

# PRESCRIPTIONS DRUGS FORMULARY 2 PLATINO



**MCS** Classicare  
(HMO)

Plan de Salud  
**medicare**  
**PLATINO**  
Administración de Seguros de Salud  
Gobierno de Puerto Rico

**2024**

[www.mcsclassicare.com](http://www.mcsclassicare.com)

# MCS CLASSICARE

## 2024 Formulary

### List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 24446, Version Number 11

This formulary was updated on 04/18/2024. For more recent information or other questions, please contact MCS Classicare Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 p.m. Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30, or visit [www.mcsclassicare.com](http://www.mcsclassicare.com)

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call our Call Center for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than \$0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

**Important Message About What You Pay for oral Antivirals drugs for COVID-19 treatment** - Our plan covers most Part D oral Antivirals drugs for COVID-19 treatment at no cost to you. Call our Call Center for more information.

**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 MCS Classicare Platino Del Sur (HMO D-SNP), MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino MásCa\$h (HMO D-SNP), MCS Classicare Platino Máximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of May 1, 2024. For updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

H5577\_2290723\_C

04/18/2024

## What is the MCS Classicare Formulary?

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

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow 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 **MCS Classicare Platino Del Sur (HMO D-SNP), MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino MásCa\$h (HMO D-SNP), MCS Classicare Platino Máximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP) Formulary?**”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 MCS Classicare Platino Del Sur (HMO D-SNP), MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino MásCa\$h (HMO D-SNP), MCS Classicare Platino Máximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP) Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 1, 2024. To get updated information about the drugs covered by MCS Classicare please contact us. Our contact information appears on the front and back cover pages.

In the event of mid-year non-maintenance formulary changes, all affected members will be notified via mail (at least 60 days before the change becomes effective). In addition, an updated version of our printed formulary will be updated during the last week of the previous month effective the first day of the month and posted on our website at [www.mcsclassicare.com](http://www.mcsclassicare.com)

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 98. 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?**

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

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

You can ask MCS Classicare 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 MCS Classicare Platino Del Sur (HMO D-SNP), MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino MásCa\$h (HMO D-SNP), MCS Classicare Platino Máximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP) formulary?" on page IV for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that MCS Classicare does not cover your drug, you have two options:

- You can ask Customer Service Call Center for a list of similar drugs that are covered by MCS Classicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by MCS Classicare.
- You can ask MCS Classicare 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 MCS Classicare Platino Del Sur (HMO D-SNP), MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino MásCa\$h (HMO D-SNP), MCS Classicare Platino Máximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP) Formulary?**

You can ask MCS Classicare 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, MCS Classicare 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, MCS Classicare 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.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy cannot be used to buy a non-Part D drug at an out of network pharmacy, unless you qualify for out of network access. For those members that are released from a hospital, or other care facility to their home, or if your ability to get your drugs is limited, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan.

## For more information

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

If you have questions about MCS Classicare, 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 day a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

### **MCS Classicare Platino Del Sur (HMO D-SNP), MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino MásCa\$h (HMO D-SNP), MCS Classicare Platino Máximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP) Formulary**

The formulary below provides coverage information about the drugs covered by MCS Classicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 98.

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., *metformin*).

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

## Abbreviations used in the formulary

(See Chapter 5, Section 4.2 “What kinds of restrictions”, of the Evidence of Coverage to learn which restrictions apply to your specific coverage.)

**PA** – Prior Authorization

**PA BvsD** - This prescription drug requires prior authorization and may be covered under our medical benefit. For more information, call Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30 or visit [www.mcsclearcare.com](http://www.mcsclearcare.com).

**QL** – Quantity Limit - For certain drugs, MCS Classicare limits the amount of the drug that MCS Classicare will cover. This may be in addition to a standard one-month or three-month supply.

**ST** – Step Therapy

**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.

**FFQL** – First Fill Quantity Limit. In order to provide you and your doctor with an opportunity to properly assess the effectiveness of a drug, only the first prescription fill will be covered for 30 days for some of the drugs available for a long-term supply.

**NeDS** – Non-Extended Day Supply. Drugs identified will not be available as an extended days’ supply. These drugs will only be available up to a 30-day supply for every fill.

**MO** – Mail Order. We provide coverage for some prescriptions through mail order pharmacy. For more information, call our Customer Service Call Center.



**MCS Classicare Platino Del Sur (HMO D-SNP)**

Description	Standard Retail Cost- Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost- Sharing (90 days)
Drugs Covered	\$0	\$0	\$0	\$0

<b>MCS Classicare Platino Ideal (HMO D-SNP)</b>				
<b>Description</b>	<b>Standard Retail Cost-Sharing (30 days)</b>	<b>Standard Retail Cost-Sharing (60 day)</b>	<b>Standard Retail Cost-Sharing (90 days)</b>	<b>Standard Mail Order Cost-Sharing (90 days)</b>
<b>Drugs Covered</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**MCS Classicare Platino MásCa\$h (HMO D-SNP)**

Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	\$0	\$0	\$0	\$0

**MCS Classicare Platino Máximo (HMO D-SNP)**

Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	\$0	\$0	\$0	\$0

**MCS Classicare Platino Progreso (HMO D-SNP)**

Description	Standard Retail Cost- Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost- Sharing (90 days)
Drugs Covered	\$0	\$0	\$0	\$0

**MCS Classicare Platino Total (HMO D-SNP)**

Description	Standard Retail Cost-Sharing (30 days)	Standard Retail Cost-Sharing (60 day)	Standard Retail Cost-Sharing (90 days)	Standard Mail Order Cost-Sharing (90 days)
Drugs Covered	\$0	\$0	\$0	\$0



## List of Covered Drugs

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>		
<b>ANALGESICS</b>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tencon	PA; GC; QL (180 per 30 days); NEDS
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	PA; GC; QL (180 per 30 days); NEDS
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	ST; GC; MO; QL (60 per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	Flector	PA; GC; NEDS
<i>diclofenac potassium oral tablet 50 mg</i>		GC; MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		GC; MO
<i>diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	GC; QL (1000 per 30 days); NEDS
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		GC; MO
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Arthrotec	GC; MO
<i>diflunisal oral tablet 500 mg</i>		GC; MO
<i>ec-naproxen oral tablet delayed release 500 mg</i>	EC-Naprosyn	GC; MO
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		GC; MO
<i>etodolac oral capsule 200 mg, 300 mg</i>		GC; MO
<i>etodolac oral tablet 400 mg</i>	Lodine	GC; MO
<i>etodolac oral tablet 500 mg</i>		GC; MO
<i>flurbiprofen oral tablet 100 mg</i>		GC; MO
<b>IBU ORAL TABLET 600 MG, 800 MG</b>		GC; MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	GC; NEDS
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	GC; MO
<i>ketoprofen oral capsule 25 mg</i>	Kiprofen	GC; MO
<i>ketoprofen oral capsule 50 mg</i>		GC; MO
<i>ketorolac tromethamine oral tablet 10 mg</i>		GC; QL (20 per 5 days); NEDS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		GC; MO; QL (30 per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	GC; MO
<i>naproxen oral tablet 250 mg, 375 mg</i>		GC; MO
<i>naproxen oral tablet 500 mg</i>	Naprosyn	GC; MO
<i>naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	GC; MO
<i>naproxen sodium oral tablet 275 mg</i>		GC; MO
<i>naproxen sodium oral tablet 550 mg</i>	Anaprox DS	GC; MO
<i>oxaprozin oral tablet 600 mg</i>	Daypro	GC; MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Feldene	GC; MO
<i>sulindac oral tablet 150 mg, 200 mg</i>		GC; MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		GC; QL (10 per 30 days); NEDS
<i>methadone hcl oral solution 5 mg/5ml</i>		GC; QL (3600 per 30 days); NEDS
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		GC; QL (180 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 100 mg</i>	MS Contin	GC; QL (120 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	MS Contin	GC; QL (180 per 30 days); NEDS
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	OxyCONTIN	QL (60 per 30 days); NEDS
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		GC; QL (30 per 30 days); NEDS
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		GC; QL (30 per 30 days); NEDS
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		GC; QL (4500 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		GC; QL (390 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-30 mg</i>		GC; QL (42 per 7 days); NEDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		GC; QL (180 per 30 days); NEDS
<i>codeine sulfate oral tablet 15 mg</i>		GC; QL (720 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>codeine sulfate oral tablet 30 mg</i>		GC; QL (360 per 30 days); NEDS
<i>codeine sulfate oral tablet 60 mg</i>		GC; QL (180 per 30 days); NEDS
ENDOCET ORAL TABLET 10-325 MG		GC; QL (180 per 30 days); NEDS
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG		GC; QL (360 per 30 days); NEDS
ENDOCET ORAL TABLET 7.5-325 MG		GC; QL (240 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>		PA; QL (120 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>		PA; QL (120 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		GC; QL (3600 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>		GC; QL (180 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>		GC; QL (360 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>		GC; QL (240 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		GC; QL (150 per 30 days); NEDS
<i>hydromorphone hcl oral tablet 2 mg</i>	Dilaudid	GC; QL (960 per 30 days); NEDS
<i>hydromorphone hcl oral tablet 4 mg</i>	Dilaudid	GC; QL (480 per 30 days); NEDS
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	GC; QL (21 per 7 days); NEDS
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>		GC; QL (42 per 7 days); NEDS
<i>morphine sulfate oral solution 10 mg/5ml</i>		GC; QL (2700 per 30 days); NEDS
<i>morphine sulfate oral solution 20 mg/5ml</i>		GC; QL (1350 per 30 days); NEDS
<i>morphine sulfate oral tablet 15 mg</i>		GC; QL (360 per 30 days); NEDS
<i>morphine sulfate oral tablet 30 mg</i>		GC; QL (180 per 30 days); NEDS
<i>oxycodone hcl oral capsule 5 mg</i>		GC; QL (720 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>oxycodone hcl oral tablet 10 mg</i>		GC; QL (360 per 30 days); NEDS
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	GC; QL (240 per 30 days); NEDS
<i>oxycodone hcl oral tablet 20 mg</i>		GC; QL (180 per 30 days); NEDS
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	GC; QL (14 per 7 days); NEDS
<i>oxycodone hcl oral tablet 5 mg</i>		GC; QL (720 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Endocet	GC; QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Endocet	GC; QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Endocet	GC; QL (240 per 30 days); NEDS
<i>tramadol hcl oral tablet 100 mg</i>		GC; QL (120 per 30 days); NEDS
<i>tramadol hcl oral tablet 50 mg</i>		GC; QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		GC; QL (56 per 7 days); NEDS
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine external ointment 5 %</i>		PA; GC; QL (50 per 30 days); NEDS
<i>lidocaine external patch 5 %</i>	Lidocan	GC; QL (90 per 30 days); NEDS
<i>lidocaine hcl external solution 4 %</i>		PA; GC; NEDS
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		GC; NEDS
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		GC; QL (30 per 30 days); NEDS
<b>ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		GC; MO
<i>disulfiram oral tablet 250 mg</i>		GC; MO
<i>naltrexone hcl oral tablet 50 mg</i>		GC; NEDS
<b>OPIOID DEPENDENCE</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		GC; QL (240 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		GC; QL (90 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Suboxone	GC; QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		GC; QL (120 per 30 days); NEDS
<b>OPIOID REVERSAL AGENTS</b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>		GC; NEDS
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		GC; NEDS
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		GC; NEDS
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	GC; NEDS
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML		GC; QL (1 per 30 days); NEDS
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		GC; QL (60 per 30 days); NEDS
NICOTROL INHALATION INHALER 10 MG		NEDS
NICOTROL NS NASAL SOLUTION 10 MG/ML		NEDS
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>		QL (53 per 28 days); NEDS
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>		QL (56 per 28 days); NEDS
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		PA; NEDS
<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>		GC; NEDS
<i>gentamicin sulfate external cream 0.1 %</i>		GC; NEDS
<i>gentamicin sulfate external ointment 0.1 %</i>		GC; NEDS
<i>gentamicin sulfate injection solution 40 mg/ml</i>		GC; NEDS
<i>neomycin sulfate oral tablet 500 mg</i>		GC; NEDS
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>		PA-BvsD; GC; NEDS
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML		NEDS
<b>ANTIBACTERIALS, OTHER</b>		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	Azactam	GC; NEDS
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	GC; NEDS
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	GC; NEDS
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>		GC; NEDS
<i>clindamycin phosphate injection solution 600 mg/4ml, 900 mg/6ml</i>	Cleocin Phosphate	PA-BvsD; GC; NEDS
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	GC; NEDS
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Coly-Mycin M	PA-BvsD; GC; NEDS
<i>daptomycin intravenous solution reconstituted 350 mg</i>		NEDS
<i>daptomycin intravenous solution reconstituted 500 mg</i>	Cubicin RF	NEDS
<i>fosfomycin tromethamine oral packet 3 gm</i>		GC; NEDS
<i>linezolid intravenous solution 600 mg/300ml</i>	Zyvox	PA; NEDS
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Zyvox	PA; QL (1800 per 30 days); NEDS
<i>linezolid oral tablet 600 mg</i>	Zyvox	PA; GC; QL (60 per 30 days); NEDS
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	GC; NEDS
<i>metronidazole external cream 0.75 %</i>	MetroCream	GC; NEDS
<i>metronidazole external gel 0.75 %</i>		GC; NEDS
<i>metronidazole external gel 1 %</i>	Metrogel	GC; NEDS
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	GC; NEDS
<i>metronidazole intravenous solution 500 mg/100ml</i>		PA-BvsD; GC; NEDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>		GC; NEDS
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	GC; QL (60 per 30 days); NEDS
<i>nitrofurantoin monohydrate macro oral capsule 100 mg</i>	Macrobid	GC; QL (60 per 30 days); NEDS
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		GC; NEDS
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tygamcil	PA-BvsD; NEDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>		GC; NEDS
<i>trimethoprim oral tablet 100 mg</i>		GC; NEDS
<i>vancomycin hcl intravenous solution reconstituted 1 gm</i>		NEDS
<i>vancomycin hcl oral capsule 125 mg</i>	Vancocin	QL (300 per 30 days); NEDS
<i>vancomycin hcl oral capsule 250 mg</i>	Vancocin	QL (170 per 30 days); NEDS
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	Firvanq	GC; NEDS
VANDAZOLE VAGINAL GEL 0.75 %		NEDS
XIFAXAN ORAL TABLET 200 MG		NEDS
XIFAXAN ORAL TABLET 550 MG		MO
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>		GC; NEDS
<i>cefadroxil oral capsule 500 mg</i>		GC; NEDS
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		GC; NEDS
<i>cefadroxil oral tablet 1 gm</i>		GC; NEDS
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>		GC; NEDS
<i>cefdinir oral capsule 300 mg</i>		GC; NEDS
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		GC; NEDS
<i>cefepime hcl injection solution reconstituted 1 gm</i>		GC; NEDS
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>		GC; NEDS
<i>cefixime oral capsule 400 mg</i>		GC; NEDS
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		GC; NEDS
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		PA-BvsD; GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		GC; NEDS
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>		GC; NEDS
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		GC; NEDS
<i>cefprozil oral tablet 250 mg, 500 mg</i>		GC; NEDS
<i>ceftazidime injection solution reconstituted 1 gm</i>	Tazicef	GC; NEDS
<i>ceftazidime injection solution reconstituted 6 gm</i>		GC; NEDS
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	Tazicef	GC; NEDS
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		GC; NEDS
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>		GC; NEDS
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		GC; NEDS
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>		PA-BvsD; GC; NEDS
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>		PA-BvsD; GC; NEDS
<i>cephalexin oral capsule 250 mg, 500 mg</i>		GC; NEDS
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		GC; NEDS
<i>cephalexin oral tablet 250 mg, 500 mg</i>		GC; NEDS
<b>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG</b>		PA-BvsD; NEDS
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		GC; NEDS
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		GC; NEDS
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		GC; NEDS
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		GC; NEDS
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		NEDS
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		GC; NEDS
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>		GC; NEDS
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	Augmentin	GC; NEDS
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		GC; NEDS
<i>ampicillin oral capsule 500 mg</i>		GC; NEDS
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>		PA-BvsD; GC; NEDS
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Unasyn	GC; NEDS
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Unasyn	GC; NEDS
<b>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML</b>		NEDS
<b>BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML</b>		NEDS
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML</b>		NEDS
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		GC; NEDS
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>		GC; NEDS
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>		GC; NEDS
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	Pfizerpen	PA-BvsD; NEDS
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>		PA-BvsD; NEDS
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		GC; NEDS
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		GC; NEDS
<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>		GC; NEDS
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 40.5 (36-4.5) gm</i>		GC; NEDS
<b>CARBAPENEMS</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ertapenem sodium injection solution reconstituted 1 gm</i>		GC; NEDS
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>		GC; NEDS
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	Primaxin IV	GC; NEDS
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>		GC; NEDS
<b>MACROLIDES</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Zithromax	PA-BvsD; GC; NEDS
<i>azithromycin oral packet 1 gm</i>	Zithromax	GC; NEDS
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	GC; NEDS
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	Zithromax	GC; NEDS
<i>azithromycin oral tablet 600 mg</i>		GC; NEDS
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		GC; NEDS
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		GC; NEDS
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		GC; NEDS
DIFICID ORAL TABLET 200 MG		ST; QL (20 per 10 days); NEDS
ERYTHROCIN STEARATE ORAL TABLET 250 MG		NEDS
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		GC; NEDS
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		GC; NEDS
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	E.E.S. Granules	NEDS
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	GC; NEDS
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Ery-Tab	GC; NEDS
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		GC; QL (30 per 30 days); NEDS
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	GC; NEDS
<i>ciprofloxacin hcl oral tablet 750 mg</i>		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>		PA-BvsD; GC; NEDS
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>		GC; NEDS
<i>levofloxacin oral solution 25 mg/ml</i>		GC; NEDS
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		GC; NEDS
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>		NEDS
<i>moxifloxacin hcl oral tablet 400 mg</i>		NEDS
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		GC; NEDS
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	GC; NEDS
<i>sulfadiazine oral tablet 500 mg</i>		GC; NEDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	GC; NEDS
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	GC; NEDS
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	GC; NEDS
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		GC; NEDS
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		PA-BvsD; GC; NEDS
<i>doxycycline hyclate oral capsule 100 mg</i>	Vibramycin	GC; NEDS
<i>doxycycline hyclate oral capsule 50 mg</i>		GC; NEDS
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		GC; NEDS
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	GC; NEDS
<i>doxycycline monohydrate oral capsule 50 mg</i>		GC; NEDS
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Vibramycin	GC; NEDS
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		GC; NEDS
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		GC; NEDS
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		GC; NEDS
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
BRIVIACT ORAL SOLUTION 10 MG/ML		PA; NEDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		PA; NEDS
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		PA; NEDS
DIACOMIT ORAL PACKET 250 MG, 500 MG		PA; NEDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA; NEDS
<i>felbamate oral suspension 600 mg/5ml</i>		NEDS
<i>felbamate oral tablet 400 mg, 600 mg</i>	Felbatol	GC; MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML		PA; NEDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		PA; NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG		PA; NEDS
FYCOMPA ORAL TABLET 2 MG		PA; MO; FFQL
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LaMICtal XR	GC; MO
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	LaMICtal ODT	GC; NEDS
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LaMICtal	GC; MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	GC; MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LaMICtal ODT	GC; MO
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	LaMICtal Starter	GC; NEDS
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	LaMICtal Starter	GC; NEDS
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	LaMICtal Starter	GC; NEDS
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Keppra XR	GC; MO; QL (180 per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Keppra XR	GC; MO; QL (120 per 30 days)
<i>levetiracetam oral solution 100 mg/ml</i>	Keppra	GC; MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Keppra	GC; MO
<i>phenobarbital oral elixir 20 mg/5ml</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<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>		GC; MO
<i>primidone oral tablet 125 mg</i>		GC; MO
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	GC; MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG		MO; QL (90 per 30 days); FFQL
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG		MO; QL (120 per 30 days); FFQL
<i>valproic acid oral capsule 250 mg</i>		GC; MO
<i>valproic acid oral solution 250 mg/5ml</i>		GC; MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		PA; QL (56 per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		PA; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 50 MG		PA; QL (30 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG		PA; QL (60 per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG		PA; QL (28 per 28 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG		PA; QL (28 per 28 days); NEDS
ZTALMY ORAL SUSPENSION 50 MG/ML		PA; QL (1100 per 30 days); NEDS
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	GC; MO
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	GC; MO
<i>methsuximide oral capsule 300 mg</i>	Celontin	GC; MO
ZONISADE ORAL SUSPENSION 100 MG/5ML		MO; FFQL
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	GC; MO
<i>zonisamide oral capsule 50 mg</i>		GC; MO
<b>GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	PA; GC; MO; QL (480 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clobazam oral tablet 10 mg, 20 mg</i>	Onfi	PA; GC; MO; QL (60 per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		GC; NEDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Neurontin	GC; MO; QL (300 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Neurontin	GC; MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	Neurontin	GC; MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Neurontin	GC; MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Neurontin	GC; MO; QL (120 per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		PA; NEDS
SYMPAZAN ORAL FILM 10 MG, 20 MG		PA; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG		PA; MO; QL (60 per 30 days); FFQL
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		GC; MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML		NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML		NEDS
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		NEDS
<i>vigabatrin oral packet 500 mg</i>	Vigpoder	PA; QL (180 per 30 days); NEDS
<i>vigabatrin oral tablet 500 mg</i>	Vigadrone	PA; QL (180 per 30 days); NEDS
VIGADRONE ORAL TABLET 500 MG		PA; QL (180 per 30 days); NEDS
VIGPODER ORAL PACKET 500 MG		PA; QL (180 per 30 days); NEDS
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		PA; QL (60 per 30 days); NEDS
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	GC; MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	GC; MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>carbamazepine oral tablet 200 mg</i>	Epitol	GC; MO
<i>carbamazepine oral tablet chewable 100 mg</i>		GC; MO
<i>lacosamide oral solution 10 mg/ml</i>	Vimpat	GC; MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Vimpat	GC; MO; QL (60 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	GC; MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	GC; MO
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	GC; MO
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	GC; MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	GC; MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	GC; MO
<i>rufinamide oral suspension 40 mg/ml</i>	Banzel	PA; QL (2400 per 30 days); NEDS
<i>rufinamide oral tablet 200 mg</i>	Banzel	PA; MO; QL (240 per 30 days); FFQL
<i>rufinamide oral tablet 400 mg</i>	Banzel	PA; QL (240 per 30 days); NEDS

