	33	penicillin g potassium.....	9	potassium chloride in nacl	60
olanzapine-fluoxetine hcl	15	penicillin g sodium	9	potassium citrate er.....	61
olmesartan medoxomil	46	penicillin v potassium.....	9	pramipexole dihydrochloride..	31
olmesartan medoxomil-hctz ...	50	PENTACEL.....	79	prasugrel hcl	45
olmesartan-amlodipine-hctz ...	50	pentamidine isethionate.....	30	pravastatin sodium.....	52
olopatadine hcl	83	pentoxifylline er	50	prazosin hcl.....	46
omega-3-acid ethyl esters.....	52	perindopril erbumine	46	prednisolone	66
omeprazole	64	PERIOGARD	55	prednisolone acetate	84
OMNITROPE.....	67	permethrin	59	prednisolone sodium phosphate	
ondansetron	18	perphenazine.....	32	.....	67, 84
ondansetron hcl	18	perphenazine-amitriptyline....	15	prednisone.....	67
ONUREG	23	PERSERIS.....	34	PREDNISONE INTENSOL...	67
OPSUMIT	88	phenelzine sulfate	15	preferred plus insulin syringe	43
ORFADIN	65	phenobarbital	12	pregabalin	54
ORGOVYX.....	23	phenytoin.....	14	prehevbrio.....	79
ORKAMBI.....	88	phenytoin sodium extended...	14	PREMARIN	68
oseltamivir phosphate.....	39	PHEXXI	66	PREMASOL.....	61
OSPHENA	71	PIFELTRO	37	PREMPHASE.....	71
oxacillin sodium	9	pilocarpine hcl	55, 85	PREMPRO	71
oxandrolone.....	67	pimecrolimus	58	prenatal	62
oxaprozin.....	3	pimozide	32	PREVYMIS.....	35
oxazepam.....	39	PIMTREA	71	PREZCOBIX.....	38
oxcarbazepine.....	14	pindolol.....	48	PREZISTA	38, 39
oxybutynin chloride.....	65	pioglitazone hcl	41	PRIFTIN	21
oxybutynin chloride er	65	pioglitazone hcl-glimepiride...	41	primaquine phosphate.....	30
oxycodone hcl	4	pioglitazone hcl-metformin hcl		primidone.....	12
oxycodone hcl er	3	.....	41	PRIORIX	79
oxycodone-acetaminophen.....	4	piperacillin sod-tazobactam so	9	PRIVIGEN	75
OZEMPIC (0.25 OR 0.5		PIQRAY (200 MG DAILY		PROAIR RESPICLICK.....	87
MG/DOSE).....	41	DOSE)	27	probenecid	20
OZEMPIC (1 MG/DOSE).....	41	PIQRAY (250 MG DAILY		prochlorperazine	18
OZEMPIC (2 MG/DOSE).....	41	DOSE)	27	prochlorperazine maleate.....	18
P		PIQRAY (300 MG DAILY		PROCTO-MED HC.....	58
paliperidone er.....	34	DOSE)	28	PROCTO-PAK.....	58
PANRETIN	29	pirfenidone.....	88	PROCTOSOL HC	58
pantoprazole sodium	64	PIRMELLA 1/35.....	71	PROCTOZONE-HC.....	58
paricalcitol.....	82	piroxicam.....	3	progesterone	73
paromomycin sulfate	6	PLASMA-LYTE 148	60	PROGRAF.....	78
paroxetine hcl	16	PLASMA-LYTE A	60	PROLASTIN-C	65
paroxetine hcl er	16	PLENAMINE.....	61	PROLIA.....	82
PASER	21	podofilox	59	PROMACTA.....	45
PAXIL	17	polymyxin b-trimethoprim	82	promethazine hcl	18
PEDIARIX.....	79	POMALYST	22	propafenone hcl	47
PEDVAX HIB.....	79	PORTIA-28	71	propafenone hcl er	47
peg 3350-kcl-na bicarb-nacl...	63	posaconazole	20	propranolol hcl.....	20, 48
peg-3350/electrolytes	63	potassium chloride.....	60	propranolol hcl er	20, 48