## **ANTIDEMENTIA AGENTS**

### **ANTIDEMENTIA AGENTS, OTHER**

<i>ergoloid mesylates oral tablet 1 mg</i>		PA; GC; MO
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg</i>	Namenda XR	GC; MO; QL (30 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 7 mg</i>		GC; MO; QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>		GC; MO; QL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		GC; MO; QL (60 per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	Namenda Titration Pak	GC; QL (49 per 28 days); NEDS

### **CHOLINESTERASE INHIBITORS**

<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	GC; MO; QL (30 per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	Aricept	GC; MO; QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		GC; MO; QL (30 per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		GC; MO; QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		GC; MO; QL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		GC; MO; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		GC; MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	GC; MO; QL (30 per 30 days)
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		MO; QL (60 per 30 days); FFQL
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	GC; MO; QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Wellbutrin XL	GC; MO; QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Wellbutrin XL	GC; MO; QL (30 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Forfivo XL	GC; MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>		GC; MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>		GC; MO; QL (180 per 30 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		PA; GC; MO
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	GC; MO; QL (30 per 30 days)
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		GC; MO; QL (30 per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	GC; MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>		GC; MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	Symbyax	GC; MO; QL (30 per 30 days)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		GC; MO
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		PA; QL (28 per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG		PA; QL (14 per 14 days); NEDS
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		PA; QL (30 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
MARPLAN ORAL TABLET 10 MG		MO; FFQL
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	GC; MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Parnate	GC; MO
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
<i>citalopram hydrobromide oral capsule 30 mg</i>		GC; MO; QL (30 per 30 days)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		GC; MO; QL (600 per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg</i>	CeleXA	GC; MO; QL (45 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	CeleXA	GC; MO; QL (60 per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	CeleXA	GC; MO; QL (30 per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>		GC; MO; QL (30 per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Pristiq	GC; MO; QL (30 per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	Pristiq	GC; MO; QL (60 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Cymbalta	GC; MO; QL (60 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		GC; MO; QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		GC; MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	GC; MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		ST; MO; QL (30 per 30 days); FFQL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		ST; QL (28 per 28 days); NEDS
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	PROzac	GC; MO; QL (60 per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	PROzac	GC; MO; QL (120 per 30 days)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		GC; MO; QL (4 per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		GC; MO; QL (600 per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>		GC; MO; QL (60 per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>		GC; MO; QL (120 per 30 days)
<i>fluoxetine hcl oral tablet 60 mg</i>		GC; MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		GC; MO; QL (60 per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>		GC; MO; QL (90 per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>		GC; MO; QL (60 per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		GC; MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	Paxil CR	GC; MO; QL (30 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	Paxil CR	GC; MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Paxil	GC; MO; QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	Paxil	GC; MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	Paxil	GC; MO; QL (30 per 30 days)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>		GC; MO; QL (30 per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	GC; MO; QL (300 per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	Zoloft	GC; MO; QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Zoloft	GC; MO; QL (45 per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		GC; MO
<i>trazodone hcl oral tablet 300 mg</i>		GC; MO
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>		ST; MO; QL (30 per 30 days); FFQL
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>		GC; MO; QL (60 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Effexor XR	GC; MO; QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Effexor XR	GC; MO; QL (90 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg</i>		GC; MO; QL (30 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>		GC; MO; QL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		GC; MO; QL (90 per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Viibryd	GC; MO; QL (30 per 30 days)
<b>TRICYCLICS</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		GC; MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Anafranil	GC; MO
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	GC; MO
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		GC; MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		GC; MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>		GC; MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		GC; MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		GC; MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	GC; MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		GC; MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		GC; MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		GC; MO

## **ANTIEMETICS**

### **ANTIEMETICS, OTHER**

<i>meclizine hcl oral tablet 12.5 mg</i>		GC; NEDS
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	GC; NEDS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		GC; MO
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	GC; NEDS
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		PA; GC; NEDS
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		PA; GC; NEDS
<i>promethazine hcl rectal suppository 25 mg</i>	Promethegan	PA; NEDS
<b>PROMETHEGAN RECTAL SUPPOSITORY 25 MG</b>		PA; NEDS
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Transderm-Scop	GC; NEDS
<i>trimethobenzamide hcl oral capsule 300 mg</i>		GC; NEDS

### **EMETOGENIC THERAPY ADJUNCTS**

<i>aprepitant oral capsule 125 mg, 40 mg</i>		PA-BvsD; GC; QL (8 per 30 days); NEDS
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	Emend Tri-Pack	PA-BvsD; QL (12 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>aprepitant oral capsule 80 mg</i>	Emend	PA-BvsD; GC; QL (8 per 30 days); NEDS
<i>dronabinol oral capsule 10 mg, 5 mg</i>		PA; GC; QL (60 per 30 days); NEDS
<i>dronabinol oral capsule 2.5 mg</i>	Marinol	PA; GC; QL (60 per 30 days); NEDS
<i>granisetron hcl oral tablet 1 mg</i>		PA-BvsD; GC; QL (60 per 30 days); NEDS
<i>ondansetron hcl oral solution 4 mg/5ml</i>		PA-BvsD; GC; QL (450 per 30 days); NEDS
<i>ondansetron hcl oral tablet 4 mg</i>		PA-BvsD; GC; QL (120 per 30 days); NEDS
<i>ondansetron hcl oral tablet 8 mg</i>		PA-BvsD; GC; QL (90 per 30 days); NEDS
<i>ondansetron oral tablet dispersible 4 mg</i>		PA-BvsD; GC; QL (120 per 30 days); NEDS
<i>ondansetron oral tablet dispersible 8 mg</i>		PA-BvsD; GC; QL (90 per 30 days); NEDS

## **ANTIFUNGALS**

### **ANTIFUNGALS**

<i>amphotericin b intravenous solution reconstituted 50 mg</i>		PA-BvsD; NEDS
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	AmBisome	PA-BvsD; NEDS
<i>ciclopirox olamine external cream 0.77 %</i>		GC; NEDS
<i>ciclopirox olamine external suspension 0.77 %</i>		GC; NEDS
<i>clotrimazole external cream 1 %</i>	Desenex	GC; NEDS
<i>clotrimazole external solution 1 %</i>		GC; NEDS
<i>clotrimazole mouth/throat troche 10 mg</i>		GC; NEDS
<i>econazole nitrate external cream 1 %</i>		GC; QL (255 per 30 days); NEDS
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>		PA-BvsD; GC; NEDS
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Diflucan	GC; NEDS
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>	Diflucan	GC; NEDS
<i>fluconazole oral tablet 50 mg</i>		GC; NEDS
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Ancobon	NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		GC; NEDS
<i>griseofulvin microsize oral tablet 500 mg</i>		GC; NEDS
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		GC; NEDS
<i>itraconazole oral capsule 100 mg</i>	Sporanox	PA; GC; QL (120 per 30 days); NEDS
<i>ketoconazole external cream 2 %</i>		GC; QL (600 per 30 days); NEDS
<i>ketoconazole external shampoo 2 %</i>		GC; NEDS
<i>ketoconazole oral tablet 200 mg</i>		GC; NEDS
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	Mycamine	NEDS
<i>miconazole 3 vaginal suppository 200 mg</i>		GC; NEDS
<b>NOXAFIL ORAL PACKET 300 MG</b>		PA; NEDS
<i>nystatin external cream 100000 unit/gm</i>		GC; NEDS
<i>nystatin external ointment 100000 unit/gm</i>		GC; NEDS
<i>nystatin external powder 100000 unit/gm</i>	Klayesta	GC; NEDS
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		GC; NEDS
<i>nystatin oral tablet 500000 unit</i>		GC; NEDS
<i>posaconazole oral suspension 40 mg/ml</i>	Noxafil	PA; NEDS
<i>posaconazole oral tablet delayed release 100 mg</i>	Noxafil	PA; QL (93 per 30 days); NEDS
<i>terbinafine hcl oral tablet 250 mg</i>		GC; QL (120 per 30 days); NEDS
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		GC; NEDS
<i>terconazole vaginal suppository 80 mg</i>		GC; NEDS
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Vfend IV	PA; NEDS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Vfend	PA; QL (300 per 30 days); NEDS
<i>voriconazole oral tablet 200 mg</i>	Vfend	PA; QL (60 per 30 days); NEDS
<i>voriconazole oral tablet 50 mg</i>	Vfend	PA; QL (120 per 30 days); NEDS
<b>ANTIGOUT AGENTS</b>		
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	NEDS
<i>colchicine oral tablet 0.6 mg</i>		GC; NEDS
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		GC; MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	PA; GC; MO
<i>probenecid oral tablet 500 mg</i>		GC; MO
<b>ANTIMIGRAINE AGENTS</b>		
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Migranal	QL (24 per 28 days); NEDS
<i>ergotamine-caffeine oral tablet 1-100 mg</i>		GC; QL (40 per 28 days); NEDS
<b>PROPHYLACTIC</b>		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		PA; MO; FFQL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		PA; MO; FFQL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		PA; MO; FFQL
EPRONTIA ORAL SOLUTION 25 MG/ML		MO; FFQL
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Inderal LA	GC; MO
<i>propranolol hcl oral tablet 80 mg</i>		GC; MO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Qudexy XR	MO; FFQL
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	GC; MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	GC; MO
UBRELVY ORAL TABLET 100 MG, 50 MG		PA; QL (16 per 30 days); NEDS
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Relpax	GC; QL (12 per 30 days); NEDS
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		GC; QL (12 per 30 days); NEDS
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	GC; QL (12 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>rizatriptan benzoate oral tablet 5 mg</i>		GC; QL (12 per 30 days); NEDS
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	GC; QL (12 per 30 days); NEDS
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		GC; QL (12 per 30 days); NEDS
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	GC; QL (12 per 30 days); NEDS
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		GC; QL (8 per 30 days); NEDS
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Mestinon	GC; NEDS
<i>pyridostigmine bromide oral tablet 30 mg</i>		GC; NEDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	GC; NEDS
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>		GC; MO
PRIFTIN ORAL TABLET 150 MG		NEDS
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	NEDS
<b>ANTITUBERCULARS</b>		
<i>ethambutol hcl oral tablet 100 mg</i>		GC; NEDS
<i>ethambutol hcl oral tablet 400 mg</i>	Myambutol	GC; NEDS
<i>isoniazid oral syrup 50 mg/5ml</i>		GC; MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>		GC; MO
<i>pyrazinamide oral tablet 500 mg</i>		GC; NEDS
<i>rifampin intravenous solution reconstituted 600 mg</i>	Rifadin	GC; NEDS
<i>rifampin oral capsule 150 mg, 300 mg</i>		GC; NEDS
SIRTURO ORAL TABLET 100 MG, 20 MG		PA; NEDS
TRECTOR ORAL TABLET 250 MG		NEDS
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		PA-BvsD; GC; NEDS
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>		PA-BvsD; GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		PA; NEDS
LEUKERAN ORAL TABLET 2 MG		NEDS
MATULANE ORAL CAPSULE 50 MG		PA; NEDS
VALCHLOR EXTERNAL GEL 0.016 %		PA; QL (60 per 30 days); NEDS
<b>ANTIANDROGENS</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Zytiga	PA; QL (120 per 30 days); NEDS
<i>abiraterone acetate oral tablet 500 mg</i>	Zytiga	PA; QL (60 per 30 days); NEDS
<i>bicalutamide oral tablet 50 mg</i>	Casodex	GC; NEDS
ERLEADA ORAL TABLET 240 MG, 60 MG		PA; NEDS
LYSODREN ORAL TABLET 500 MG		NEDS
<i>nilutamide oral tablet 150 mg</i>	Nilandron	QL (60 per 30 days); NEDS
NUBEQA ORAL TABLET 300 MG		PA; QL (120 per 30 days); NEDS
XTANDI ORAL CAPSULE 40 MG		PA; NEDS
XTANDI ORAL TABLET 40 MG, 80 MG		PA; NEDS
YONSA ORAL TABLET 125 MG		PA; QL (120 per 30 days); NEDS
<b>ANTIANGIOGENIC AGENTS</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Revlimid	PA; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		PA; QL (21 per 28 days); NEDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		PA; NEDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		PA; NEDS
<b>ANTIESTROGENS/MODIFIERS</b>		
ORSERDU ORAL TABLET 345 MG		PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG		PA; QL (90 per 30 days); NEDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML		PA; MO; FFQL
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		GC; MO
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>ANTIMETABOLITES</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		MO; FFQL
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	GC; NEDS
INQOVI ORAL TABLET 35-100 MG		PA; NEDS
<i>mercaptopurine oral tablet 50 mg</i>		GC; NEDS
ONUREG ORAL TABLET 200 MG, 300 MG		PA; NEDS
PURIXAN ORAL SUSPENSION 2000 MG/100ML		PA; NEDS
TABLOID ORAL TABLET 40 MG		NEDS
<b>ANTINEOPLASTICS, OTHER</b>		
IDHIFA ORAL TABLET 100 MG		PA; QL (30 per 30 days); NEDS
IDHIFA ORAL TABLET 50 MG		PA; QL (60 per 30 days); NEDS
IWILFIN ORAL TABLET 192 MG		PA; NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		PA; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		PA; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		PA; NEDS
KRAZATI ORAL TABLET 200 MG		PA; QL (180 per 30 days); NEDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		GC; NEDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		PA; NEDS
LUMAKRAS ORAL TABLET 120 MG		PA; QL (240 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG		PA; QL (90 per 30 days); NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; NEDS
MESNEX ORAL TABLET 400 MG		NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		PA; NEDS
ORGOVYX ORAL TABLET 120 MG		PA; QL (60 per 30 days); NEDS
WELIREG ORAL TABLET 40 MG		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
XATMEP ORAL SOLUTION 2.5 MG/ML		PA-BvsD; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		PA; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; NEDS
ZOLINZA ORAL CAPSULE 100 MG		PA; NEDS
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	GC; MO
<i>exemestane oral tablet 25 mg</i>	Aromasin	GC; MO
<i>letrozole oral tablet 2.5 mg</i>	Femara	GC; MO
<b>ENZYME INHIBITORS</b>		
OGSIVEO ORAL TABLET 50 MG		PA; QL (180 per 30 days); NEDS
<b>MOLECULAR TARGET INHIBITORS</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		PA; QL (60 per 30 days); NEDS
ALECENSA ORAL CAPSULE 150 MG		PA; NEDS
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG		PA; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		PA; NEDS
AUGTYRO ORAL CAPSULE 40 MG		PA; QL (240 per 30 days); NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		PA; NEDS
BALVERSA ORAL TABLET 3 MG		PA; QL (90 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
BALVERSA ORAL TABLET 4 MG		PA; QL (60 per 30 days); NEDS
BALVERSA ORAL TABLET 5 MG		PA; QL (30 per 30 days); NEDS
BOSULIF ORAL CAPSULE 100 MG		PA; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG		PA; QL (30 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG		PA; QL (120 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG		PA; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG		PA; NEDS
BRUKINSA ORAL CAPSULE 80 MG		PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; NEDS
CALQUENCE ORAL CAPSULE 100 MG		PA; NEDS
CALQUENCE ORAL TABLET 100 MG		PA; NEDS
CAPRELSA ORAL TABLET 100 MG		PA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG		PA; QL (30 per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		PA; QL (60 per 30 days); NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		PA; QL (120 per 30 days); NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		PA; QL (90 per 30 days); NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		PA; NEDS
COTELLIC ORAL TABLET 20 MG		PA; NEDS
DAURISMO ORAL TABLET 100 MG, 25 MG		PA; NEDS
ERIVEDGE ORAL CAPSULE 150 MG		PA; QL (30 per 30 days); NEDS
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	PA; NEDS
<i>everolimus oral tablet 10 mg, 5 mg, 7.5 mg</i>	Afinitor	PA; QL (30 per 30 days); NEDS
<i>everolimus oral tablet 2.5 mg</i>	Afinitor	PA; QL (60 per 30 days); NEDS
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	Afinitor Disperz	PA; QL (30 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>everolimus oral tablet soluble 5 mg</i>	Afinitor Disperz	PA; QL (60 per 30 days); NEDS
EXKIVITY ORAL CAPSULE 40 MG		PA; NEDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		PA; NEDS
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG		PA; NEDS
GAVRETO ORAL CAPSULE 100 MG		PA; NEDS
<i>gefitinib oral tablet 250 mg</i>	Iressa	PA; NEDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA; NEDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		PA; NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		PA; NEDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG		PA; QL (30 per 30 days); NEDS
ICLUSIG ORAL TABLET 15 MG		PA; QL (60 per 30 days); NEDS
<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	PA; QL (90 per 30 days); NEDS
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	PA; QL (60 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG		PA; QL (120 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG		PA; QL (28 per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; QL (216 per 27 days); NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		PA; QL (28 per 28 days); NEDS
INLYTA ORAL TABLET 1 MG, 5 MG		PA; NEDS
INREBIC ORAL CAPSULE 100 MG		PA; NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA; NEDS
JAYPIRCA ORAL TABLET 100 MG		PA; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG		PA; QL (30 per 30 days); NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; NEDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		PA; NEDS
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	PA; QL (180 per 30 days); NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA; NEDS
LORBRENA ORAL TABLET 100 MG		PA; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG		PA; QL (90 per 30 days); NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; QL (90 per 30 days); NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; QL (120 per 30 days); NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; QL (150 per 30 days); NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA; NEDS
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA; NEDS
MEKTOVI ORAL TABLET 15 MG		PA; NEDS
NERLYNX ORAL TABLET 40 MG		PA; NEDS
ODOMZO ORAL CAPSULE 200 MG		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		PA; QL (30 per 30 days); NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		PA; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		PA; NEDS
QINLOCK ORAL TABLET 50 MG		PA; QL (90 per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG		PA; QL (60 per 30 days); NEDS
RETEVMO ORAL CAPSULE 80 MG		PA; QL (120 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG		PA; QL (60 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG		PA; QL (150 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG		PA; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PACKET 50 MG		PA; QL (360 per 30 days); NEDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		PA; NEDS
RYDAPT ORAL CAPSULE 25 MG		PA; NEDS
SCSEMBLIX ORAL TABLET 20 MG, 40 MG		PA; NEDS
<i>sorafenib tosylate oral tablet 200 mg</i>	NexAVAR	PA; NEDS
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG		PA; QL (60 per 30 days); NEDS
SPRYCEL ORAL TABLET 140 MG		PA; QL (30 per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG		PA; QL (90 per 30 days); NEDS
STIVARGA ORAL TABLET 40 MG		PA; NEDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG		PA; QL (120 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA; NEDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA; NEDS
TAGRISSO ORAL TABLET 40 MG, 80 MG		PA; NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		PA; QL (30 per 30 days); NEDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		PA; QL (120 per 30 days); NEDS
TAZVERIK ORAL TABLET 200 MG		PA; NEDS
TEPMETKO ORAL TABLET 225 MG		PA; NEDS
TIBSOVO ORAL TABLET 250 MG		PA; NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG		PA; NEDS
TUKYSA ORAL TABLET 150 MG, 50 MG		PA; QL (120 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG		PA; NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		PA; QL (56 per 28 days); NEDS
VENCLEXTA ORAL TABLET 10 MG		PA; NEDS
VENCLEXTA ORAL TABLET 100 MG, 50 MG		PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; NEDS
VITRAKVI ORAL CAPSULE 100 MG		PA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG		PA; QL (90 per 30 days); NEDS
VITRAKVI ORAL SOLUTION 20 MG/ML		PA; QL (600 per 30 days); NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		PA; NEDS
VONJO ORAL CAPSULE 100 MG		PA; NEDS
VOTRIENT ORAL TABLET 200 MG		PA; QL (120 per 30 days); NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG		PA; QL (120 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG		PA; QL (180 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 20 MG		PA; QL (240 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
XALKORI ORAL CAPSULE SPRINKLE 50 MG		PA; QL (120 per 30 days); NEDS
XOSPATA ORAL TABLET 40 MG		PA; NEDS
ZEJULA ORAL CAPSULE 100 MG		PA; NEDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		PA; NEDS
ZELBORAF ORAL TABLET 240 MG		PA; NEDS
ZYDELIG ORAL TABLET 100 MG		PA; QL (90 per 30 days); NEDS
ZYDELIG ORAL TABLET 150 MG		PA; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET 150 MG		PA; NEDS
<b>RETINOIDS</b>		
<i>bexarotene external gel 1 %</i>	Targretin	PA; NEDS
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA; NEDS
<i>tretinoin oral capsule 10 mg</i>		NEDS
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole oral tablet 200 mg</i>		NEDS
<i>ivermectin oral tablet 3 mg</i>	Stromectol	PA; GC; NEDS
<b>ANTIPROTOZOALS</b>		
<i>atovaquone oral suspension 750 mg/5ml</i>	Mepron	NEDS
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Malarone	GC; NEDS
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		GC; NEDS
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		GC; MO
COARTEM ORAL TABLET 20-120 MG		NEDS
<i>hydroxychloroquine sulfate oral tablet 100 mg, 400 mg</i>		GC; MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	GC; MO
<i>hydroxychloroquine sulfate oral tablet 300 mg</i>	Sovuna	GC; MO
LAMPIT ORAL TABLET 120 MG, 30 MG		NEDS
<i>mefloquine hcl oral tablet 250 mg</i>		GC; MO
<i>nitazoxanide oral tablet 500 mg</i>	Alinia	GC; QL (6 per 30 days); NEDS
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Nebupent	PA-BvsD; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	Pentam	PA-BvsD; NEDS
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		GC; NEDS
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA; NEDS
<i>quinine sulfate oral capsule 324 mg</i>	Qualaquin	PA; GC; NEDS
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		PA; GC; MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		PA; GC; MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		PA; GC; MO
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>amantadine hcl oral capsule 100 mg</i>		GC; MO
<i>amantadine hcl oral solution 50 mg/5ml</i>		GC; MO
<i>amantadine hcl oral tablet 100 mg</i>		GC; MO
<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, 50-200-200 mg</i>		GC; MO
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	GC; MO
<i>entacapone oral tablet 200 mg</i>		GC; MO
<b>DOPAMINE AGONISTS</b>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	GC; MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	GC; MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		MO; FFQL
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		GC; MO
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		GC; MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		GC; MO
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa oral tablet 25 mg</i>	Lodosyn	GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		GC; MO
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	GC; MO
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	GC; MO
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		GC; MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		GC; MO
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG</b>		ST; MO; QL (360 per 30 days); FFQL
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG</b>		ST; MO; QL (270 per 30 days); FFQL
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG</b>		ST; MO; QL (300 per 30 days); FFQL
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Azilect	GC; MO; QL (30 per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>		GC; MO
<i>selegiline hcl oral tablet 5 mg</i>		GC; MO
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>		GC; MO
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		GC; MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		GC; NEDS
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		GC; NEDS
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		GC; MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		GC; MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		GC; MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	Haldol Decanoate	GC; NEDS
<i>haloperidol lactate injection solution 5 mg/ml</i>		GC; NEDS
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		GC; MO
<i>haloperidol oral tablet 0.5 mg, 1 mg</i>		GC; MO
<i>haloperidol oral tablet 10 mg, 2 mg, 20 mg, 5 mg</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		GC; MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>		GC; MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		GC; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>		GC; MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		GC; MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		GC; MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		GC; MO
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		PA; QL (2.4 per 56 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		PA; QL (3.2 per 56 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		PA; QL (1 per 26 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		PA; QL (1 per 26 days); NEDS
<i>aripiprazole oral solution 1 mg/ml</i>		MO; QL (750 per 30 days); FFQL
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	Abilify	GC; MO; QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	Abilify	GC; MO; QL (60 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		QL (60 per 30 days); NEDS
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Saphris	MO; QL (60 per 30 days); FFQL
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		PA; QL (30 per 30 days); NEDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		PA; QL (60 per 30 days); NEDS
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		PA; QL (60 per 30 days); NEDS
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		PA; QL (60 per 30 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		PA; QL (7 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		PA; QL (10 per 365 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 78 MG/0.5ML		PA; QL (1 per 30 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		PA; QL (1.5 per 30 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		PA; QL (1 per 30 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		PA; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		PA; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		PA; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		PA; QL (2.63 per 90 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Latuda	QL (30 per 30 days); NEDS
<i>lurasidone hcl oral tablet 80 mg</i>	Latuda	QL (60 per 30 days); NEDS
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		PA; QL (30 per 30 days); NEDS
NUPLAZID ORAL CAPSULE 34 MG		PA; QL (30 per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG		PA; QL (30 per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZyPREXA	GC; QL (30 per 30 days); NEDS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZyPREXA	GC; MO; QL (30 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZyPREXA Zydis	GC; MO; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>		GC; MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>paliperidone er oral tablet extended release 24 hour 3 mg</i>	Invega	GC; MO; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Invega	GC; MO; QL (60 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	Invega	MO; QL (30 per 30 days); FFQL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		PA; QL (1 per 30 days); NEDS
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel XR	GC; MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel	GC; MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 150 mg</i>		GC; MO; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		PA; QL (30 per 30 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG		PA; QL (2 per 28 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG		PA; QL (2 per 28 days); NEDS
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	GC; MO; QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>		GC; MO; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	GC; MO; QL (60 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		GC; MO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		PA; QL (30 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG		PA; QL (120 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 3 MG		PA; QL (60 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG		PA; QL (30 per 30 days); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG		PA; QL (7 per 28 days); NEDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	GC; MO; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Geodon	PA; GC; QL (60 per 30 days); NEDS
<b>TREATMENT-RESISTANT</b>		
<i>clozapine oral tablet 100 mg</i>	Clozaril	GC; QL (270 per 30 days); NEDS
<i>clozapine oral tablet 200 mg, 25 mg</i>	Clozaril	GC; QL (120 per 30 days); NEDS
<i>clozapine oral tablet 50 mg</i>	Clozaril	GC; QL (180 per 30 days); NEDS
<i>clozapine oral tablet dispersible 100 mg, 150 mg, 25 mg</i>		GC; QL (270 per 30 days); NEDS
<i>clozapine oral tablet dispersible 12.5 mg</i>		GC; QL (90 per 30 days); NEDS
<i>clozapine oral tablet dispersible 200 mg</i>		GC; QL (120 per 30 days); NEDS
VERSACLOZ ORAL SUSPENSION 50 MG/ML		PA; QL (540 per 30 days); NEDS
<b>ANTISPASTICITY AGENTS</b>		
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>		GC; NEDS
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		GC; NEDS
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	GC; NEDS
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	Zanaflex	GC; NEDS
<i>tizanidine hcl oral tablet 2 mg</i>		GC; NEDS
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	GC; NEDS
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
PREVYMIS ORAL TABLET 240 MG, 480 MG		PA; QL (100 per 100 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Valcyte	GC; MO
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	MO; FFQL
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>		PA; GC; MO; QL (30 per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML		PA; QL (600 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	PA; GC; MO; QL (30 per 30 days)
<i>lamivudine oral tablet 100 mg</i>		GC; MO; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG		PA; QL (28 per 28 days); NEDS
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
MAVYRET ORAL PACKET 50-20 MG		PA; NEDS
MAVYRET ORAL TABLET 100-40 MG		PA; NEDS
<i>ribavirin oral capsule 200 mg</i>		GC; NEDS
<i>ribavirin oral tablet 200 mg</i>		GC; NEDS
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	PA; NEDS
VOSEVI ORAL TABLET 400-100-100 MG		PA; NEDS
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir oral capsule 200 mg</i>		GC; NEDS
<i>acyclovir oral suspension 200 mg/5ml</i>		GC; NEDS
<i>acyclovir oral tablet 400 mg, 800 mg</i>		GC; NEDS
<i>acyclovir sodium intravenous solution 50 mg/ml</i>		PA-BvsD; GC; NEDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		GC; QL (90 per 30 days); NEDS
<i>trifluridine ophthalmic solution 1 %</i>		GC; NEDS
<i>valacyclovir hcl oral tablet 1 gm</i>	Valtrex	GC; QL (90 per 30 days); NEDS
<i>valacyclovir hcl oral tablet 500 mg</i>	Valtrex	GC; QL (60 per 30 days); NEDS
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		QL (30 per 30 days); NEDS
DOVATO ORAL TABLET 50-300 MG		QL (30 per 30 days); NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG		QL (60 per 30 days); NEDS
ISENTRESS HD ORAL TABLET 600 MG		QL (60 per 30 days); NEDS
ISENTRESS ORAL PACKET 100 MG		MO; QL (60 per 30 days); FFQL
ISENTRESS ORAL TABLET 400 MG		QL (60 per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG		QL (180 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
ISENTRESS ORAL TABLET CHEWABLE 25 MG		MO; QL (180 per 30 days); FFQL
STRIBILD ORAL TABLET 150-150-200-300 MG		QL (30 per 30 days); NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG		QL (30 per 30 days); NEDS
TIVICAY ORAL TABLET 10 MG		MO; QL (60 per 30 days); FFQL
TIVICAY ORAL TABLET 25 MG, 50 MG		QL (60 per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		MO; QL (360 per 30 days); FFQL
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
COMPLERA ORAL TABLET 200-25-300 MG		QL (30 per 30 days); NEDS
EDURANT ORAL TABLET 25 MG		QL (30 per 30 days); NEDS
<i>efavirenz oral capsule 200 mg</i>		GC; MO; QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>		GC; MO; QL (360 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Sustiva	MO; QL (30 per 30 days); FFQL
<i>etravirine oral tablet 100 mg, 200 mg</i>	Intelence	QL (120 per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG		MO; QL (120 per 30 days); FFQL
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		GC; MO; QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>		GC; MO; QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>		GC; MO; QL (60 per 30 days)
PIFELTRO ORAL TABLET 100 MG		QL (30 per 30 days); NEDS
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	GC; MO; QL (900 per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>		GC; MO; QL (60 per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	GC; MO; QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG		QL (30 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
DELSTRIGO ORAL TABLET 100-300-300 MG		QL (30 per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		QL (30 per 30 days); NEDS
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Atripla	QL (30 per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	QL (30 per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	QL (30 per 30 days); NEDS
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	GC; MO; QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Truvada	QL (30 per 30 days); NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Truvada	GC; MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML		MO; QL (680 per 28 days); FFQL
JULUCA ORAL TABLET 50-25 MG		QL (30 per 30 days); NEDS
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	GC; MO; QL (900 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Epivir	GC; MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Epivir	GC; MO; QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		GC; MO; QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG		QL (30 per 30 days); NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	GC; MO; QL (30 per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG		QL (60 per 30 days); NEDS
VIREAD ORAL POWDER 40 MG/GM		QL (240 per 30 days); NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		QL (30 per 30 days); NEDS
<i>zidovudine oral capsule 100 mg</i>	Retrovir	GC; MO; QL (180 per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	GC; MO; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>		GC; MO; QL (60 per 30 days)
<b>ANTI-HIV AGENTS, OTHER</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		QL (60 per 30 days); NEDS
<i>maraviroc oral tablet 150 mg</i>	Selzentry	QL (240 per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	Selzentry	QL (120 per 30 days); NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		QL (60 per 30 days); NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML		QL (1800 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
SELZENTRY ORAL TABLET 25 MG		MO; QL (240 per 30 days); FFQL
SELZENTRY ORAL TABLET 75 MG		QL (60 per 30 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG		QL (4 per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG		QL (5 per 180 days)
TRIUMEQ ORAL TABLET 600-50-300 MG		QL (30 per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60- 5-30 MG		QL (180 per 30 days); NEDS
TYBOST ORAL TABLET 150 MG		MO; QL (30 per 30 days); FFQL
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
APTIVUS ORAL CAPSULE 250 MG		QL (120 per 30 days); NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>		MO; QL (60 per 30 days); FFQL
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	MO; QL (60 per 30 days); FFQL
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	MO; QL (30 per 30 days); FFQL
<i>darunavir oral tablet 600 mg</i>	Prezista	QL (60 per 30 days); NEDS
<i>darunavir oral tablet 800 mg</i>	Prezista	QL (30 per 30 days); NEDS
EVOTAZ ORAL TABLET 300-150 MG		QL (30 per 30 days); NEDS
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	QL (120 per 30 days); NEDS
LEXIVA ORAL SUSPENSION 50 MG/ML		MO; QL (1575 per 28 days); FFQL
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	GC; MO; QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Kaletra	MO; QL (300 per 30 days); FFQL
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Kaletra	GC; MO; QL (120 per 30 days)
NORVIR ORAL PACKET 100 MG		MO; QL (360 per 30 days); FFQL
PREZCOBIX ORAL TABLET 800-150 MG		QL (30 per 30 days); NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML		QL (360 per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG		MO; QL (240 per 30 days); FFQL
PREZISTA ORAL TABLET 75 MG		MO; QL (420 per 30 days); FFQL

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
REYATAZ ORAL PACKET 50 MG		QL (180 per 30 days); NEDS
<i>ritonavir oral tablet 100 mg</i>	Norvir	GC; MO; QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG		QL (300 per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG		QL (120 per 30 days); NEDS
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tamiflu	GC; QL (84 per 30 days); NEDS
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tamiflu	GC; QL (60 per 30 days); NEDS
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	GC; NEDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		NEDS
<i>rimantadine hcl oral tablet 100 mg</i>		GC; NEDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG		NEDS
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG		NEDS
<b>ANTIVIRALS</b>		
LAGEVRIO ORAL CAPSULE 200 MG		GC; NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		GC; NEDS
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		GC; NEDS
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>		GC; NEDS
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		PA; GC; NEDS
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		PA; GC; NEDS
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>		PA; GC; NEDS
<i>hydroxyzine pamoate oral capsule 25 mg</i>	Vistaril	PA; GC; NEDS
<i>meprobamate oral tablet 200 mg, 400 mg</i>		GC; NEDS
<b>BENZODIAZEPINES</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Xanax	PA; GC; QL (120 per 30 days); NEDS
<i>alprazolam oral tablet 2 mg</i>	Xanax	PA; GC; QL (150 per 30 days); NEDS
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		PA; GC; NEDS
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	KlonoPIN	GC; QL (90 per 30 days); NEDS
<i>clonazepam oral tablet 2 mg</i>	KlonoPIN	GC; QL (300 per 30 days); NEDS
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>		GC; QL (90 per 30 days); NEDS
<i>clonazepam oral tablet dispersible 2 mg</i>		GC; QL (300 per 30 days); NEDS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		GC; QL (180 per 30 days); NEDS
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		GC; QL (240 per 30 days); NEDS
<i>diazepam oral solution 5 mg/5ml</i>		GC; QL (1200 per 30 days); NEDS
<i>diazepam oral tablet 10 mg</i>	Valium	GC; QL (120 per 30 days); NEDS
<i>diazepam oral tablet 2 mg, 5 mg</i>	Valium	GC; QL (60 per 30 days); NEDS
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		GC; QL (180 per 30 days); NEDS
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Ativan	GC; QL (120 per 30 days); NEDS
<b>BIPOLAR AGENTS</b>		
<b>MOOD STABILIZERS</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	GC; MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	GC; MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	GC; MO
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	GC; MO
<i>lithium carbonate er oral tablet extended release 450 mg</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		GC; MO
<i>lithium carbonate oral tablet 300 mg</i>		GC; MO
<i>lithium oral solution 8 meq/5ml</i>		GC; MO
<b>BLOOD GLUCOSE REGULATORS</b>		
<b>ANTIDIABETIC AGENTS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		GC; MO; QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG		MO; QL (30 per 30 days); FFQL
FARXIGA ORAL TABLET 5 MG		MO; QL (60 per 30 days); FFQL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		GC; MO; QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Glucotrol XL	GC; MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg, 5 mg</i>		GC; MO; QL (120 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		GC; MO; QL (120 per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		GC; MO
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		MO; QL (30 per 30 days); FFQL
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		MO; QL (60 per 30 days); FFQL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		MO; QL (30 per 30 days); FFQL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		MO; QL (60 per 30 days); FFQL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		MO; QL (30 per 30 days); FFQL
JARDIANCE ORAL TABLET 10 MG, 25 MG		MO; QL (30 per 30 days); FFQL
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		MO; QL (60 per 30 days); FFQL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		MO; QL (60 per 30 days); FFQL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		MO; QL (30 per 30 days); FFQL
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		GC; MO; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		GC; MO; QL (60 per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	Riomet	GC; MO; QL (765 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>		GC; MO; QL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>		GC; MO; QL (120 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>		GC; MO; QL (90 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>		GC; MO; QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>		GC; MO; QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		PA; MO; QL (3 per 28 days); FFQL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		PA; MO; QL (6 per 28 days); FFQL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML		PA; MO; QL (3 per 28 days); FFQL
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	GC; MO; QL (30 per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Duetact	GC; MO; QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>		GC; MO; QL (90 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i>	Actoplus Met	GC; MO; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		GC; MO; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>		GC; MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		PA; MO; QL (30 per 30 days); FFQL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML		PA; QL (10.8 per 30 days); NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML		PA; QL (6 per 30 days); NEDS
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		MO; QL (60 per 30 days); FFQL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG		MO; QL (30 per 30 days); FFQL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG		MO; QL (60 per 30 days); FFQL

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
TRADJENTA ORAL TABLET 5 MG		MO; QL (30 per 30 days); FFQL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG		MO; QL (30 per 30 days); FFQL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5- 1000 MG		MO; QL (60 per 30 days); FFQL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		PA; MO; QL (4 per 28 days); FFQL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG		MO; QL (30 per 30 days); FFQL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG		MO; QL (60 per 30 days); FFQL
<b>GLYCEMIC AGENTS</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		NEDS
<i>diazoxide oral suspension 50 mg/ml</i>	Proglycem	NEDS
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		NEDS
<i>glucagon emergency injection kit 1 mg</i>		NEDS
KORLYM ORAL TABLET 300 MG		PA; QL (120 per 30 days); NEDS
<i>mifepristone oral tablet 300 mg</i>	Korlym	PA; QL (120 per 30 days); NEDS
<b>INSULINS</b>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		QL (120 per 30 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		QL (120 per 30 days)
<i>cvs gauze sterile pad 2"x2"</i>	Band-Aid Gauze Small	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		QL (120 per 30 days)
HUMALOG INJECTION SOLUTION 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		MO; QL (40 per 30 days); FFQL

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		MO; QL (40 per 30 days); FFQL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		MO; QL (40 per 30 days); FFQL
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo Max SoloStar	MO; QL (40 per 30 days); FFQL
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	Lantus SoloStar	MO; QL (40 per 30 days); FFQL
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo SoloStar	MO; QL (40 per 30 days); FFQL
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	Lantus	MO; QL (40 per 30 days); FFQL
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG KwikPen	MO; QL (40 per 30 days); FFQL

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>insulin lispro injection solution 100 unit/ml</i>	HumaLOG	MO; QL (40 per 30 days); FFQL
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	MO; QL (40 per 30 days); FFQL
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	MO; QL (40 per 30 days); FFQL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		MO; QL (40 per 30 days); FFQL
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	BD Insulin Syringe MicroFine	QL (120 per 30 days)
RELI-ON INSULIN SYRINGE 29G 0.3 ML		QL (120 per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		ST; MO; QL (18 per 30 days); FFQL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		MO; QL (40 per 30 days); FFQL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		MO; QL (40 per 30 days); FFQL