propylthiouracil	74	rifampin	21	SKYRIZI (150 MG DOSE)....	75
PROQUAD.....	80	riluzole.....	54	SKYRIZI PEN.....	76
PROSOL.....	62	rimantadine hcl	39	sodium chloride	61
protriptyline hcl.....	17	RINVOQ	75	sodium fluoride.....	61
PULMOZYME.....	88	risedronate sodium	82	sodium phenylbutyrate	65
PURIXAN	23	RISPERDAL CONSTA	34	sodium polystyrene sulfonate.	61
pyrazinamide	21	risperidone	34	sofosbuvir-velpatasvir	35
pyridostigmine bromide	21	ritonavir	39	SOLQUA.....	44
pyrimethamine.....	30	rivastigmine.....	15	SOLTAMOX.....	22
PYRUKYND.....	45	rivastigmine tartrate.....	15	SOMAVERT	74
PYRUKYND TAPER PACK	45	rizatriptan benzoate	21	sorafenib tosylate.....	28
Q		ROCKLATAN	85	sotalol hcl.....	47
QINLOCK.....	28	ropinirole hcl	31	sotalol hcl (af).....	47
QUADRACEL	80	rosuvastatin calcium.....	52	SPIRIVA HANDIHALER	87
quetiapine fumarate	34	ROTARIX	80	SPIRIVA RESPIMAT	87
quetiapine fumarate er.....	34	ROTATEQ	80	spironolactone.....	51
quinapril hcl.....	46	ROZLYTREK	28	spironolactone-hetz.....	51
quinapril-hydrochlorothiazide	50	RUBRACA.....	28	SPRINTEC 28	71
quinidine sulfate	47	rufinamide	14	SPRITAM.....	12
quinine sulfate	30	RUKOBIA.....	38	SPRYCEL.....	28
R		RYBELSUS.....	41	SPS	61
RABAVERT	80	RYDAPT	28	SRONYX.....	72
rabeprazole sodium	64	RYTARY.....	31	SSD.....	59
raloxifene hcl.....	82	S		STELARA	76
ramipril	46	SANTYL	59	STIVARGA	28
ranolazine er	50	sapropterin dihydrochloride ..	65	streptomycin sulfate.....	6
rasagiline mesylate	31	SAVELLA.....	55	STRIBILD	36
RECLIPSEN.....	71	SAVELLA TITRATION PACK		SUBOXONE	5
RECOMBIVAX HB	80	.....	55	sucralfate.....	64
RECTIV	53	SCEMBLIX.....	23	sulfacetamide sodium	83
REGRANEX	59	scopolamine.....	18	sulfacetamide sodium (acne) ..	11
RELENZA DISKHALER.....	39	SECUADO	34	sulfacetamide-prednisolone....	83
RELI-ON INSULIN SYRINGE		selegiline hcl.....	31	sulfadiazine.....	11
.....	43	selenium sulfide.....	58	sulfamethoxazole-trimethoprim	
repaglinide.....	41	SELZENTRY	38	.....	11
REPATHA	52	SEREVENT DISKUS	87	sulfasalazine	81
REPATHA PUSHTRONEX		sertraline hcl	17	sulindac.....	3
SYSTEM.....	52	SETLAKIN	71	sumatriptan	21
REPATHA SURECLICK	53	sevelamer carbonate	62	sumatriptan succinate	21
RESTASIS	82	SHAROBEL.....	73	sumatriptan succinate refill....	21
RESTASIS MULTIDOSE	82	SHINGRIX.....	80	sunitinib malate	28
RETACRIT	45	SIGNIFOR.....	74	SUNOSI.....	90
RETEVMO.....	28	sildenafil citrate	88	SUPREP BOWEL PREP KIT	63
REVLIMID	22	silodosin.....	66	SUTAB.....	63
REXULTI.....	34	silver sulfadiazine.....	59	SYEDA.....	72
REYATAZ	39	SIMBRINZA.....	85	SYMBICORT.....	89
REZUROCK	78	simvastatin.....	52	SYMDEKO	88
RHOPRESSA.....	85	sirolimus	78	SYMLINPEN 120	42
ribavirin	35	SIRTURO.....	21	SYMLINPEN 60	42
rifabutin	21	SKYRIZI	76	SYMPAZAN	13