## **BLOOD PRODUCTS AND MODIFIERS**

### **ANTICOAGULANTS**

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		QL (74 per 30 days); NEDS
ELIQUIS ORAL TABLET 2.5 MG		MO; QL (60 per 30 days); FFQL
ELIQUIS ORAL TABLET 5 MG		MO; QL (90 per 30 days); FFQL
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Lovenox	GC; QL (30 per 30 days); NEDS
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Lovenox	GC; QL (24 per 30 days); NEDS
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Lovenox	GC; QL (9 per 30 days); NEDS
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Lovenox	GC; QL (12 per 30 days); NEDS
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Lovenox	GC; QL (18 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Arixtra	QL (14 per 30 days); NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Arixtra	GC; QL (24 per 30 days); NEDS
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		PA-BvsD; GC; NEDS
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		GC; MO
<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>	Jantoven	GC; MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML		MO; QL (900 per 30 days); FFQL
XARELTO ORAL TABLET 10 MG, 20 MG		MO; QL (30 per 30 days); FFQL
XARELTO ORAL TABLET 15 MG		MO; QL (60 per 30 days); FFQL
XARELTO ORAL TABLET 2.5 MG		MO; QL (120 per 30 days); FFQL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QL (51 per 30 days); NEDS
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	GC; MO
<i>anagrelide hcl oral capsule 1 mg</i>		GC; MO
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG		PA; NEDS
PROMACTA ORAL PACKET 12.5 MG		PA; QL (360 per 30 days); NEDS
PROMACTA ORAL PACKET 25 MG		PA; QL (180 per 30 days); NEDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		PA; QL (30 per 30 days); NEDS
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		PA; QL (12 per 28 days); NEDS
<i>tranexamic acid oral tablet 650 mg</i>		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA; NEDS
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA; NEDS
<b>PLATELET MODIFYING AGENTS</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		GC; MO; QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG		MO; QL (60 per 30 days); FFQL
<i>cilostazol oral tablet 100 mg, 50 mg</i>		GC; MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	GC; MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		GC; MO
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		GC; MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	GC; MO; QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	GC; MO; QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	GC; MO; QL (8 per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Northera	PA; NEDS
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		GC; NEDS
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	GC; MO; QL (60 per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	GC; MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		GC; MO; QL (60 per 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	GC; MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Avapro	GC; MO
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	GC; MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	GC; MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Micardis	GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	GC; MO
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	GC; MO
<i>benazepril hcl oral tablet 5 mg</i>		GC; MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		GC; MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	GC; MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		GC; MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	GC; MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		GC; MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		GC; MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	GC; MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Altace	GC; MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		GC; MO
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Pacerone	GC; MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tikosyn	GC; MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		GC; MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		GC; MO
MULTAQ ORAL TABLET 400 MG		MO; QL (60 per 30 days); FFQL
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		GC; MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		GC; MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	GC; MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sotalol hcl oral tablet 240 mg</i>		GC; MO
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		GC; MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	GC; MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		GC; MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		GC; MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	GC; MO
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Coreg CR	GC; MO; QL (30 per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		GC; MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg</i>	Toprol XL	GC; MO; QL (120 per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg, 25 mg, 50 mg</i>	Toprol XL	GC; MO; QL (60 per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	GC; MO
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>		GC; MO
<i>nadolol oral tablet 20 mg, 40 mg</i>	Corgard	GC; MO
<i>nadolol oral tablet 80 mg</i>		GC; MO
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Bystolic	GC; MO; QL (30 per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	Bystolic	GC; MO; QL (60 per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>		GC; MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	Inderal LA	GC; MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		GC; MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>		GC; MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		GC; MO
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Norvasc	GC; MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		GC; MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		GC; MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		GC; MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Procardia XL	GC; MO
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Sular	GC; MO; QL (30 per 30 days)
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg</i>		GC; MO; QL (30 per 30 days)
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG		GC; MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg</i>	Taztia XT	GC; MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tiadylt ER	GC; MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cartia XT	GC; MO
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		GC; MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	GC; MO
<i>diltiazem hcl oral tablet 90 mg</i>		GC; MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		GC; MO
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG		GC; MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		GC; MO
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Verelan PM	GC; MO
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Verelan	GC; MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		GC; MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tekturna	GC; MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		GC; MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	GC; MO
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		GC; MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	GC; MO
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Caduet	GC; MO
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>		GC; MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Azor	GC; MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	GC; MO
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	GC; MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	GC; MO
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		GC; MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		GC; MO
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		PA; QL (30 per 30 days); NEDS
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	GC; MO
CORLANOR ORAL SOLUTION 5 MG/5ML		PA; MO; QL (450 per 30 days); FFQL
CORLANOR ORAL TABLET 5 MG, 7.5 MG		PA; MO; QL (60 per 30 days); FFQL
<i>digoxin oral solution 0.05 mg/ml</i>		PA; GC; MO; QL (255 per 30 days)
<i>digoxin oral tablet 125 mcg</i>	Digox	GC; MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	Digox	PA; GC; MO; QL (30 per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	Lanoxin	GC; MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	GC; MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		GC; MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		MO; QL (60 per 30 days); FFQL
FILSPARI ORAL TABLET 200 MG, 400 MG		PA; QL (30 per 30 days); NEDS
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		GC; MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	GC; MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Zestoretic	GC; MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	GC; MO
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		GC; MO
<i>metyrosine oral capsule 250 mg</i>	Demser	NEDS
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Benicar HCT	GC; MO
<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>	Tribenzor	GC; MO
<i>pentoxifylline er oral tablet extended release 400 mg</i>		GC; MO
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>		GC; MO; QL (60 per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>		GC; MO; QL (120 per 30 days)
<i>spironolactone-hctz oral tablet 25-25 mg</i>		GC; MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>		GC; MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Micardis HCT	GC; MO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		GC; MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		GC; MO
<i>triamterene-hctz oral tablet 37.5-25 mg</i>		GC; MO
<i>triamterene-hctz oral tablet 75-50 mg</i>	Maxzide	GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	GC; MO
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA; MO; QL (30 per 30 days); FFQL
<b>DIURETICS, LOOP</b>		
<i>bumetanide injection solution 0.25 mg/ml</i>		GC; NEDS
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	GC; MO
<i>bumetanide oral tablet 1 mg, 2 mg</i>		GC; MO
<i>furosemide injection solution 10 mg/ml</i>		GC; NEDS
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		GC; MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	GC; MO
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>		GC; MO
<i>torseamide oral tablet 20 mg</i>	Soanz	GC; MO
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl oral tablet 5 mg</i>		GC; MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspira	GC; MO
KERENDIA ORAL TABLET 10 MG, 20 MG		PA; MO; QL (30 per 30 days); FFQL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	GC; MO
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		GC; MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		GC; MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		GC; MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		GC; MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		GC; MO
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		GC; MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	GC; MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		GC; MO; QL (30 per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Trilipix	GC; MO; QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	GC; MO; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	GC; MO
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Lescol XL	GC; MO
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		GC; MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		GC; MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		GC; MO
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	GC; MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	GC; MO
<i>simvastatin oral tablet 5 mg, 80 mg</i>		GC; MO
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	GC; MO
<i>cholestyramine oral packet 4 gm</i>	Questran	GC; MO
<i>colesevelam hcl oral packet 3.75 gm</i>	Welchol	GC; MO
<i>colesevelam hcl oral tablet 625 mg</i>	Welchol	GC; MO
<i>colestipol hcl oral packet 5 gm</i>	Colestid	GC; MO
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	GC; MO
<i>ezetimibe oral tablet 10 mg</i>	Zetia	GC; MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Vytorin	GC; MO
<i>icosapent ethyl oral capsule 0.5 gm</i>	Vascepa	MO; QL (240 per 30 days); FFQL
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	GC; MO; QL (120 per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>		GC; MO; QL (60 per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	GC; MO; QL (120 per 30 days)
PREVALITE ORAL PACKET 4 GM		MO; FFQL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		PA; MO; QL (3.5 per 28 days); FFQL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA; MO; QL (3 per 28 days); FFQL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		PA; MO; QL (3 per 28 days); FFQL

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
VASCEPA ORAL CAPSULE 0.5 GM		MO; QL (240 per 30 days); FFQL
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		GC; MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		GC; MO
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradoso	GC; MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		GC; MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		GC; MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		GC; MO
NITRO-BID TRANSDERMAL OINTMENT 2 %		MO; FFQL
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		MO; FFQL
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	GC; MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	GC; MO
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Nitrolingual	GC; MO
RECTIV RECTAL OINTMENT 0.4 %		NEDS
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Adderall	GC; MO; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Zenedi	GC; MO
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	Strattera	GC; MO; QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	GC; MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>		GC; MO; QL (120 per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	GC; MO; QL (60 per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	PA; GC; MO
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	Concerta	GC; MO; QL (90 per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Concerta	GC; MO; QL (60 per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	Relexxii	GC; MO; QL (30 per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	Concerta	GC; MO; QL (30 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg</i>		GC; MO; QL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>		GC; MO; QL (60 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>		GC; MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	GC; MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>		GC; MO; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>		GC; MO; QL (90 per 30 days)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		PA; QL (120 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG		PA; QL (90 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG		PA; QL (60 per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG		PA; QL (42 per 28 days); NEDS
DAYBUE ORAL SOLUTION 200 MG/ML		PA; QL (3600 per 30 days); NEDS
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
NUEDEXTA ORAL CAPSULE 20-10 MG		PA; QL (60 per 30 days); NEDS
<i>riluzole oral tablet 50 mg</i>	Rilutek	PA; GC; MO; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Xenazine	PA; QL (90 per 30 days); NEDS
<i>tetrabenazine oral tablet 25 mg</i>	Xenazine	PA; QL (120 per 30 days); NEDS
<b>FIBROMYALGIA AGENTS</b>		
<i>pregabalin oral capsule 100 mg, 200 mg, 50 mg</i>	Lyrica	GC; MO; QL (90 per 30 days)
<i>pregabalin oral capsule 150 mg, 225 mg, 25 mg, 300 mg, 75 mg</i>	Lyrica	GC; MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	Lyrica	GC; MO; QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		MO; QL (60 per 30 days); FFQL
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		QL (55 per 28 days); NEDS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Ampyra	PA; MO; QL (60 per 30 days); FFQL
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	PA; QL (60 per 30 days); NEDS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	Tecfidera	PA; QL (60 per 30 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Copaxone	PA; QL (30 per 30 days); NEDS
MAYZENT ORAL TABLET 0.25 MG		PA; QL (210 per 30 days); NEDS
MAYZENT ORAL TABLET 1 MG, 2 MG		PA; QL (30 per 30 days); NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG		PA; QL (210 per 30 days); NEDS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG		PA; QL (210 per 30 days); NEDS
<b>DENTAL AND ORAL AGENTS</b>		
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	Evoxac	GC; MO
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Periogard	GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %		GC; NEDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	GC; MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Kourzeq	GC; NEDS
<b>DERMATOLOGICAL AGENTS</b>		
<b>ACNE AND ROSACEA AGENTS</b>		
AC CUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG		GC; NEDS
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		PA; GC; NEDS
<i>adapalene external cream 0.1 %</i>	Differin	PA; GC; NEDS
<i>adapalene external gel 0.3 %</i>	Differin	PA; GC; NEDS
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		NEDS
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i>	Accutane	GC; NEDS
<i>isotretinoin oral capsule 30 mg</i>	Zenatane	GC; NEDS
<i>tazarotene external cream 0.1 %</i>	Tazorac	PA; GC; NEDS
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tazorac	PA; GC; QL (100 per 30 days); NEDS
TAZORAC EXTERNAL CREAM 0.05 %		PA; NEDS
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Retin-A	PA; GC; NEDS
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Retin-A	PA; GC; NEDS
<i>tretinoin external gel 0.05 %</i>	Atralin	PA; GC; NEDS
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		GC; NEDS
<b>DERMATITIS AND PRUITUS AGENTS</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>		GC; NEDS
<i>alclometasone dipropionate external ointment 0.05 %</i>		GC; NEDS
<i>ammonium lactate external cream 12 %</i>		GC; NEDS
<i>ammonium lactate external lotion 12 %</i>	AL12	GC; NEDS
<i>betamethasone dipropionate aug external cream 0.05 %</i>		GC; NEDS
<i>betamethasone dipropionate aug external gel 0.05 %</i>		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		GC; NEDS
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	GC; NEDS
<i>betamethasone dipropionate external cream 0.05 %</i>		GC; NEDS
<i>betamethasone dipropionate external lotion 0.05 %</i>		GC; NEDS
<i>betamethasone dipropionate external ointment 0.05 %</i>		GC; NEDS
<i>betamethasone valerate external cream 0.1 %</i>		GC; NEDS
<i>betamethasone valerate external lotion 0.1 %</i>		GC; NEDS
<i>betamethasone valerate external ointment 0.1 %</i>		GC; NEDS
<i>clobetasol propionate e external cream 0.05 %</i>		GC; NEDS
<i>clobetasol propionate external cream 0.05 %</i>		GC; NEDS
<i>clobetasol propionate external gel 0.05 %</i>		GC; NEDS
<i>clobetasol propionate external lotion 0.05 %</i>	Clobex	GC; NEDS
<i>clobetasol propionate external ointment 0.05 %</i>		GC; NEDS
<i>clobetasol propionate external shampoo 0.05 %</i>	Clobex	GC; NEDS
<i>clobetasol propionate external solution 0.05 %</i>		GC; NEDS
<i>desonide external cream 0.05 %</i>	DesOwen	GC; NEDS
<i>desonide external lotion 0.05 %</i>		GC; NEDS
<i>desonide external ointment 0.05 %</i>		GC; NEDS
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Topicort	GC; NEDS
<i>desoximetasone external gel 0.05 %</i>	Topicort	GC; NEDS
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Topicort	GC; NEDS
<i>fluocinolone acetonide external cream 0.01 %</i>		GC; NEDS
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	GC; NEDS
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	GC; NEDS
<i>fluocinolone acetonide external solution 0.01 %</i>		GC; QL (180 per 30 days); NEDS
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Derma-Smoothe/FS Scalp	GC; NEDS
<i>fluocinonide emulsified base external cream 0.05 %</i>		GC; NEDS
<i>fluocinonide external cream 0.05 %</i>		GC; NEDS
<i>fluocinonide external gel 0.05 %</i>		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluocinonide external ointment 0.05 %</i>		GC; NEDS
<i>fluocinonide external solution 0.05 %</i>		GC; NEDS
<i>fluticasone propionate external cream 0.05 %</i>		GC; NEDS
<i>fluticasone propionate external ointment 0.005 %</i>		GC; NEDS
<i>halobetasol propionate external cream 0.05 %</i>		GC; NEDS
<i>halobetasol propionate external ointment 0.05 %</i>		GC; NEDS
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	GC; NEDS
<i>hydrocortisone butyrate external cream 0.1 %</i>		GC; NEDS
<i>hydrocortisone butyrate external ointment 0.1 %</i>		GC; NEDS
<i>hydrocortisone butyrate external solution 0.1 %</i>		GC; QL (180 per 30 days); NEDS
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	GC; NEDS
<i>hydrocortisone external lotion 2.5 %</i>		GC; NEDS
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	GC; NEDS
<i>hydrocortisone external ointment 2.5 %</i>		GC; NEDS
<i>hydrocortisone valerate external cream 0.2 %</i>		GC; NEDS
<i>hydrocortisone valerate external ointment 0.2 %</i>		GC; NEDS
<b>HYFTOR EXTERNAL GEL 0.2 %</b>		PA; NEDS
<i>mometasone furoate external cream 0.1 %</i>		GC; NEDS
<i>mometasone furoate external ointment 0.1 %</i>		GC; NEDS
<i>mometasone furoate external solution 0.1 %</i>		GC; NEDS
<i>pimecrolimus external cream 1 %</i>	Elidel	ST; GC; NEDS
<b>PROCTO-MED HC EXTERNAL CREAM 2.5 %</b>		GC; NEDS
<b>PROCTOSOL HC EXTERNAL CREAM 2.5 %</b>		GC; NEDS
<b>PROCTOZONE-HC EXTERNAL CREAM 2.5 %</b>		GC; NEDS
<i>selenium sulfide external lotion 2.5 %</i>		GC; NEDS
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		ST; GC; NEDS
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		GC; NEDS
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	GC; NEDS
<i>triamcinolone acetonide external lotion 0.025 %</i>		GC; NEDS
<i>triamcinolone acetonide external lotion 0.1 %</i>		GC; QL (240 per 30 days); NEDS
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
<i>calcipotriene external cream 0.005 %</i>		GC; QL (120 per 30 days); NEDS
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	GC; QL (120 per 30 days); NEDS
<i>calcipotriene external solution 0.005 %</i>		GC; QL (60 per 30 days); NEDS
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		GC; NEDS
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		GC; NEDS
<i>fluorouracil external cream 5 %</i>	Efudex	GC; NEDS
<i>fluorouracil external solution 2 %, 5 %</i>		GC; NEDS
<i>global alcohol prep ease pad 70 %</i>	Advocate Alcohol Prep Pads	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Analpram-HC	GC; NEDS
<i>imiquimod external cream 5 %</i>		GC; QL (12 per 30 days); NEDS
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		GC; NEDS
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		GC; NEDS
PANRETIN EXTERNAL GEL 0.1 %		PA; NEDS
<i>podofilox external solution 0.5 %</i>		GC; NEDS
REGRANEX EXTERNAL GEL 0.01 %		PA; QL (30 per 30 days); NEDS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		NEDS
<i>silver sulfadiazine external cream 1 %</i>	SSD	GC; NEDS
SSD EXTERNAL CREAM 1 %		GC; NEDS
<b>PEDICULICIDES/SCABICIDES</b>		
<i>malathion external lotion 0.5 %</i>	Ovide	GC; NEDS
<i>permethrin external cream 5 %</i>		GC; NEDS
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>acyclovir external ointment 5 %</i>	Zovirax	GC; NEDS
<i>ciclopirox external gel 0.77 %</i>		GC; NEDS
<i>ciclopirox external shampoo 1 %</i>		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ciclopirox external solution 8 %</i>	Ciclodan	GC; NEDS
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	GC; QL (120 per 30 days); NEDS
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	GC; NEDS
<i>clindamycin phosphate external solution 1 %</i>		GC; QL (240 per 30 days); NEDS
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	GC; NEDS
<i>ery external pad 2 %</i>		GC; NEDS
<i>erythromycin external gel 2 %</i>	Erygel	GC; NEDS
<i>erythromycin external solution 2 %</i>		GC; NEDS
<i>mupirocin calcium external cream 2 %</i>		GC; QL (120 per 30 days); NEDS
<i>mupirocin external ointment 2 %</i>		GC; QL (352 per 30 days); NEDS

## **ELECTROLYTES/MINERALS/METALS/VITAMINS**

### **ELECTROLYTE/ MINERAL REPLACEMENT**

<i>carglumic acid oral tablet soluble 200 mg</i>	Carbaglu	PA; NEDS
<b>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION</b>		PA-BvsD; NEDS
<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>		PA-BvsD; GC; NEDS
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>		PA-BvsD; GC; NEDS
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>		GC; NEDS
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	Plasma-Lyte 148	PA-BvsD; GC; NEDS
<b>PLASMA-LYTE A INTRAVENOUS SOLUTION</b>		PA-BvsD; NEDS
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	GC; MO
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Klor-Con M15	GC; MO
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		GC; MO
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	GC; MO
<i>potassium chloride er oral tablet extended release 20 meq</i>	K-Tab	GC; MO
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	GC; MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>		PA-BvsD; GC; NEDS
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>		PA-BvsD; GC; NEDS
<i>potassium chloride oral packet 20 meq</i>	Klor-Con	GC; MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		GC; MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	GC; NEDS
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	GC; NEDS
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	GC; NEDS
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>		PA-BvsD; NEDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>		NEDS
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	NEDS
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>		GC; NEDS
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
<i>deferasirox oral tablet soluble 125 mg</i>	Exjade	PA; GC; MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	Exjade	PA; NEDS
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Feriprox	PA; NEDS
LOKELMA ORAL PACKET 10 GM, 5 GM		MO; FFQL
<i>sodium polystyrene sulfonate oral powder</i>		GC; NEDS
SPS ORAL SUSPENSION 15 GM/60ML		NEDS
<i>trientine hcl oral capsule 250 mg</i>	Syprine	PA; NEDS
<i>trientine hcl oral capsule 500 mg</i>		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %		PA-BvsD; NEDS
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %		PA-BvsD; NEDS
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %		PA-BvsD; NEDS
<i>dextrose intravenous solution 10 %, 5 %</i>		PA-BvsD; NEDS
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %</i>		PA-BvsD; GC; NEDS
<i>dextrose-nacl intravenous solution 5-0.2 %, 5-0.45 %, 5-0.9 %</i>		GC; NEDS
DOJOLVI ORAL LIQUID 100 %		PA; NEDS
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		PA-BvsD; NEDS
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	GC; MO
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	GC; MO
NUTRILIPID INTRAVENOUS EMULSION 20 %		PA-BvsD; NEDS
<i>prenatal oral tablet 27-1 mg</i>	NeoNatal Plus	GC; NEDS
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE		PA-BvsD; GC; NEDS
TRAVASOL INTRAVENOUS SOLUTION 10 %		PA-BvsD; NEDS
TROPHAMINE INTRAVENOUS SOLUTION 10 %		PA-BvsD; NEDS
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		GC; MO; QL (360 per 30 days)
<i>calcium acetate oral tablet 667 mg</i>	Calphron	GC; MO; QL (360 per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Fosrenol	MO; FFQL
<i>sevelamer carbonate oral packet 0.8 gm</i>	Renvela	GC; MO; QL (540 per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	Renvela	GC; MO; QL (180 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	GC; MO; QL (540 per 30 days)
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>enulose oral solution 10 gm/15ml</i>		GC; MO
<i>generlac oral solution 10 gm/15ml</i>		GC; MO
<i>lactulose oral solution 10 gm/15ml</i>		GC; MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		MO; QL (30 per 30 days); FFQL
<i>lubiprostone oral capsule 24 mcg</i>	Amitiza	GC; MO; QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>		GC; MO; QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		QL (30 per 30 days); NEDS
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Lotronex	PA; NEDS
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		GC; NEDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	GC; NEDS
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	GC; NEDS
XERMELO ORAL TABLET 250 MG		PA; QL (90 per 30 days); NEDS
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>		GC; NEDS
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		GC; NEDS
<i>dicyclomine hcl oral tablet 20 mg</i>		GC; NEDS
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	GC; NEDS
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	GC; NEDS
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Librax	PA; GC; NEDS
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		GC; NEDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		GC; NEDS
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	GC; MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	Suprep Bowel Prep Kit	GC; NEDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>		GC; NEDS
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
SUTAB ORAL TABLET 1479-225-188 MG		NEDS
<i>ursodiol oral capsule 300 mg</i>		GC; MO
<i>ursodiol oral tablet 250 mg</i>	Urso 250	GC; MO
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	GC; MO
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine oral tablet 200 mg</i>	Tagamet HB	GC; NEDS
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		GC; MO
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		GC; MO
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	GC; MO
<i>famotidine oral tablet 40 mg</i>	Pepcid	GC; MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>		GC; MO
<b>PROTECTANTS</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	GC; MO
<i>sucralfate oral suspension 1 gm/10ml</i>	Carafate	MO; FFQL
<i>sucralfate oral tablet 1 gm</i>	Carafate	GC; MO
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Dexilant	GC; MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	GC; MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	GC; MO; QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	GC; MO; QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	GC; MO; QL (30 per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>		GC; MO; QL (30 per 30 days)
<i>omeprazole oral capsule delayed release 20 mg</i>		GC; MO; QL (60 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	GC; MO; QL (30 per 30 days)
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		MO; FFQL
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Gastrocrom	GC; MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		PA; MO; FFQL
ENDARI ORAL PACKET 5 GM		PA; QL (180 per 30 days); NEDS
<i>miglustat oral capsule 100 mg</i>	Yargesa	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG		PA; NEDS
RAVICTI ORAL LIQUID 1.1 GM/ML		PA; NEDS
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Javygtor	PA; NEDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Javygtor	PA; NEDS
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG		PA; QL (28 per 28 days); NEDS
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG		PA; QL (56 per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG		PA; NEDS
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		MO; FFQL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT		FFQL
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		PA; NEDS
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		GC; MO; QL (30 per 30 days)
<i>flavoxate hcl oral tablet 100 mg</i>		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML		MO; QL (300 per 30 days); FFQL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		MO; QL (30 per 30 days); FFQL
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>		GC; MO; QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>		GC; MO; QL (30 per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		GC; MO
<i>oxybutynin chloride oral tablet 5 mg</i>		GC; MO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Detrol LA	GC; MO; QL (30 per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	GC; MO; QL (60 per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		GC; MO; QL (30 per 30 days)
<i>trospium chloride oral tablet 20 mg</i>		GC; MO; QL (60 per 30 days)
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	GC; MO; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	Avodart	GC; MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Jalyn	GC; MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	Proscar	GC; MO; QL (30 per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	Rapaflo	GC; MO
<i>tadalafil oral tablet 2.5 mg</i>		PA; GC; MO; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Cialis	PA; GC; MO; QL (30 per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	GC; MO; QL (60 per 30 days)
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		GC; NEDS
ELMIRON ORAL CAPSULE 100 MG		NEDS
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	PA; NEDS
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML		PA; QL (0.5 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML		PA; QL (0.8 per 30 days); NEDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML		PA; QL (1 per 30 days); NEDS
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		GC; NEDS
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		GC; NEDS
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		GC; MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	GC; NEDS
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	GC; NEDS
<i>methylprednisolone oral tablet 32 mg</i>		GC; NEDS
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	GC; NEDS
<i>prednisolone oral solution 15 mg/5ml</i>		GC; NEDS
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>		GC; NEDS
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	GC; NEDS
<b>PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML</b>		GC; NEDS
<i>prednisone oral solution 5 mg/5ml</i>		GC; NEDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		GC; NEDS
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		GC; NEDS
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		GC; MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	GC; MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		PA; NEDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML		PA; NEDS
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>ANDROGENS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		GC; NEDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Depo-Testosterone	PA; GC; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; GC; MO
<i>testosterone transdermal gel 10 mg/act (2%)</i>	Fortesta	PA; GC; MO
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	PA; GC; MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>		PA; GC; MO
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	AndroGel Pump	PA; GC; MO
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>		PA; GC; MO; QL (75 per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Testim	PA; GC; MO; QL (300 per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>		PA; GC; MO
<b>ESTROGENS</b>		
DUAVEE ORAL TABLET 0.45-20 MG		MO; FFQL
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	GC; MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	GC; MO
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i>	Dotti	GC; MO
<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>	Climara	GC; MO
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>estradiol vaginal tablet 10 mcg</i>	Yuvafem	GC; MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		MO; FFQL
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		MO; FFQL
PREMARIN VAGINAL CREAM 0.625 MG/GM		MO; FFQL
YUVAFEM VAGINAL TABLET 10 MCG		GC; MO
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
AVIANE ORAL TABLET 0.1-20 MG-MCG		GC; MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG		GC; MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	GC; MO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG		GC; MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Cyred EQ	GC; MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR		MO; QL (1 per 28 days); FFQL
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR		MO; QL (1 per 28 days); FFQL
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG		GC; MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG		GC; MO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Amabelz	GC; MO
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Activella	GC; MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	MO; QL (1 per 28 days); FFQL
FYAVOLV ORAL TABLET 1-5 MG-MCG		GC; MO
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR		MO; QL (1 per 28 days); FFQL
INTRAROSA VAGINAL INSERT 6.5 MG		PA; MO; FFQL
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		GC; MO
JASMIEL ORAL TABLET 3-0.02 MG		GC; MO
JINTELI ORAL TABLET 1-5 MG-MCG		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG		GC; MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Aviane	GC; MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	GC; MO
LORYNA ORAL TABLET 3-0.02 MG		GC; MO
LUTERA ORAL TABLET 0.1-20 MG-MCG		GC; MO
MILI ORAL TABLET 0.25-35 MG-MCG		GC; MO
NIKKI ORAL TABLET 3-0.02 MG		GC; MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	GC; MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Fyavolv	GC; MO
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Tilia Fe	GC; MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	GC; MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG		GC; MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG		GC; MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		GC; MO
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG		GC; MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		GC; MO
NYMYO ORAL TABLET 0.25-35 MG-MCG		GC; MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		GC; MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG		GC; MO
SRONYX ORAL TABLET 0.1-20 MG-MCG		GC; MO
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		GC; MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		GC; MO
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		GC; MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		GC; MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		GC; MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG		GC; MO
VESTURA ORAL TABLET 3-0.02 MG		GC; MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG		GC; MO
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG		GC; MO
<b>PROGESTINS</b>		
CAMILA ORAL TABLET 0.35 MG		GC; MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		QL (0.65 per 84 days)
ERRIN ORAL TABLET 0.35 MG		GC; MO
HEATHER ORAL TABLET 0.35 MG		GC; MO
INCASSIA ORAL TABLET 0.35 MG		GC; MO
LYLEQ ORAL TABLET 0.35 MG		GC; MO
LYZA ORAL TABLET 0.35 MG		GC; MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	GC; QL (1 per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	GC; QL (1 per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	GC; MO
<i>megestrol acetate oral suspension 40 mg/ml</i>		PA; GC; NEDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>		PA; GC; MO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		PA; GC; NEDS
NORA-BE ORAL TABLET 0.35 MG		GC; MO
<i>norethindrone acetate oral tablet 5 mg</i>		GC; MO
<i>norethindrone oral tablet 0.35 mg</i>	Camila	GC; MO
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	GC; MO
SHAROBEL ORAL TABLET 0.35 MG		GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)</b>		
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		GC; MO
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		GC; MO
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Euthyrox	GC; MO
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	GC; MO
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		GC; MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	GC; MO
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		MO; FFQL
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		GC; MO
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>cabergoline oral tablet 0.5 mg</i>		GC; NEDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG		PA; QL (1 per 90 days)
ELIGARD SUBCUTANEOUS KIT 30 MG		PA; QL (1 per 120 days)
ELIGARD SUBCUTANEOUS KIT 45 MG		PA; QL (1 per 180 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG		PA; QL (1 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		PA; QL (2 per 28 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		PA; QL (1 per 28 days); NEDS
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>		PA; GC; QL (1 per 90 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		PA; GC; NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG		PA; QL (1 per 30 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG		PA; QL (1 per 90 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		PA; QL (1 per 120 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		PA; QL (1 per 180 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG		PA; QL (1 per 30 days); NEDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		PA; QL (1 per 90 days)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG		PA; QL (1 per 180 days)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	SandoSTATIN	PA; GC; MO
<i>octreotide acetate injection solution 1000 mcg/ml</i>		PA; NEDS
<i>octreotide acetate injection solution 200 mcg/ml</i>		PA; GC; MO
<i>octreotide acetate injection solution 500 mcg/ml</i>	SandoSTATIN	PA; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		PA; QL (60 per 30 days); NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 25 MG, 30 MG		PA; QL (30 per 30 days); NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG		PA; QL (60 per 30 days); NEDS
SYNAREL NASAL SOLUTION 2 MG/ML		PA; NEDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG		PA; QL (1 per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG		PA; QL (1 per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG		PA; QL (1 per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>		GC; MO
<i>propylthiouracil oral tablet 50 mg</i>		GC; MO
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA AGENTS</b>		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		PA-BvsD; NEDS
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Firazyr	PA; QL (18 per 30 days); NEDS
<b>IMMUNOGLOBULINS</b>		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML		PA-BvsD; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		PA-BvsD; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML		PA-BvsD; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		PA-BvsD; NEDS
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		PA; NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QL (8 per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML		PA; QL (8 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		PA; QL (4 per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		PA; QL (8 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML		PA; NEDS
JOENJA ORAL TABLET 70 MG		PA; QL (60 per 30 days); NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	GC; MO; QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		PA; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML		PA; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML		PA; QL (2 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML		PA; QL (3 per 28 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		PA; QL (30 per 30 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		PA; QL (3 per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML		PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML		PA; QL (2.4 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QL (3 per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		PA; QL (1 per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		PA; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		PA; QL (1 per 28 days); NEDS
XELJANZ ORAL SOLUTION 1 MG/ML		PA; QL (300 per 30 days); NEDS
XELJANZ ORAL TABLET 10 MG		PA; QL (60 per 30 days); NEDS
XELJANZ ORAL TABLET 5 MG		PA; QL (120 per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		PA; QL (30 per 30 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA; NEDS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML		PA; QL (16.072 per 28 days); NEDS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML		PA; QL (22.68 per 28 days); NEDS
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		PA; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		PA; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA; NEDS
<b>IMMUNOSUPPRESSANTS</b>		
<i>adalimumab-adbm (2 pen) subcutaneous auto- injector kit 40 mg/0.8ml</i>	Cyltezo (2 Pen)	PA; QL (2 per 28 days); NEDS
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml</i>	Cyltezo (2 Syringe)	PA; QL (2 per 28 days); NEDS
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	Cyltezo (2 Syringe)	PA; QL (6 per 28 days); NEDS
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Cyltezo (2 Pen)	PA; QL (6 per 28 days); NEDS
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Cyltezo (2 Pen)	PA; QL (4 per 28 days); NEDS
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML		PA; QL (2 per 28 days); NEDS
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML		PA; QL (2 per 28 days); NEDS
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML		PA; QL (2 per 28 days); NEDS
<i>azathioprine oral tablet 50 mg</i>	Imuran	PA-BvsD; GC; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		PA; NEDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	PA-BvsD; GC; MO
<i>cyclosporine modified oral capsule 50 mg</i>		PA-BvsD; GC; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	PA-BvsD; GC; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	PA-BvsD; GC; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		PA; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA; QL (8 per 28 days); NEDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		PA; NEDS
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		PA-BvsD; MO; FFQL
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Zortress	PA-BvsD; NEDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML		PA; QL (4 per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		PA; QL (6 per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		PA; QL (3 per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML		PA; QL (2 per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML		PA; QL (4 per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		PA; QL (3 per 28 days); NEDS
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		PA; QL (2 per 28 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		PA; QL (3 per 28 days); NEDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		PA; QL (3 per 28 days); NEDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		PA; QL (4 per 28 days); NEDS
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		PA; QL (3 per 28 days); NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		PA; NEDS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>		PA-BvsD; GC; NEDS
<i>methotrexate sodium injection solution 50 mg/2ml</i>		PA-BvsD; GC; NEDS
<i>methotrexate sodium oral tablet 2.5 mg</i>		GC; NEDS
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	PA-BvsD; GC; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	PA-BvsD; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	PA-BvsD; GC; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	PA-BvsD; GC; MO
OTEZLA ORAL TABLET 30 MG		PA; QL (60 per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG		PA; QL (55 per 28 days); NEDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG		PA-BvsD; MO; FFQL
REZUROCK ORAL TABLET 200 MG		PA; NEDS
SANDIMMUNE ORAL SOLUTION 100 MG/ML		PA-BvsD; MO; FFQL
<i>sirolimus oral solution 1 mg/ml</i>	Rapamune	PA-BvsD; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Rapamune	PA-BvsD; GC; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	PA-BvsD; GC; MO
<b>VACCINES</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		GC; NEDS
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5		GC; NEDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML		GC; NEDS
<i>bcg vaccine injection solution reconstituted 50 mg</i>		GC; NEDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		GC; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5		GC; NEDS
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5		GC; NEDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		GC; NEDS
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>		GC; NEDS
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML		PA-BvsD; GC; NEDS
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML		PA-BvsD; GC; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION		GC; NEDS
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		GC; NEDS
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML		GC; NEDS
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML		PA-BvsD; GC; NEDS
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		GC; NEDS
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML		PA-BvsD; GC; NEDS
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		GC; NEDS
IPOL INJECTION INJECTABLE		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
IXIARO INTRAMUSCULAR SUSPENSION		GC; NEDS
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML		GC; NEDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		GC; NEDS
MENACTRA INTRAMUSCULAR SOLUTION		GC; NEDS
MENQUADFI INTRAMUSCULAR SOLUTION		GC; NEDS
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		GC; NEDS
M-M-R II INJECTION SOLUTION RECONSTITUTED		GC; NEDS
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		GC; NEDS
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		GC; NEDS
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED		GC; NEDS
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED		GC; NEDS
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML		PA-BvsD; GC; NEDS
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED		GC; NEDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		GC; NEDS
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)		GC; NEDS
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		GC; NEDS
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		PA-BvsD; GC; NEDS
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML		PA-BvsD; GC; NEDS
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML		PA-BvsD; GC; NEDS
ROTARIX ORAL SUSPENSION		GC; NEDS
ROTARIX ORAL SUSPENSION RECONSTITUTED		GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
ROTATEQ ORAL SOLUTION		GC; NEDS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		GC; NEDS
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML		GC; NEDS
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)		GC; NEDS
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML		GC; NEDS
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		GC; NEDS
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		GC; NEDS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML		GC; NEDS
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML		GC; NEDS
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML		GC; NEDS
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML		GC; NEDS
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)		GC; NEDS
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	GC; NEDS
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	GC; MO; QL (120 per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	GC; MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	GC; MO
<i>mesalamine oral tablet delayed release 800 mg</i>		GC; NEDS
<i>mesalamine rectal enema 4 gm</i>		NEDS
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	GC; NEDS
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	GC; MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	GC; MO

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<b>GLUCOCORTICOIDS</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	NEDS
<i>budesonide oral capsule delayed release particles 3 mg</i>		NEDS
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	GC; NEDS
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>		GC; MO; QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>		GC; MO; QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		GC; MO; QL (4 per 28 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	GC; MO; QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		PA-BvsD; GC; MO; QL (4 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	PA-BvsD; GC; MO
<i>calcitriol oral solution 1 mcg/ml</i>	Rocaltrol	PA-BvsD; GC; MO
<i>cinacalcet hcl oral tablet 30 mg</i>	Sensipar	PA-BvsD; MO; QL (120 per 30 days); FFQL
<i>cinacalcet hcl oral tablet 60 mg</i>	Sensipar	PA-BvsD; MO; QL (150 per 30 days); FFQL
<i>cinacalcet hcl oral tablet 90 mg</i>	Sensipar	PA-BvsD; QL (120 per 30 days); NEDS
<i>ibandronate sodium oral tablet 150 mg</i>		GC; MO; QL (1 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	PA-BvsD; GC; MO
<i>paricalcitol oral capsule 4 mcg</i>		PA-BvsD; GC; MO
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML</b>		PA; QL (1 per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	GC; MO; QL (30 per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	Actonel	GC; MO; QL (1 per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>		GC; QL (30 per 30 days); NEDS
<i>risedronate sodium oral tablet 35 mg (12 pack)</i>	Actonel	GC; MO; QL (12 per 84 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (4 pack)</i>	Actonel	GC; MO; QL (4 per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>		GC; MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Atelvia	GC; MO; QL (4 per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>		PA; QL (2.48 per 28 days); NEDS
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML</b>		PA; NEDS
<b>XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML</b>		PA; QL (1.7 per 28 days); NEDS
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>		GC; MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	GC; NEDS
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	MO; QL (60 per 30 days); FFQL
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	GC; NEDS
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	GC; NEDS
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		GC; NEDS
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		GC; NEDS
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		GC; NEDS
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		GC; NEDS
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		GC; NEDS
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		GC; NEDS
<i>cromolyn sodium ophthalmic solution 4 %</i>		GC; NEDS
<i>epinastine hcl ophthalmic solution 0.05 %</i>		GC; NEDS
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<b>AZASITE OPHTHALMIC SOLUTION 1 %</b>		NEDS
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		GC; NEDS
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	GC; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		GC; NEDS
<i>gatifloxacin ophthalmic solution 0.5 %</i>		GC; NEDS
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		GC; QL (30 per 30 days); NEDS
<i>levofloxacin ophthalmic solution 0.5 %</i>		GC; NEDS
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	GC; NEDS
NATACYN OPHTHALMIC SUSPENSION 5 %		NEDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Neo-Polycin	GC; NEDS
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	GC; NEDS
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		GC; NEDS
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		GC; NEDS
<i>tobramycin ophthalmic solution 0.3 %</i>		GC; QL (20 per 30 days); NEDS
XDEMVY OPHTHALMIC SOLUTION 0.25 %		PA; NEDS
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		GC; NEDS
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		GC; NEDS
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		GC; NEDS
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Durezol	GC; NEDS
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	GC; NEDS
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		GC; NEDS
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		NEDS
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	GC; NEDS
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	GC; QL (10 per 25 days); NEDS
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Lotemax	GC; NEDS
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Lotemax	GC; NEDS
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	GC; NEDS
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		GC; NEDS
XIIDRA OPHTHALMIC SOLUTION 5 %		MO; QL (60 per 30 days); FFQL