SYMTUZA.....	36	TIBSOVO.....	28	TRI-NYMYO	72
SYNAREL	74	TICOVAC	80	TRI-SPRINTEC	72
SYNJARDY.....	42	tigecycline	7	TRIUMEQ.....	38
SYNJARDY XR	42	TIGLUTIK	54	TRIUMEQ PD.....	38
SYNRIBO	23	timolol maleate.....	48, 84	TRIVORA (28).....	72
SYNTHROID.....	73	tinidazole	7	TRI-VYLIBRA.....	72
T		TIVICAY.....	36	TRIZIVIR.....	37
TABLOID	23	TIVICAY PD	36	TROPHAMINE.....	62
TABRECTA.....	28	tizanidine hcl	35	trospium chloride.....	66
tacrolimus	58, 78	TOBI PODHALER	88	trospium chloride er.....	66
TAFINLAR	28	tobramycin.....	83, 88	TRULICITY	42
TAGRISSE	28	tobramycin sulfate.....	6	TRUMENBA.....	80
TAKHZYRO.....	75	tobramycin-dexamethasone....	83	TRUSELTIQ (100MG DAILY	
TALZENNA.....	28	tolterodine tartrate	65	DOSE)	29
tamoxifen citrate.....	23	tolterodine tartrate er	65	TRUSELTIQ (125MG DAILY	
tamsulosin hcl.....	66	tolvaptan	61	DOSE)	29
TARGRETIN.....	30	topiramate.....	20	TRUSELTIQ (50MG DAILY	
TARINA FE 1/20 EQ.....	72	toremifene citrate.....	23	DOSE)	29
TASIGNA	28	torsemide	51	TRUSELTIQ (75MG DAILY	
TAVNEOS	76	TOUJEO MAX SOLOSTAR.....	44	DOSE)	29
tazarotene	56	TOUJEO SOLOSTAR	44	TUKYSA.....	29
TAZORAC	56	TPN ELECTROLYTES	62	TURALIO.....	29
TAZTIA XT	49	tramadol hcl.....	4	TWINRIX.....	80
TAZVERIK.....	28	tramadol-acetaminophen	4	TYBOST.....	38
TDVAX.....	80	trandolapril	47	TYMLOS.....	82
TEFLARO.....	8	tranexamic acid.....	45	TYPHIM VI.....	80
TEGSEDI.....	65	tranylcypramine sulfate.....	15	U	
telmisartan	46	TRAVASOL.....	62	UBRELVY	21
telmisartan-amlodipine.....	51	travoprost (bak free)	85	UNITHROID.....	73
telmisartan-hctz	51	trazodone hcl	17	ursodiol	63
temazepam.....	90	TRECTOR.....	22	V	
TENIVAC	80	TRELEGY ELLIPTA.....	89	valacyclovir hcl	36
tenofovir disoproxil fumarate.....	37	TRELSTAR MIXJECT.....	74	VALCHLOR	22
TEPMETKO.....	28	TRESIBA	44	valganciclovir hcl	35
terazosin hcl.....	46	TRESIBA FLEXTOUCH.....	44	valproic acid	12
terbinafine hcl.....	20	tretinoin	30, 56	valsartan.....	46
terbutaline sulfate	87	TREXALL.....	78	valsartan-hydrochlorothiazide	51
terconazole	20	triamcinolone acetonide ...	55, 58	VALTOCO 10 MG DOSE	13
teriparatide (recombinant).....	82	triamterene-hctz.....	51	VALTOCO 15 MG DOSE	13
testosterone.....	68	trientine hcl.....	61	VALTOCO 20 MG DOSE	13
testosterone cypionate	67	TRI-ESTARYLLA.....	72	VALTOCO 5 MG DOSE	13
testosterone enanthate	67	trifluoperazine hcl.....	32	vancomycin hcl.....	7
tetrabenazine.....	54	trifluridine.....	36	VAQTA	80
tetracycline hcl	11	trihexyphenidyl hcl.....	30	varenicline tartrate	5
THALOMID.....	22	TRIKAFTA	88	VARIVAX.....	80
theophylline er.....	88	trimethobenzamide hcl	18	VASCEPA.....	53
thioridazine hcl.....	32	trimethoprim.....	7	VELIVET	72
thiothixene.....	32	TRI-MILI.....	72	VELPHORO.....	62
TIADYL ER	49	trimipramine maleate.....	18	VEMLIDY.....	35
tiagabine hcl	13	TRINTELLIX.....	17	VENCLEXTA	29