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024



DRUG NAME	Reference	REQUIREMENTS/LIMITS
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		GC; MO
<i>carteolol hcl ophthalmic solution 1 %</i>		GC; MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		GC; MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		GC; MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		GC; MO
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		GC; MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		GC; MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		GC; NEDS
AZOPT OPHTHALMIC SUSPENSION 1 %		MO; FFQL
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Alphagan P	MO; FFQL
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Alphagan P	GC; MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		GC; MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Combigan	GC; MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>		GC; MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	GC; MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Cosopt PF	GC; MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>		GC; MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		GC; MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		MO; FFQL
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		MO; FFQL
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		MO; FFQL
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>bimatoprost ophthalmic solution 0.03 %</i>		GC; MO; QL (5 per 25 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	GC; MO; QL (2.5 per 20 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		MO; QL (2.5 per 25 days); FFQL
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Travatan Z	GC; MO; QL (2.5 per 25 days)
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid otic solution 2 %</i>		GC; NEDS
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	GC; NEDS
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		GC; NEDS
<i>fluocinolone acetonide otic oil 0.01 %</i>	DermOtic	GC; NEDS
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		GC; NEDS
<i>neomycin-polymyxin-hc otic solution 1 %</i>		GC; NEDS
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		GC; NEDS
<i>ofloxacin otic solution 0.3 %</i>		GC; NEDS
<b>RESPIRATORY TRACT/ PULMONARY AGENTS</b>		
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal solution 0.1 %</i>		GC; QL (30 per 25 days); NEDS
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Dymista	GC; QL (23 per 30 days); NEDS
<i>cetirizine hcl oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	GC; NEDS
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		GC; NEDS
<i>cyproheptadine hcl oral tablet 4 mg</i>		GC; NEDS
<i>desloratadine oral tablet 5 mg</i>	Clarinx	GC; QL (30 per 30 days); NEDS
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>		GC; QL (30 per 30 days); NEDS
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Xyzal Allergy 24HR Childrens	GC; QL (300 per 30 days); NEDS
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	GC; QL (30 per 30 days); NEDS
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		MO; QL (30 per 30 days); FFQL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		MO; QL (1 per 30 days); FFQL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		MO; QL (1 per 30 days); FFQL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		MO; QL (1 per 30 days); FFQL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		MO; QL (26 per 30 days); FFQL
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	PA-BvsD; GC; MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		GC; QL (50 per 25 days); NEDS
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>		GC; MO; QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>		GC; MO; QL (21.2 per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	ClariSpray	GC; QL (16 per 30 days); NEDS
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Nasonex 24HR	GC; NEDS
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	GC; MO; QL (30 per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	GC; MO; QL (30 per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	GC; MO; QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	GC; MO; QL (60 per 30 days)
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		MO; QL (26 per 30 days); FFQL
<i>ipratropium bromide inhalation solution 0.02 %</i>		PA-BvsD; GC; MO; QL (252 per 25 days)
<i>ipratropium bromide nasal solution 0.03 %</i>		GC; MO; QL (60 per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		GC; MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		MO; QL (4 per 30 days); FFQL
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Spiriva HandiHaler	GC; MO; QL (30 per 30 days)
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Proventil HFA	GC; MO; QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Proventil HFA	GC; MO; QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		PA-BvsD; GC; MO; QL (360 per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		PA-BvsD; GC; MO; QL (360 per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>		PA-BvsD; GC; MO; QL (100 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		GC; MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		GC; MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	GC; QL (2 per 30 days); NEDS
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	Auvi-Q	GC; QL (2 per 30 days); NEDS
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		PA-BvsD; GC; MO; QL (540 per 30 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	GC; MO; QL (30 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		MO; QL (2 per 30 days); FFQL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		MO; QL (60 per 30 days); FFQL
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		GC; MO
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL INHALATION CAPSULE 40 MG		PA; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		PA; NEDS
KALYDECO ORAL TABLET 150 MG		PA; NEDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG		PA; NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		PA; NEDS
TOBI PODHALER INHALATION CAPSULE 28 MG		PA; QL (224 per 28 days); NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	PA-BvsD; QL (280 per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		PA; QL (84 per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG		PA; QL (84 per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK 80-40-60 & 59.5 MG		PA; QL (56 per 28 days); NEDS
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Daliresp	GC; MO; QL (30 per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		GC; MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		GC; MO
<i>theophylline oral solution 80 mg/15ml</i>		GC; MO
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA; QL (90 per 30 days); NEDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QL (30 per 30 days); NEDS
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QL (60 per 30 days); NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; GC; MO; QL (90 per 30 days)
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG		PA; NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pirfenidone oral capsule 267 mg</i>	Esbriet	PA; NEDS
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	PA; NEDS
<i>pirfenidone oral tablet 534 mg</i>		PA; NEDS
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		PA-BvsD; GC; NEDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH		MO; QL (60 per 30 days); FFQL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		MO; QL (10.7 per 30 days); FFQL
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Breyna	GC; MO; QL (11 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		MO; QL (4 per 20 days); FFQL
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		PA-BvsD; GC; MO
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		PA; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML		PA; NEDS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		PA-BvsD; GC; MO; QL (540 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		MO; QL (4 per 30 days); FFQL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		MO; QL (60 per 30 days); FFQL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT		GC; MO; QL (60 per 30 days)
<b>SKELETAL MUSCLE RELAXANTS</b>		
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		PA; GC; NEDS
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		PA; GC; NEDS
<b>SLEEP DISORDER AGENTS</b>		

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

<b>DRUG NAME</b>	<b>Reference</b>	<b>REQUIREMENTS/LIMITS</b>
<b>BENZODIAZEPINES</b>		
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml</i>		GC; NEDS
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml</i>		GC; NEDS
<b>SLEEP PROMOTING AGENTS</b>		
<b>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>		QL (30 per 30 days); NEDS
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Silenor	GC; QL (30 per 30 days); NEDS
<i>estazolam oral tablet 1 mg, 2 mg</i>		PA; GC; QL (30 per 30 days); NEDS
<i>ramelteon oral tablet 8 mg</i>	Rozerem	GC; QL (30 per 30 days); NEDS
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Restoril	PA; GC; QL (30 per 30 days); NEDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>		PA; GC; QL (30 per 30 days); NEDS
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	PA; GC; QL (30 per 30 days); NEDS
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Nuvigil	PA; GC; MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Provigil	PA; GC; MO; QL (30 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	Xyrem	PA; QL (540 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 24446 Ver.11 Last Updated: 04/18/2024 Effective Date: 05/01/2024

## Alphabetical Listing

### A

<i>abacavir sulfate</i> .....	40	<i>amiloride-hydrochlorothiazide</i> .....	55	<i>atazanavir sulfate</i> .....	42
<i>abacavir sulfate-lamivudine</i> ...	40	<i>amiodarone hcl</i> .....	52	<i>atenolol</i> .....	53
ABILIFY ASIMTUFII.....	35	<i>amitriptyline hcl</i> .....	18	<i>atenolol-chlorthalidone</i> .....	55
ABILIFY MAINTENA.....	35	AMJEVITA.....	82	<i>atomoxetine hcl</i> .....	59
<i>abiraterone acetate</i> .....	24	AMJEVITA-PED 15KG TO <30KG.....	82	<i>atorvastatin calcium</i> .....	58
ABRYSVO.....	84	<i>amlodipine besy-benazepril hcl</i> .....	55	<i>atovaquone</i> .....	32
<i>acamprosate calcium</i> .....	4	<i>amlodipine besylate</i> .....	53	<i>atovaquone-proguanil hcl</i> .....	32
<i>acarbose</i> .....	45	<i>amlodipine besylate-valsartan</i> .....	55	<i>atropine sulfate</i> .....	89
ACCUTANE .....	62	<i>amlodipine-atorvastatin</i> .....	55	ATROVENT HFA.....	93
<i>acebutolol hcl</i> .....	53	<i>amlodipine-olmesartan</i> .....	55	AUGTYRO.....	26
<i>acetaminophen-codeine</i> .....	2	<i>ammonium lactate</i> .....	62	AUSTEDO .....	60
<i>acetazolamide</i> .....	91	<i>amoxapine</i> .....	18	AUSTEDO XR.....	60
<i>acetazolamide er</i> .....	91	<i>amoxicillin</i> .....	8	AUSTEDO XR PATIENT TITRATION.....	60
<i>acetic acid</i> .....	92	<i>amoxicillin-pot clavulanate</i> ..8, 9		AUVELITY .....	16
<i>acetylcysteine</i> .....	96	<i>amoxicillin-pot clavulanate er</i> ..8		AVIANE.....	75
<i>acitretin</i> .....	62	<i>amphetamine-</i> <i>dextroamphetamine</i> .....	59	AYVAKIT .....	26
ACTHIB .....	85	<i>amphotericin b</i> .....	20	AZASITE .....	89
ACTIMMUNE .....	82	<i>amphotericin b liposome</i> .....	20	<i>azathioprine</i> .....	82
<i>acyclovir</i> .....	39, 65	<i>ampicillin</i> .....	9	<i>azelastine hcl</i> .....	89, 92
<i>acyclovir sodium</i> .....	39	<i>ampicillin sodium</i> .....	9	<i>azelastine-fluticasone</i> .....	92
ADACEL.....	85	<i>ampicillin-sulbactam sodium</i> ...9		<i>azithromycin</i> .....	10
<i>adalimumab-adbm (2 pen)</i> .....	82	<i>anagrelide hcl</i> .....	50	AZOPT .....	91
<i>adalimumab-adbm (2 syringe)</i> .....	82	<i>anastrozole</i> .....	26	<i>aztreonam</i> .....	6
<i>adalimumab-adbm(cd/uc/hs str)</i> .....	82	<i>apraclonidine hcl</i> .....	91	<b>B</b>	
<i>adalimumab-adbm(ps/uv</i> <i>starter)</i> .....	82	<i>aprepitant</i> .....	19, 20	<i>bacitracin</i> .....	89
<i>adapalene</i> .....	62	APTIOM.....	14	<i>bacitracin-polymyxin b</i> .....	89
<i>adefovir dipivoxil</i> .....	38	APTIVUS .....	42	<i>bacitra-neomycin-polymyxin-hc</i> .....	89
ADEMPAS.....	95	ARCALYST.....	80	<i>baclofen</i> .....	38
AKEEGA .....	26	AREXVY .....	85	<i>balsalazide disodium</i> .....	87
<i>albendazole</i> .....	32	ARIKAYCE .....	5	BALVERSA.....	26, 27
<i>albuterol sulfate</i> .....	94	<i>aripiprazole</i> .....	35	BALZIVA.....	75
<i>albuterol sulfate hfa</i> .....	94	<i>armodafinil</i> .....	97	BAQSIMI ONE PACK .....	47
<i>alclometasone dipropionate</i> ...	62	ARNIVITY ELLIPTA.....	93	BARACLUDGE.....	38
ALECENSA .....	26	<i>asenapine maleate</i> .....	35	<i>bcg vaccine</i> .....	85
<i>alendronate sodium</i> .....	88	ASMANEX (120 METERED DOSES).....	93	BELSOMRA .....	97
<i>alfuzosin hcl er</i> .....	72	ASMANEX (30 METERED DOSES).....	93	<i>benazepril hcl</i> .....	52
<i>aliskiren fumarate</i> .....	55	ASMANEX (60 METERED DOSES).....	93	<i>benazepril-hydrochlorothiazide</i> .....	55
<i>allopurinol</i> .....	21	ASMANEX HFA .....	93	BENLYSTA .....	82, 83
<i>alosetron hcl</i> .....	69	<i>aspirin-dipyridamole er</i> .....	51	<i>benznidazole</i> .....	32
<i>alprazolam</i> .....	44	ASSURE ID INSULIN SAFETY SYR.....	47	<i>benztropine mesylate</i> .....	33
ALUNBRIG .....	26			BESREMI.....	82
<i>amantadine hcl</i> .....	33			<i>betamethasone dipropionate</i> ..	63
<i>ambrisentan</i> .....	95			<i>betamethasone dipropionate aug</i> .....	62, 63
<i>amiloride hcl</i> .....	57			<i>betamethasone valerate</i> .....	63



<i>betaxolol hcl</i> .....	53, 91	<i>calcium acetate</i> .....	68	<i>ciclopirox</i> .....	65, 66
<i>bethanechol chloride</i> .....	72	<i>calcium acetate (phos binder)</i>	68	<i>ciclopirox olamine</i> .....	20
<i>bexarotene</i> .....	32	CALQUENCE .....	27	<i>cilostazol</i> .....	51
BEXSERO .....	85	CAMILA .....	77	CIMDUO .....	40
<i>bicalutamide</i> .....	24	CAMZYOS .....	55	<i>cimetidine</i> .....	70
BICILLIN C-R .....	9	<i>candesartan cilexetil</i> .....	51	<i>cinacalcet hcl</i> .....	88
BICILLIN C-R 900/300 .....	9	<i>candesartan cilexetil-hctz</i> .....	55	CINRYZE .....	80
BICILLIN L-A .....	9	CAPLYTA .....	35	<i>ciprofloxacin hcl</i> .....	10, 92
BIKTARVY .....	39	CAPRELSA .....	27	<i>ciprofloxacin in d5w</i> .....	11
<i>bimatoprost</i> .....	92	<i>captopril</i> .....	52	<i>ciprofloxacin-dexamethasone</i>	92
<i>bisoprolol fumarate</i> .....	53	<i>carbamazepine</i> .....	14, 15	<i>citalopram hydrobromide</i> .....	17
<i>bisoprolol-hydrochlorothiazide</i>	55	<i>carbamazepine er</i> .....	14	CLARAVIS .....	62
BOOSTRIX .....	85	<i>carbidopa</i> .....	33	<i>clarithromycin</i> .....	10
<i>bosentan</i> .....	95	<i>carbidopa-levodopa</i> .....	34	<i>clarithromycin er</i> .....	10
BOSULIF .....	27	<i>carbidopa-levodopa er</i> .....	34	<i>clindamycin hcl</i> .....	6
BRAFTOVI .....	27	<i>carbidopa-levodopa-entacapone</i>	33	<i>clindamycin palmitate hcl</i> .....	6
BREO ELLIPTA .....	96	.....	33	<i>clindamycin phosphate</i> .....	6, 66
BREZTRI AEROSPHERE ....	96	<i>carglumic acid</i> .....	66	<i>clindamycin phosphate in d5w</i>	6
<i>briellyn</i> .....	75	<i>carteolol hcl</i> .....	91	CLINIMIX/DEXTROSE	
BRILINTA .....	51	CARTIA XT .....	54	(4.25/5) .....	68
<i>brimonidine tartrate</i> .....	91	<i>carvedilol</i> .....	53	CLINIMIX/DEXTROSE (5/15)	
<i>brimonidine tartrate-timolol</i> ..	91	<i>carvedilol phosphate er</i> .....	53	.....	68
BRIVIACT .....	12	CAYSTON .....	94	CLINIMIX/DEXTROSE (5/20)	
<i>bromfenac sodium (once-daily)</i>	90	<i>cefaclor</i> .....	7	.....	68
.....	90	<i>cefadroxil</i> .....	7	<i>clobazam</i> .....	13, 14
<i>bromocriptine mesylate</i> .....	33	<i>cefazolin sodium</i> .....	7	<i>clobetasol propionate</i> .....	63
BRONCHITOL .....	94	<i>cefdinir</i> .....	7	<i>clobetasol propionate e</i> .....	63
BRUKINSA .....	27	<i>cefepime hcl</i> .....	7	<i>clomipramine hcl</i> .....	19
<i>budesonide</i> .....	88, 93	<i>cefixime</i> .....	7	<i>clonazepam</i> .....	44
<i>budesonide er</i> .....	88	<i>cefoxitin sodium</i> .....	7	<i>clonidine</i> .....	51
<i>budesonide-formoterol fumarate</i>	96	<i>cefepodoxime proxetil</i> .....	8	<i>clonidine hcl</i> .....	51
.....	96	<i>cefprozil</i> .....	8	<i>clonidine hcl er</i> .....	60
<i>bumetanide</i> .....	57	<i>ceftazidime</i> .....	8	<i>clopidogrel bisulfate</i> .....	51
<i>buprenorphine hcl</i> .....	5	<i>ceftriaxone sodium</i> .....	8	<i>clorazepate dipotassium</i> .....	44
<i>buprenorphine hcl-naloxone hcl</i>	5	<i>cefuroxime axetil</i> .....	8	<i>clotrimazole</i> .....	20
.....	5	<i>cefuroxime sodium</i> .....	8	<i>clotrimazole-betamethasone</i>	65
<i>bupropion hcl</i> .....	16	<i>celecoxib</i> .....	1	<i>clozapine</i> .....	38
<i>bupropion hcl er (smoking det)</i>	5	<i>cephalexin</i> .....	8	COARTEM .....	32
<i>bupropion hcl er (sr)</i> .....	16	<i>cetirizine hcl</i> .....	92	<i>codeine sulfate</i> .....	2, 3
<i>bupropion hcl er (xl)</i> .....	16	<i>cevimeline hcl</i> .....	61	<i>colchicine</i> .....	22
<i>buspironone hcl</i> .....	43	<i>chlordiazepoxide hcl</i> .....	44	<i>colchicine-probenecid</i> .....	22
<i>butalbital-acetaminophen</i> .....	1	<i>chlordiazepoxide-amitriptyline</i>	16	<i>colesevelam hcl</i> .....	58
<i>butalbital-apap-caffeine</i> .....	1	.....	16	<i>colestipol hcl</i> .....	58
<b>C</b>		<i>chlordiazepoxide-clidinium</i> ....	69	<i>colistimethate sodium (cba)</i> .....	6
<i>cabergoline</i> .....	78	<i>chlorhexidine gluconate</i> .....	61	COMBIVENT RESPIMAT ....	96
CABOMETYX .....	27	<i>chloroquine phosphate</i> .....	32	COMETRIQ (100 MG DAILY	
<i>calcipotriene</i> .....	65	<i>chlorthalidone</i> .....	57	DOSE) .....	27
<i>calcitonin (salmon)</i> .....	88	<i>cholestyramine</i> .....	58	COMETRIQ (140 MG DAILY	
<i>calcitriol</i> .....	88	<i>cholestyramine light</i> .....	58	DOSE) .....	27

COMETRIQ (60 MG DAILY DOSE) .....	27	<i>desvenlafaxine succinate er</i> ....	17	<i>doxycycline hyclate</i> .....	11
COMFORT ASSIST INSULIN SYRINGE.....	47	<i>dexamethasone</i> .....	73	<i>doxycycline monohydrate</i> .....	11
COMPLERA .....	40	<i>dexamethasone sodium phosphate</i> .....	90	<i>dronabinol</i> .....	20
COPIKTRA .....	27	<i>dexlansoprazole</i> .....	70	DROXIA.....	25
CORLANOR.....	55	<i>dexmethylphenidate hcl</i> .....	60	<i>droxidopa</i> .....	51
COSENTYX.....	80	<i>dextroamphetamine sulfate</i> .....	59	DUAVEE.....	74
COSENTYX (300 MG DOSE) .....	80	<i>dextrose</i> .....	68	<i>duloxetine hcl</i> .....	17
COSENTYX SENSOREADY (300 MG).....	80	<i>dextrose-nacl</i> .....	68	DUPIXENT .....	80, 81
COSENTYX UNOREADY ..	80	DIACOMIT .....	12	<i>dutasteride</i> .....	72
COTELLIC.....	27	<i>diazepam</i> .....	14, 44	<i>dutasteride-tamsulosin hcl</i> .....	72
CREON .....	71	DIAZEPAM INTENSOL.....	44	<b>E</b>	
<i>cromolyn sodium</i> .....	71, 89, 96	<i>diazoxide</i> .....	47	<i>ec-naproxen</i> .....	1
<i>cvs gauze sterile</i> .....	47	<i>diclofenac epolamine</i> .....	1	<i>econazole nitrate</i> .....	20
<i>cyclobenzaprine hcl</i> .....	96	<i>diclofenac potassium</i> .....	1	EDURANT .....	40
<i>cyclophosphamide</i> .....	23	<i>diclofenac sodium</i> .....	1, 90	<i>efavirenz</i> .....	40
<i>cyclosporine</i> .....	83, 89	<i>diclofenac sodium er</i> .....	1	<i>efavirenz-emtricitab-tenofo df</i>	41
<i>cyclosporine modified</i> .....	83	<i>diclofenac-misoprostol</i> .....	1	<i>efavirenz-lamivudine-tenofovir</i>	41
<i>cyproheptadine hcl</i> .....	92	<i>dicloxacillin sodium</i> .....	9	.....	41
CYRED EQ .....	75	<i>dicyclomine hcl</i> .....	69	<i>eletriptan hydrobromide</i> .....	22
CYSTAGON .....	71	DIFICID .....	10	ELIGARD.....	78
<b>D</b>		<i>diflunisal</i> .....	1	ELIQUIS.....	49
<i>dalfampridine er</i> .....	61	<i>difluprednate</i> .....	90	ELIQUIS DVT/PE STARTER PACK .....	49
<i>danazol</i> .....	74	<i>digoxin</i> .....	55	ELMIRON.....	72
<i>dantrolene sodium</i> .....	38	<i>dihydroergotamine mesylate</i> ..	22	ELURYNG.....	75
<i>dapsone</i> .....	23	<i>diltiazem hcl</i> .....	54	EMGALITY .....	22
DAPTACEL.....	85	<i>diltiazem hcl er</i> .....	54	EMGALITY (300 MG DOSE) .....	22
<i>daptomycin</i> .....	6	<i>diltiazem hcl er beads</i> .....	54	EMSAM .....	16
<i>darifenacin hydrobromide er</i> .	71	<i>diltiazem hcl er coated beads</i> .	54	<i>emtricitabine</i> .....	41
<i>darunavir</i> .....	42	<i>dilt-xr</i> .....	54	<i>emtricitabine-tenofovir df</i> .....	41
DAURISMO.....	27	<i>dimethyl fumarate</i> .....	61	EMTRIVA.....	41
DAYBUE .....	60	<i>dimethyl fumarate starter pack</i>	61	<i>enalapril maleate</i> .....	52
<i>deferasirox</i> .....	67	.....	61	<i>enalapril-hydrochlorothiazide</i>	56
<i>deferiprone</i> .....	67	<i>diphenoxylate-atropine</i> .....	69	ENBREL.....	83
DELSTRIGO.....	41	<i>diphtheria-tetanus toxoids dt</i> ..	85	ENBREL MINI .....	83
<i>demeclocycline hcl</i> .....	11	<i>dipyridamole</i> .....	51	ENBREL SURECLICK .....	83
DEPO-SUBQ PROVERA 104 .....	77	<i>disulfiram</i> .....	4	ENDARI.....	71
DESCOVY .....	41	<i>divalproex sodium</i> .....	44	ENDOCET .....	3
<i>desipramine hcl</i> .....	19	<i>divalproex sodium er</i> .....	44	ENGERIX-B.....	85
<i>desloratadine</i> .....	92	<i>dofetilide</i> .....	52	ENILLORING .....	75
<i>desmopressin ace spray refrig</i>	74	DOJOLVI.....	68	<i>enoxaparin sodium</i> .....	49
<i>desmopressin acetate</i> .....	74	<i>donepezil hcl</i> .....	15	ENPRESSE-28 .....	75
<i>desogestrel-ethinyl estradiol</i> ..	75	<i>dorzolamide hcl</i> .....	91	ENSPRYNG .....	83
<i>desonide</i> .....	63	<i>dorzolamide hcl-timolol mal</i> ..	91	<i>entacapone</i> .....	33
<i>desoximetasone</i> .....	63	<i>dorzolamide hcl-timolol mal pf</i>	91	<i>entecavir</i> .....	39
<i>desvenlafaxine er</i> .....	17	.....	91	ENTRESTO.....	56
		DOVATO .....	39	<i>enulose</i> .....	69
		<i>doxazosin mesylate</i> .....	51	ENVARUSUS XR .....	83
		<i>doxepin hcl</i> .....	19, 97	EPIDIOLEX .....	12
		DOXY 100 .....	11		

<i>epinastine hcl</i> .....	89	<i>fenofibrate</i> .....	57	<b>G</b>	
<i>epinephrine</i> .....	94	<i>fenofibrate micronized</i> .....	57	<i>gabapentin</i> .....	14
<i>eplerenone</i> .....	57	<i>fenofibric acid</i> .....	57	<i>galantamine hydrobromide</i> ..	15,
EPRONTIA .....	22	<i>fentanyl</i> .....	2	16	
<i>ergoloid mesylates</i> .....	15	<i>fentanyl citrate</i> .....	3	<i>galantamine hydrobromide er</i>	15
<i>ergotamine-caffeine</i> .....	22	FETZIMA.....	17	GAMMAGARD .....	80
ERIVEDGE .....	27	FETZIMA TITRATION .....	17	GAMMAGARD S/D LESS IGA	
ERLEADA .....	24	FILSPARI.....	56	.....	80
<i>erlotinib hcl</i> .....	27	<i>finasteride</i> .....	72	GAMMAPLEX .....	80
ERRIN.....	77	FINTEPLA .....	12	GAMUNEX-C.....	80
<i>ertapenem sodium</i> .....	10	FIRMAGON.....	79	GARDASIL 9 .....	85
<i>ery</i> .....	66	FIRMAGON (240 MG DOSE)		<i>gatifloxacin</i> .....	90
ERYTHROCIN STEARATE. 10		.....	79	GAVILYTE-C.....	69
<i>erythromycin</i> .....	10, 66, 90	<i>flavoxate hcl</i> .....	71	GAVRETO .....	28
<i>erythromycin base</i> .....	10	<i>flecainide acetate</i> .....	52	<i>gefitinib</i> .....	28
<i>erythromycin ethylsuccinate</i> ..	10	<i>fluconazole</i> .....	20	<i>gemfibrozil</i> .....	57
<i>escitalopram oxalate</i> .....	17	<i>fluconazole in sodium chloride</i>		<i>generlac</i> .....	69
<i>esomeprazole magnesium</i> .....	70	.....	20	<i>gentamicin in saline</i> .....	5
ESTARYLLA.....	75	<i>flucytosine</i> .....	20	<i>gentamicin sulfate</i> .....	5, 90
<i>estazolam</i> .....	97	<i>fludrocortisone acetate</i> .....	73	GENVOYA .....	39
<i>estradiol</i> .....	74, 75	<i>flunisolide</i> .....	93	GILOTRIF.....	28
<i>estradiol-norethindrone acet.</i>	75	<i>fluocinolone acetonide</i> ....	63, 92	<i>glatiramer acetate</i> .....	61
<i>ethambutol hcl</i> .....	23	<i>fluocinolone acetonide scalp</i> ..	63	GLEOSTINE .....	24
<i>ethosuximide</i> .....	13	<i>fluocinonide</i> .....	63, 64	<i>glimepiride</i> .....	45
<i>etodolac</i> .....	1	<i>fluocinonide emulsified base</i> ..	63	<i>glipizide</i> .....	45
<i>etodolac er</i> .....	1	<i>fluorometholone</i> .....	90	<i>glipizide er</i> .....	45
<i>etonogestrel-ethinyl estradiol.</i>	75	<i>flurouracil</i> .....	65	<i>glipizide-metformin hcl</i> .....	45
<i>etravirine</i> .....	40	<i>fluoxetine hcl</i> .....	17	<i>global alcohol prep ease</i> .....	65
EUTHYROX.....	78	<i>fluphenazine decanoate</i> .....	34	GLUCAGEN HYPOKIT.....	47
<i>everolimus</i> .....	27, 28, 83	<i>fluphenazine hcl</i> .....	34	<i>glucagon emergency</i> .....	47
EVOTAZ.....	42	<i>flurbiprofen</i> .....	1	<i>glyburide</i> .....	45
EVRYSDI.....	60	<i>flurbiprofen sodium</i> .....	90	<i>glycopyrrolate</i> .....	69
EXEL COMFORT POINT PEN		<i>fluticasone propionate</i> .....	64, 93	GLYXAMBI.....	45
NEEDLE .....	47	<i>fluticasone propionate hfa</i> .....	93	<i>granisetron hcl</i> .....	20
<i>exemestane</i> .....	26	<i>fluvastatin sodium</i> .....	58	<i>griseofulvin microsize</i> .....	21
EXKIVITY.....	28	<i>fluvastatin sodium er</i> .....	58	<i>griseofulvin ultramicrosize</i> ....	21
<i>ezetimibe</i> .....	58	<i>fluvoxamine maleate</i> .....	18	<i>guanfacine hcl er</i> .....	60
<i>ezetimibe-simvastatin</i> .....	58	<i>fluvoxamine maleate er</i> .....	18	<b>H</b>	
<b>F</b>		<i>fondaparinux sodium</i> .....	50	<i>halobetasol propionate</i> .....	64
<i>famciclovir</i> .....	39	<i>fosamprenavir calcium</i> .....	42	HALOETTE .....	75
<i>famotidine</i> .....	70	<i>fosfomycin tromethamine</i> .....	6	<i>haloperidol</i> .....	34
FANAPT .....	35	<i>fosinopril sodium</i> .....	52	<i>haloperidol decanoate</i> .....	34
FANAPT TITRATION PACK		<i>fosinopril sodium-hctz</i> .....	56	<i>haloperidol lactate</i> .....	34
.....	35	FOTIVDA .....	28	HAVRIX.....	85
FARXIGA .....	45	FRUZAQLA.....	28	HEATHER .....	77
FASENRA.....	96	FULPHILA.....	50	<i>heparin sodium (porcine)</i> .....	50
FASENRA PEN .....	96	<i>furosemide</i> .....	57	HEPLISAV-B.....	85
<i>febuxostat</i> .....	22	FUZEON .....	41	HIBERIX.....	85
<i>felbamate</i> .....	12	FYAVOLV .....	75	HUMALOG.....	47, 48
<i>felodipine er</i> .....	53	FYCOMPA.....	12		

HUMALOG JUNIOR	
KWIKPEN .....	47
HUMALOG KWIKPEN .....	48
HUMALOG MIX 50/50	
KWIKPEN .....	48
HUMALOG MIX 75/25.....	48
HUMALOG MIX 75/25	
KWIKPEN .....	48
HUMALOG TEMPO PEN ....	48
HUMIRA (2 PEN) .....	83
HUMIRA (2 SYRINGE).....	83
HUMIRA-CD/UC/HS	
STARTER .....	83
HUMIRA-PED<40KG	
CROHNS STARTER.....	83
HUMIRA-PED>/=40KG	
CROHNS START .....	84
HUMIRA-PED>/=40KG UC	
STARTER .....	84
HUMIRA-PS/UV/ADOL HS	
STARTER .....	84
HUMIRA-PSORIASIS/UEVIT	
STARTER .....	84
HUMULIN 70/30.....	48
HUMULIN 70/30 KWIKPEN	48
HUMULIN N .....	48
HUMULIN N KWIKPEN.....	48
HUMULIN R .....	48
HUMULIN R U-500	
(CONCENTRATED).....	48
HUMULIN R U-500	
KWIKPEN .....	48
<i>hydralazine hcl</i> .....	59
<i>hydrochlorothiazide</i> .....	57
<i>hydrocodone-acetaminophen</i> ...	3
<i>hydrocodone-ibuprofen</i> .....	3
<i>hydrocortisone</i> .....	64, 73, 88
<i>hydrocortisone (perianal)</i> .....	64
<i>hydrocortisone ace-pramoxine</i>	
.....	65
<i>hydrocortisone butyrate</i> .....	64
<i>hydrocortisone valerate</i> .....	64
<i>hydrocortisone-acetic acid</i> .....	92
<i>hydromorphone hcl</i> .....	3
<i>hydroxychloroquine sulfate</i> ....	32
<i>hydroxyurea</i> .....	25
<i>hydroxyzine hcl</i> .....	43
<i>hydroxyzine pamoate</i> .....	43
HYFTOR .....	64

<b>I</b>	
<i>ibandronate sodium</i> .....	88
IBRANCE .....	28
IBU .....	1
<i>ibuprofen</i> .....	1
<i>icatibant acetate</i> .....	80
ICLUSIG .....	28
<i>icosapent ethyl</i> .....	58
IDHIFA .....	25
ILEVRO .....	90
<i>imatinib mesylate</i> .....	28
IMBRUVICA .....	28
<i>imipenem-cilastatin</i> .....	10
<i>imipramine hcl</i> .....	19
<i>imipramine pamoate</i> .....	19
<i>imiquimod</i> .....	65
IMOVAX RABIES .....	85
INCASSIA.....	77
INCRELEX .....	74
<i>indapamide</i> .....	57
INFANRIX.....	85
INLYTA .....	28
INQOVI.....	25
INREBIC.....	28
<i>insulin glargine</i> .....	48
<i>insulin glargine max solostar</i> .	48
<i>insulin glargine solostar</i> .....	48
<i>insulin lispro</i> .....	49
<i>insulin lispro (1 unit dial)</i> .....	48
<i>insulin lispro junior kwikpen</i> ..	49
<i>insulin lispro prot &amp; lispro</i> ....	49
INTELENCE .....	40
INTRAROSA .....	75
INVEGA HAFYERA.....	35, 36
INVEGA SUSTENNA.....	36
INVEGA TRINZA .....	36
IPOL .....	85
<i>ipratropium bromide</i> .....	93
<i>ipratropium-albuterol</i> .....	96
<i>irbesartan</i> .....	51
<i>irbesartan-hydrochlorothiazide</i>	
.....	56
ISENTRESS .....	39, 40
ISENTRESS HD .....	39
ISIBLOOM.....	75
ISOLYTE-P IN D5W .....	68
ISOLYTE-S PH 7.4.....	66
<i>isoniazid</i> .....	23
<i>isosorbide dinitrate</i> .....	59
<i>isosorbide mononitrate</i> .....	59

<i>isosorbide mononitrate er</i> .....	59
<i>isotretinoin</i> .....	62
<i>isradipine</i> .....	53
<i>itraconazole</i> .....	21
<i>ivermectin</i> .....	32
IWILFIN.....	25
IXIARO .....	86
<b>J</b>	
JAKAFI .....	28
JANTOVEN .....	50
JANUMET .....	45
JANUMET XR.....	45
JANUVIA.....	45
JARDIANCE.....	45
JASMIEL.....	75
JAYPIRCA.....	28
JENTADUETO .....	45
JENTADUETO XR.....	45
JINTELI.....	75
JOENJA .....	81
JULUCA.....	41
JYNNEOS .....	86
<b>K</b>	
KALYDECO .....	95
<i>kcl in dextrose-nacl</i> .....	66
<i>kcl-lactated ringers-d5w</i> .....	66
KERENDIA.....	57
<i>ketoconazole</i> .....	21
<i>ketoprofen</i> .....	1
<i>ketorolac tromethamine</i> .....	1, 90
KINERET .....	84
KINRIX .....	86
KISQALI (200 MG DOSE)....	28
KISQALI (400 MG DOSE)....	29
KISQALI (600 MG DOSE)....	29
KISQALI FEMARA (200 MG	
DOSE) .....	25
KISQALI FEMARA (400 MG	
DOSE) .....	25
KISQALI FEMARA (600 MG	
DOSE) .....	25
KORLYM.....	47
KOSELUGO.....	29
KRAZATI.....	25
<b>L</b>	
<i>labetalol hcl</i> .....	53
<i>lacosamide</i> .....	15
<i>lactulose</i> .....	69
LAGEVRIO.....	43
<i>lamivudine</i> .....	39, 41

<i>lamivudine-zidovudine</i> .....	41	LEVOXYL .....	78	LYTGOBI (12 MG DAILY DOSE) .....	29
<i>lamotrigine</i> .....	12	LEXIVA .....	42	LYTGOBI (16 MG DAILY DOSE) .....	29
<i>lamotrigine er</i> .....	12	<i>lidocaine</i> .....	4	LYTGOBI (20 MG DAILY DOSE) .....	29
<i>lamotrigine starter kit-blue</i> ....	12	<i>lidocaine hcl</i> .....	4	LYZA .....	77
<i>lamotrigine starter kit-green</i> ..	12	<i>lidocaine viscous hcl</i> .....	4	<b>M</b>	
<i>lamotrigine starter kit-orange</i> ..	12	<i>lidocaine-prilocaine</i> .....	4	<i>magnesium sulfate</i> .....	66
LAMPIT .....	32	<i>linezolid</i> .....	6	<i>malathion</i> .....	65
<i>lansoprazole</i> .....	70	LINZESS .....	69	<i>maraviroc</i> .....	41
<i>lanthanum carbonate</i> .....	68	<i>liothyronine sodium</i> .....	78	MARPLAN .....	17
LANTUS .....	49	<i>lisinopril</i> .....	52	MATULANE .....	24
LANTUS SOLOSTAR .....	49	<i>lisinopril-hydrochlorothiazide</i> ..	56	MAVYRET .....	39
<i>lapatinib ditosylate</i> .....	29	<i>lithium</i> .....	45	MAYZENT .....	61
<i>latanoprost</i> .....	92	<i>lithium carbonate</i> .....	45	MAYZENT STARTER PACK .....	61
<i>leflunomide</i> .....	81	<i>lithium carbonate er</i> .....	44	<i>meclizine hcl</i> .....	19
<i>lenalidomide</i> .....	24	LOKELMA .....	67	<i>medroxyprogesterone acetate</i> ..	77
LENVIMA (10 MG DAILY DOSE) .....	29	LONSURF .....	25	<i>mefloquine hcl</i> .....	32
LENVIMA (12 MG DAILY DOSE) .....	29	<i>loperamide hcl</i> .....	69	<i>megestrol acetate</i> .....	77
LENVIMA (14 MG DAILY DOSE) .....	29	<i>lopinavir-ritonavir</i> .....	42	MEKINIST .....	29
LENVIMA (18 MG DAILY DOSE) .....	29	<i>lorazepam</i> .....	44	MEKTOVI .....	29
LENVIMA (20 MG DAILY DOSE) .....	29	LORAZEPAM INTENSOL ...	44	<i>meloxicam</i> .....	1
LENVIMA (24 MG DAILY DOSE) .....	29	LORBRENA .....	29	<i>memantine hcl</i> .....	15
LENVIMA (4 MG DAILY DOSE) .....	29	LORYNA .....	76	<i>memantine hcl er</i> .....	15
LENVIMA (8 MG DAILY DOSE) .....	29	<i>losartan potassium</i> .....	51	MENACTRA .....	86
<i>letrozole</i> .....	26	<i>losartan potassium-hctz</i> .....	56	MENEST .....	75
<i>leucovorin calcium</i> .....	25	<i>loteprednol etabonate</i> .....	90	MENQUADFI .....	86
LEUKERAN .....	24	<i>lovastatin</i> .....	58	MENVEO .....	86
LEUKINE .....	50	<i>loxapine succinate</i> .....	35	<i>meprobamate</i> .....	43
<i>leuprolide acetate</i> .....	79	<i>lubiprostone</i> .....	69	<i>mercaptopurine</i> .....	25
<i>leuprolide acetate (3 month)</i> ..	79	LUMAKRAS .....	25	<i>meropenem</i> .....	10
<i>levabuterol hcl</i> .....	94	LUMIGAN .....	92	<i>mesalamine</i> .....	87
<i>levabuterol tartrate</i> .....	94	LUPRON DEPOT (1-MONTH) .....	79	<i>mesalamine er</i> .....	87
<i>levetiracetam</i> .....	12	LUPRON DEPOT (3-MONTH) .....	79	MESNEX .....	25
<i>levetiracetam er</i> .....	12	LUPRON DEPOT (4-MONTH) .....	79	<i>metformin hcl</i> .....	46
<i>levobunolol hcl</i> .....	91	LUPRON DEPOT (6-MONTH) .....	79	<i>metformin hcl er</i> .....	45, 46
<i>levocarnitine</i> .....	68	LUPRON DEPOT-PED (1-MONTH) .....	79	<i>methadone hcl</i> .....	2
<i>levocetirizine dihydrochloride</i> ..	92	LUPRON DEPOT-PED (3-MONTH) .....	79	<i>methazolamide</i> .....	91
<i>levofloxacin</i> .....	11, 90	LUPRON DEPOT-PED (6-MONTH) .....	79	<i>methenamine hippurate</i> .....	6
<i>levofloxacin in d5w</i> .....	11	<i>lurasidone hcl</i> .....	36	<i>methimazole</i> .....	80
LEVONEST .....	76	LUTERA .....	76	<i>methotrexate sodium</i> .....	84
<i>levonorgestrel-ethinyl estrad</i> ..	76	LYBALVI .....	36	<i>methotrexate sodium (pf)</i> .....	84
LEVO-T .....	78	LYLEQ .....	77	<i>methsuximide</i> .....	13
<i>levothyroxine sodium</i> .....	78	LYNPARZA .....	25	<i>methylphenidate hcl</i> .....	60
		LYSODREN .....	24	<i>methylphenidate hcl er</i> .....	60
				<i>methylphenidate hcl er (osm)</i> ..	60
				<i>methylprednisolone</i> .....	73
				<i>metoclopramide hcl</i> .....	69

<i>metolazone</i> .....	57	NATACYN .....	90	NUPLAZID .....	36
<i>metoprolol succinate er</i> .....	53	<i>nateglinide</i> .....	46	NUTRILIPID.....	68
<i>metoprolol tartrate</i> .....	53	NAYZILAM.....	14	NYLIA 1/35.....	76
<i>metoprolol-hydrochlorothiazide</i> .....	56	<i>nebivolol hcl</i> .....	53	NYLIA 7/7/7 .....	76
<i>metronidazole</i> .....	6	<i>nefazodone hcl</i> .....	18	NYMYO.....	76
<i>metyrosine</i> .....	56	<i>neomycin sulfate</i> .....	5	<i>nystatin</i> .....	21
<i>mexiletine hcl</i> .....	52	<i>neomycin-bacitracin zn-polymyx</i> .....	90	<i>nystatin-triamcinolone</i> .....	65
<i>micafungin sodium</i> .....	21	<i>neomycin-polymyxin-dexameth</i> .....	89	<b>O</b>	
<i>miconazole 3</i> .....	21	<i>neomycin-polymyxin-gramicidin</i> .....	89	<i>octreotide acetate</i> .....	79
<i>midazolam hcl</i> .....	97	<i>neomycin-polymyxin-hc</i> ....	89, 92	ODEFSEY .....	41
<i>midazolam hcl (pf)</i> .....	97	NERLYNX.....	29	ODOMZO.....	29
<i>midodrine hcl</i> .....	51	NEUPRO .....	33	OFEV .....	95
<i>mifepristone</i> .....	47	<i>nevirapine</i> .....	40	<i>ofloxacin</i> .....	11, 90, 92
<i>miglitol</i> .....	46	<i>nevirapine er</i> .....	40	OGSIVEO.....	26
<i>miglustat</i> .....	71	<i>niacin er (antihyperlipidemic)</i>	58	OJJAARA.....	30
MILI .....	76	<i>nicardipine hcl</i> .....	54	<i>olanzapine</i> .....	36
<i>minocycline hcl</i> .....	11	NICOTROL.....	5	<i>olanzapine-fluoxetine hcl</i> .....	16
<i>minoxidil</i> .....	59	NICOTROL NS.....	5	<i>olmesartan medoxomil</i> .....	51
<i>mirtazapine</i> .....	16	<i>nifedipine er</i> .....	54	<i>olmesartan medoxomil-hctz</i> ....	56
<i>misoprostol</i> .....	70	<i>nifedipine er osmotic release</i> ..	54	<i>olmesartan-amlodipine-hctz</i> ...56	
M-M-R II.....	86	NIKKI.....	76	<i>omega-3-acid ethyl esters</i> .....	58
<i>modafinil</i> .....	97	<i>nilutamide</i> .....	24	<i>omeprazole</i> .....	70
<i>moexipril hcl</i> .....	52	NINLARO .....	25	OMNITROPE.....	74
<i>molindone hcl</i> .....	35	<i>nisoldipine er</i> .....	54	<i>ondansetron</i> .....	20
<i>mometasone furoate</i> .....	64, 93	<i>nitazoxanide</i> .....	32	<i>ondansetron hcl</i> .....	20
<i>montelukast sodium</i> .....	93	NITRO-BID.....	59	ONUREG .....	25
<i>morphine sulfate</i> .....	3	NITRO-DUR .....	59	ORENCIA .....	81
<i>morphine sulfate (concentrate)</i>	3	<i>nitrofurantoin</i> .....	7	ORENCIA CLICKJECT .....	81
<i>morphine sulfate er</i> .....	2	<i>nitrofurantoin macrocrystal</i> ....	7	ORGOVYX .....	25
MOVANTIK .....	69	<i>nitrofurantoin monohyd macro</i>	7	ORKAMBI .....	95
<i>moxifloxacin hcl</i> .....	11, 90	<i>nitroglycerin</i> .....	59	<i>orphenadrine citrate er</i> .....	96
<i>moxifloxacin hcl in nacl</i> .....	11	<i>nizatidine</i> .....	70	ORSERDU .....	24
MULTAQ.....	52	NORA-BE .....	77	<i>oseltamivir phosphate</i> .....	43
<i>multiple electro type 1 ph 5.5</i>	66	<i>norethin ace-eth estrad-fe</i> .....	76	OTEZLA.....	84
<i>mupirocin</i> .....	66	<i>norethindrone</i> .....	77	<i>oxaprozin</i> .....	2
<i>mupirocin calcium</i> .....	66	<i>norethindrone acetate</i> .....	77	<i>oxcarbazepine</i> .....	15
<i>mycophenolate mofetil</i> .....	84	<i>norethindrone-eth estradiol</i> ....	76	<i>oxybutynin chloride</i> .....	72
<i>mycophenolate sodium</i> .....	84	<i>norethindron-ethinyl estrad-fe</i>	76	<i>oxybutynin chloride er</i> .....	72
MYRBETRIQ .....	72	<i>norgestimate-eth estradiol</i> .....	76	<i>oxycodone hcl</i> .....	3, 4
<b>N</b>		NORTREL 1/35 (21).....	76	<i>oxycodone hcl er</i> .....	2
<i>na sulfate-k sulfate-mg sulf</i> ....	69	NORTREL 1/35 (28).....	76	<i>oxycodone-acetaminophen</i> .....	4
<i>nabumetone</i> .....	1	NORTREL 7/7/7 .....	76	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	46
<i>nadolol</i> .....	53	<i>nortriptyline hcl</i> .....	19	OZEMPIC (1 MG/DOSE).....	46
<i>nafcillin sodium</i> .....	9	NORVIR.....	42	OZEMPIC (2 MG/DOSE).....	46
<i>naloxone hcl</i> .....	5	NOXAFIL .....	21	<b>P</b>	
<i>naltrexone hcl</i> .....	4	NUBEQA .....	24	<i>paliperidone er</i> .....	36, 37
<i>naproxen</i> .....	2	NUEDEXTA .....	61	PANRETIN .....	65
<i>naproxen sodium</i> .....	2			<i>pantoprazole sodium</i> .....	70
<i>naratriptan hcl</i> .....	22			<i>paricalcitol</i> .....	88