VENCLEXTA STARTING PACK	29	W	warfarin sodium.....	44	XTANDI.....	22	
venlafaxine besylate er	17	WELIREG	22	XALKORI.....	29	XULTOPHY.....	42
venlafaxine hcl	17	X	XARELTO	44	XYREM.....	90	
venlafaxine hcl er	17	XARELTO STARTER PACK	44	XYWAV.....	90	Y	
verapamil hcl	49	XATMEP.....	24	YF-VAX.....	80	YUVAFEM	68
verapamil hcl er.....	49	XCOPRI	12, 13	Z			
VERQUOVO	51	XCOPRI (250 MG DAILY DOSE).....	12	zafirlukast	86		
VERSACLOZ	35	XCOPRI (350 MG DAILY DOSE).....	12	zaleplon.....	90		
VERZENIO.....	29	XGEVA	82	ZARXIO	45		
VESTURA	72	XIFAXAN.....	7	ZEJULA	29		
VICTOZA	42	XOFLUZA (40 MG DOSE)...	39	ZELBORAF	29		
VIENVA.....	72	XOFLUZA (80 MG DOSE)...	39	ZEMDRI.....	6		
vigabatrin.....	13	XOLAIR.....	76	ZENPEP	65		
VIGADRONE	13	XOSPATA.....	29	zidovudine	38		
VIIBRYD	17	XPOVIO (100 MG ONCE WEEKLY).....	24	ZIEXTENZO.....	45		
VIIBRYD STARTER PACK.....	17	XPOVIO (40 MG ONCE WEEKLY).....	24	zileuton er	86		
VIJOICE.....	65	XPOVIO (40 MG TWICE WEEKLY).....	24	ZIMHI.....	5		
vilazodone hcl	17	XPOVIO (60 MG ONCE WEEKLY).....	24	ziprasidone hcl.....	34		
VIMPAT.....	14	XPOVIO (60 MG TWICE WEEKLY).....	24	ziprasidone mesylate	34		
VIRACEPT	39	XPOVIO (80 MG ONCE WEEKLY).....	24	ZIRGAN	35		
VIREAD.....	37	XPOVIO (80 MG TWICE WEEKLY).....	24	ZOLINZA.....	24		
VITRAKVI.....	29			zolpidem tartrate.....	90		
VIVITROL.....	4			zonisamide.....	13		
VIZIMPRO.....	29			ZORTRESS	78		
VONJO.....	29			ZOVIA 1/35 (28).....	72		
voriconazole	20			ZYDELIG.....	29		
VOSEVI	35			ZYFLO	86		
VOTRIENT	29			ZYKADIA	29		
VRAYLAR.....	34			ZYPITAMAG.....	52		
VYFEMLA.....	72			ZYPREXA RELPREVV	34		
VYLIBRA	72						
VYNDAMAX	65						