<i>paroxetine hcl</i> .....	18	<i>posaconazole</i> .....	21	PURIXAN .....	25
<i>paroxetine hcl er</i> .....	18	<i>potassium chloride</i> .....	67	<i>pyrazinamide</i> .....	23
PAXLOVID (150/100).....	43	<i>potassium chloride crys er</i> ....	66	<i>pyridostigmine bromide</i> .....	23
PAXLOVID (300/100).....	43	<i>potassium chloride er</i> .....	67	<i>pyridostigmine bromide er</i> ....	23
PEDIARIX .....	86	<i>potassium chloride in nacl</i> ....	67	<i>pyrimethamine</i> .....	33
PEDVAX HIB.....	86	<i>potassium citrate er</i> .....	67	<b>Q</b>	
<i>peg 3350-kcl-na bicarb-nacl</i> ..	69	<i>potassium cl in dextrose 5%</i> ...67		QINLOCK .....	30
<i>peg-3350/electrolytes</i> .....	69	<i>pramipexole dihydrochloride</i> .33		QUADRACEL .....	86
PEGASYS .....	82	<i>pravastatin sodium</i> .....	58	<i>quetiapine fumarate</i> .....	37
PEMAZYRE .....	30	<i>prazosin hcl</i> .....	51	<i>quetiapine fumarate er</i> .....	37
PENBRAYA .....	86	<i>prednisolone</i> .....	73	<i>quinapril hcl</i> .....	52
<i>penicillamine</i> .....	72	<i>prednisolone acetate</i> .....	90	<i>quinidine sulfate</i> .....	52
<i>penicillin g potassium</i> .....	9	<i>prednisolone sodium phosphate</i> .....	73, 90	<i>quinine sulfate</i> .....	33
<i>penicillin g sodium</i> .....	9	<i>prednisone</i> .....	73	<b>R</b>	
<i>penicillin v potassium</i> .....	9	PREDNISON INTENSOL...73		RABAVERT.....	86
PENTACEL .....	86	<i>preferred plus insulin syringe</i> .49		<i>raloxifene hcl</i> .....	88
<i>pentamidine isethionate</i> ....	32, 33	<i>pregabalin</i> .....	61	<i>ramelteon</i> .....	97
<i>pentoxifylline er</i> .....	56	PREHEVBRIO.....	86	<i>ramipril</i> .....	52
<i>perindopril erbumine</i> .....	52	PREMARIN .....	75	<i>ranolazine er</i> .....	56
PERIOGARD .....	62	<i>prenatal</i> .....	68	<i>rasagiline mesylate</i> .....	34
<i>permethrin</i> .....	65	PREVALITE .....	58	RAVICTI.....	71
<i>perphenazine</i> .....	35	PREVYMIS.....	38	RECLIPSEN.....	76
<i>perphenazine-amitriptyline</i> ....	16	PREZCOBIX.....	42	RECOMBIVAX HB.....	86
PERSERIS.....	37	PREZISTA .....	42	RECTIV.....	59
<i>phenelzine sulfate</i> .....	17	PRIFTIN .....	23	REGANEX .....	65
<i>phenobarbital</i> .....	12, 13	<i>primaquine phosphate</i> .....	33	RELENZA DISKHALER .....	43
<i>phenytoin</i> .....	15	<i>primidone</i> .....	13	RELI-ON INSULIN SYRINGE .....	49
<i>phenytoin sodium extended</i> ....	15	PRIORIX.....	86	<i>repaglinide</i> .....	46
PIFELTRO .....	40	PROAIR RESPICLICK .....	94	REPATHA.....	58
<i>pilocarpine hcl</i> .....	62, 91	<i>probenecid</i> .....	22	REPATHA PUSHTRONEX SYSTEM .....	58
<i>pimecrolimus</i> .....	64	<i>prochlorperazine</i> .....	19	REPATHA SURECLICK .....	58
<i>pimozide</i> .....	35	<i>prochlorperazine maleate</i> .....	19	RETACRIT.....	50
<i>pindolol</i> .....	53	PROCTO-MED HC .....	64	RETEVMO.....	30
<i>pioglitazone hcl</i> .....	46	PROCTOSOL HC .....	64	REVLIMID.....	24
<i>pioglitazone hcl-glimepiride</i> ..	46	PROCTOZONE-HC.....	64	REXULTI.....	37
<i>pioglitazone hcl-metformin hcl</i> .....	46	<i>progesterone</i> .....	77	REYATAZ .....	43
<i>piperacillin sod-tazobactam so</i> 9		PROGRAF.....	84	REZLIDHIA.....	30
PIQRAY (200 MG DAILY DOSE) .....	30	PROLASTIN-C .....	71	REZUROCK.....	84
PIQRAY (250 MG DAILY DOSE) .....	30	PROLIA.....	88	RHOPRESSA .....	91
PIQRAY (300 MG DAILY DOSE) .....	30	<i>promethazine hcl</i> .....	19	<i>ribavirin</i> .....	39
<i>pirfenidone</i> .....	96	PROMETHEGAN.....	19	<i>rifabutin</i> .....	23
<i>piroxicam</i> .....	2	<i>propafenone hcl</i> .....	52	<i>rifampin</i> .....	23
PLASMA-LYTE A .....	66	<i>propranolol hcl</i> .....	22, 53	<i>riluzole</i> .....	61
<i>podofilox</i> .....	65	<i>propranolol hcl er</i> .....	22, 53	<i>rimantadine hcl</i> .....	43
<i>polymyxin b-trimethoprim</i> .....	89	<i>propylthiouracil</i> .....	80	RINVOQ.....	81
POMALYST .....	24	PROQUAD.....	86	<i>risedronate sodium</i> .....	88, 89
		<i>protriptyline hcl</i> .....	19	RISPERDAL CONSTA .....	37
		PULMOZYME.....	95	<i>risperidone</i> .....	37

<i>ritonavir</i> .....	43	<i>sodium polystyrene sulfonate</i> .	67	TAGRISSE.....	31
<i>rivastigmine</i> .....	16	<i>sofosbuvir-velpatasvir</i> .....	39	TALZENNA.....	31
<i>rivastigmine tartrate</i> .....	16	SOHONOS .....	71	<i>tamoxifen citrate</i> .....	24
RIVFLOZA .....	72, 73	SOLQUA .....	49	<i>tamsulosin hcl</i> .....	72
<i>rizatriptan benzoate</i> .....	22, 23	SOLTAMOX.....	24	TASIGNA.....	31
ROCKLATAN .....	91	SOMAVERT.....	79	<i>tazarotene</i> .....	62
<i>roflumilast</i> .....	95	<i>sorafenib tosylate</i> .....	30	TAZORAC .....	62
<i>ropinirole hcl</i> .....	33	<i>sotalol hcl</i> .....	52, 53	TAZTIA XT .....	54
<i>ropinirole hcl er</i> .....	33	<i>sotalol hcl (af)</i> .....	52	TAZVERIK .....	31
<i>rosuvastatin calcium</i> .....	58	SPIRIVA RESPIMAT.....	94	TDVAX .....	87
ROTARIX .....	86	<i>spironolactone</i> .....	57	TEFLARO .....	8
ROTATEQ.....	87	<i>spironolactone-hctz</i> .....	56	<i>telmisartan</i> .....	51
ROZLYTREK .....	30	SPRINTEC 28 .....	76	<i>telmisartan-amlodipine</i> .....	56
RUBRACA.....	30	SPRITAM.....	13	<i>telmisartan-hctz</i> .....	56
<i>rufinamide</i> .....	15	SPRYCEL .....	30	<i>temazepam</i> .....	97
RUKOBIA.....	41	SPS .....	67	TENIVAC.....	87
RYBELSUS .....	46	SRONYX.....	76	<i>tenofovir disoproxil fumarate</i> .	41
RYDAPT .....	30	SSD.....	65	TEPMETKO.....	31
RYTARY .....	34	STELARA.....	81	<i>terazosin hcl</i> .....	51
<b>S</b>		STIOLTO RESPIMAT.....	96	<i>terbinafine hcl</i> .....	21
SANDIMMUNE .....	84	STIVARGA.....	30	<i>terbutaline sulfate</i> .....	94
SANTYL .....	65	<i>streptomycin sulfate</i> .....	5	<i>terconazole</i> .....	21
<i>sapropterin dihydrochloride</i> ..	71	STRIBILD .....	40	<i>teriparatide (recombinant)</i> .....	89
SAVELLA.....	61	<i>sucralfate</i> .....	70	<i>testosterone</i> .....	74
SAVELLA TITRATION PACK		<i>sulfacetamide sodium</i> .....	90	<i>testosterone cypionate</i> .....	74
.....	61	<i>sulfacetamide sodium (acne)</i> ..	11	<i>testosterone enanthate</i> .....	74
SCSEMBLIX.....	30	<i>sulfacetamide-prednisolone</i> ....	89	<i>tetrabenazine</i> .....	61
<i>scopolamine</i> .....	19	<i>sulfadiazine</i> .....	11	<i>tetracycline hcl</i> .....	11
SECUADO.....	37	<i>sulfamethoxazole-trimethoprim</i>		THALOMID.....	24
<i>selegiline hcl</i> .....	34	.....	11	<i>theophylline</i> .....	95
<i>selenium sulfide</i> .....	64	<i>sulfasalazine</i> .....	87	<i>theophylline er</i> .....	95
SELZENTRY .....	41, 42	<i>sulindac</i> .....	2	<i>thioridazine hcl</i> .....	35
SEREVENT DISKUS .....	94	<i>sumatriptan succinate</i> .....	23	<i>thiothixene</i> .....	35
<i>sertraline hcl</i> .....	18	<i>sunitinib malate</i> .....	30	TIADYLT ER.....	54
<i>sevelamer carbonate</i> .....	68	SUNLENCA.....	42	<i>tiagabine hcl</i> .....	14
SHAROBEL.....	77	SUTAB.....	70	TIBSOVO.....	31
SHINGRIX.....	87	SYMLINPEN 120.....	46	TICOVAC .....	87
SIGNIFOR .....	79	SYMLINPEN 60 .....	46	<i>tigecycline</i> .....	7
<i>sildenafil citrate</i> .....	95	SYMPAZAN .....	14	TILIA FE.....	76
<i>silodosin</i> .....	72	SYMTUZA.....	40	<i>timolol maleate</i> .....	53, 91
<i>silver sulfadiazine</i> .....	65	SYNAREL.....	79	<i>tinidazole</i> .....	7
SIMBRINZA .....	91	SYNJARDY .....	46	<i>tiotropium bromide</i>	
<i>simvastatin</i> .....	58	SYNJARDY XR.....	46	.....	94
<i>sirolimus</i> .....	84	SYNTHROID .....	78	TIVICAY.....	40
SIRTURO.....	23	<b>T</b>		TIVICAY PD.....	40
SKYRIZI .....	81	TABLOID .....	25	<i>tizanidine hcl</i> .....	38
SKYRIZI PEN.....	81	TABRECTA.....	30	TOBI PODHALER .....	95
<i>sodium chloride</i> .....	67	<i>tacrolimus</i> .....	64, 84	<i>tobramycin</i> .....	90, 95
<i>sodium fluoride</i> .....	67	<i>tadalafil</i> .....	72	<i>tobramycin sulfate</i> .....	6
<i>sodium oxybate</i> .....	97	TAFINLAR .....	31	<i>tobramycin-dexamethasone</i> ....	89



<i>tolterodine tartrate</i> .....	72	TRUMENBA.....	87	VIRACEPT.....	43
<i>tolterodine tartrate er</i> .....	72	TRUQAP .....	31	VIREAD.....	41
<i>topiramate</i> .....	22	TUKYSA.....	31	VITRAKVI.....	31
<i>topiramate er</i> .....	22	TURALIO .....	31	VIZIMPRO.....	31
<i>toremifene citrate</i> .....	24	TWINRIX.....	87	VONJO.....	31
<i>toremide</i> .....	57	TYBOST .....	42	<i>voriconazole</i> .....	21
TOUJEO MAX SOLOSTAR.....	49	TYMLOS.....	89	VOSEVI .....	39
TOUJEO SOLOSTAR.....	49	TYPHIM VI .....	87	VOTRIENT .....	31
TPN ELECTROLYTES.....	68	<b>U</b>		VRAYLAR.....	37
TRADJENTA.....	47	UBRELVY .....	22	VYFEMLA.....	77
<i>tramadol hcl</i> .....	4	UNITHROID.....	78	<b>W</b>	
<i>tramadol hcl (er biphasic)</i> .....	2	<i>ursodiol</i> .....	70	<i>warfarin sodium</i> .....	50
<i>tramadol hcl er</i> .....	2	<b>V</b>		WELIREG .....	25
<i>tramadol-acetaminophen</i> .....	4	<i>valacyclovir hcl</i> .....	39	WIXELA INHUB.....	96
<i>trandolapril</i> .....	52	VALCHLOR .....	24	<b>X</b>	
<i>trandolapril-verapamil hcl er</i> .....	56	<i>valganciclovir hcl</i> .....	38	XALKORI .....	31, 32
<i>tranexamic acid</i> .....	50	<i>valproic acid</i> .....	13	XARELTO .....	50
<i>tranylcypromine sulfate</i> .....	17	<i>valsartan</i> .....	52	XARELTO STARTER PACK	
TRAVASOL.....	68	<i>valsartan-hydrochlorothiazide</i>		.....	50
<i>travoprost (bak free)</i> .....	92	.....	57	XATMEP.....	26
<i>trazodone hcl</i> .....	18	VALTOCO 10 MG DOSE.....	14	XCOPRI .....	13
TRECTOR.....	23	VALTOCO 15 MG DOSE.....	14	XCOPRI (250 MG DAILY	
TRELEGY ELLIPTA .....	96	VALTOCO 20 MG DOSE.....	14	DOSE) .....	13
TRELSTAR MIXJECT.....	79	VALTOCO 5 MG DOSE.....	14	XCOPRI (350 MG DAILY	
<i>tretinoin</i> .....	32, 62	<i>vancomycin hcl</i> .....	7	DOSE) .....	13
<i>triamcinolone acetonide</i> ... ..	62, 64	VANDAZOLE .....	7	XDEMVY.....	90
<i>triamterene-hctz</i> .....	56	VANFLYTA .....	31	XELJANZ.....	81
<i>trientine hcl</i> .....	67	VAQTA .....	87	XELJANZ XR .....	81
TRI-ESTARYLLA.....	76	<i>varenicline tartrate</i> .....	5	XERMELO.....	69
<i>trifluoperazine hcl</i> .....	35	<i>varenicline tartrate (starter)</i> ...	5	XGEVA .....	89
<i>trifluridine</i> .....	39	VARIVAX.....	87	XIFAXAN .....	7
<i>trihexyphenidyl hcl</i> .....	33	VASCEPA.....	59	XIGDUO XR.....	47
TRIJARDY XR.....	47	VEMLIDY.....	39	XIIDRA .....	90
TRIKAFTA .....	95	VENCLEXTA.....	31	XOFLUZA (40 MG DOSE)...	43
TRI-LEGEST FE.....	76	VENCLEXTA STARTING		XOFLUZA (80 MG DOSE)...	43
<i>trimethobenzamide hcl</i> .....	19	PACK .....	31	XOLAIR.....	81, 82
<i>trimethoprim</i> .....	7	<i>venlafaxine besylate er</i> .....	18	XOSPATA.....	32
TRI-MILI .....	77	<i>venlafaxine hcl</i> .....	18	XPOVIO (100 MG ONCE	
<i>trimipramine maleate</i> .....	19	<i>venlafaxine hcl er</i> .....	18	WEEKLY).....	26
TRINTELLIX.....	18	<i>verapamil hcl</i> .....	54	XPOVIO (40 MG ONCE	
TRI-NYMYO .....	77	<i>verapamil hcl er</i> .....	54	WEEKLY).....	26
TRI-SPRINTEC .....	77	VERQUVO .....	57	XPOVIO (40 MG TWICE	
TRIUMEQ.....	42	VERSACLOZ .....	38	WEEKLY).....	26
TRIUMEQ PD.....	42	VERZENIO .....	31	XPOVIO (60 MG ONCE	
TRIVORA (28) .....	77	VESTURA.....	77	WEEKLY).....	26
TRIZIVIR.....	41	<i>vigabatrin</i> .....	14	XPOVIO (60 MG TWICE	
TROPHAMINE.....	68	VIGADRONE .....	14	WEEKLY).....	26
<i>tropium chloride</i> .....	72	VIGPODER.....	14	XPOVIO (80 MG ONCE	
<i>tropium chloride er</i> .....	72	VIJOICE.....	71	WEEKLY).....	26
TRULICITY.....	47	<i>vilazodone hcl</i> .....	18		

XPOVIO (80 MG TWICE WEEKLY).....	26	ZEJULA .....	32	ZOKINVY .....	71
XTANDI.....	24	ZELBORAF .....	32	ZOLINZA.....	26
<b>Y</b>		ZEMDRI.....	6	<i>zolpidem tartrate</i> .....	97
YF-VAX.....	87	ZENATANE.....	62	ZONISADE .....	13
YONSA .....	24	ZENPEP .....	71	<i>zonisamide</i> .....	13
YUVAFEM .....	75	<i>zidovudine</i> .....	41	ZOVIA 1/35 (28).....	77
<b>Z</b>		ZIEXTENZO.....	51	ZTALMY .....	13
<i>zafirlukast</i> .....	93	ZILBRYSQ .....	82	ZURZUVAE.....	16
<i>zaleplon</i> .....	97	ZIMHI .....	5	ZYDELIG.....	32
ZARXIO.....	51	<i>ziprasidone hcl</i> .....	37	ZYKADIA .....	32
		<i>ziprasidone mesylate</i> .....	38		

MCS Classicare is an HMO plan subscribed by MCS Advantage, Inc.

This formulary was updated on 04/18/2024. For more recent information or other questions, please contact MCS Classicare Customer Service Call Center at 1-866-627-8183 (Toll free) (TTY users should call 1-866-627-8182), from Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31 and 8:00 a.m. to 8:00 Monday through Friday and Saturday from 8:00 a.m. to 4:30 p.m. from April 1 to September 30 or visit [www.mcsclassicare.com](http://www.mcsclassicare.com).

# Complete Health

# **MCS** Classicare

(HMO)



**1.866.627.8183**  
(Toll Free)



**1.866.627.8182**  
TTY (Hearing Impaired)



Monday through Sunday from 8:00 a.m. to 8:00 p.m. from October 1 to March 31.  
Our hours of operation from April 1 to September 30 are Monday through Friday  
8:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 4:30 p.m.