2022

Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. HealthTeam Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HealthTeam Advantage:

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 your Healthcare Concierge at 888-965-1965 (TTY: 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthTeam Advantage
Attn: Appeals and Grievances
7800 McCloud Road, Suite 100
Greensboro, NC 27409
888-965-1965, (TTY 711), or via fax at 800-845-4104

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/smartscreen/main.jsf>, by email OCRMail@hhs.gov, by phone 1-888-368-1019, TDD: 1-800-537-7697, or by mail U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Get Help in Other Languages

If you need help or speak a non-English language, call 888-965-1965 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

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Non-Discrimination Notice

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-965-1965 TTY: 711.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le 1-888-965-1965 ATS: 711.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen

Verfügung. Rufnummer: 1-888-965-1965 TTY: 711.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-965-1965 телетайп: 711.

Gujarati: સચના: જો તમે ગજરાતી બોલતા હો, તો નન:શલ્ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-965-1965 TTY711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-965-1965 TTY711.

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-965-1965 TTY: 711。

Japanese: 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。 1-888-965-1965 TTY: 711. まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 888-965-1965 TTY: 711 번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-965-1965 TTY: 711.

Hindi: ध्यान दें:यदि आप हिंदी बोलते हैं तो आपके लिए मददगार सेवाएं उपलब्ध हैं। 1-888-965-1965 TTY: 711 पर कॉल करें।

Laotian: ໂປດຊາບ: ຖ້າ ຈຳ ົ ທ່ າ ນ ເ ອ ັ າ ພາ ສາ ລາ ອ, ການບໍລິການຊ່ ອຍເໝີ ນມີ ພໍ ອມໃຫ້ ທ່ າ ນ. ໂທ 1-888-965-1965 TTY: 711. ອດ້ າ ນພາ ສາ, ໂດຍບໍ່ ສັ ງຄ່ າ,

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-965-1965 TTY: 711.

Cambodian: ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, ប្រសិនបើអ្នកនិយាយភាសា ប្រយោលមិនគិតថ្លៃសេវា គឺអាចមានសំណុំប្រយ័ត្ន។ ចូរ ទូរស័ព្ទ 1-888-965-1965 TTY: 711។

(Arabic):

1-888-965-1965 ت ك ل ن ا ج م ل ا ب. ل ص ت ا م ق ر ب
ة ظ و ح ل م: ا ذ ن ت

HealthTeam Advantage Diabetes & Heart Care Contact Information

WEB ADDRESS

Visit HealthTeam Advantage Diabetes & Heart Care at HealthTeamAdvantage.com.

HEALTHCARE CONCIERGE

Current HealthTeam Advantage Diabetes & Heart Care members call your Healthcare Concierge toll-free at 888-965-1965 for questions related to your HealthTeam Advantage Diabetes & Heart Care Medicare Advantage Plan from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

SALES INFORMATION

Prospective members call toll-free 877-905-9216 for questions related to HealthTeam Advantage Diabetes & Heart Care Medicare Advantage Plans from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

TTY USERS

TTY users call toll-free 711 for questions related to Medicare Advantage Plans.

PRESCRIPTION DRUG BENEFIT

Current HealthTeam Advantage Diabetes & Heart Care members call toll-free 888-965-1965 for questions related to your HealthTeam Advantage Diabetes & Heart Care Part D Prescription Drug Benefit. Prospective members call toll-free 877-905-9216 for questions related to the HealthTeam Advantage Diabetes & Heart Care Part D Prescription Drug Benefit.

MEDICARE INFORMATION

For more information about Medicare, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week or visit medicare.gov.

Formulary ID: 22372, Version Number: 19

This formulary was updated on 11/24/2022. For more recent information or other questions, please contact us, HealthTeam Advantage Diabetes & Heart Care Healthcare Concierge, at 888-965-1965 or, for TTY users, 711, October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit HealthTeamAdvantage.com. YMULTI-PLAN_22_30_C