

## 2024 Annual Pharmacy Changes

If you have any questions about the information here, please contact the number on the back of our ID card.

\*2024 Formulary Changes as of 10/1/23.

### Additions MAPD

Drug	Tier	Requirements/Limits
ARNUITY ELPT INH 100MCG	Tier 3	
ARNUITY ELPT INH 200MCG	Tier 3	
ARNUITY ELPT INH 50MCG	Tier 3	
BREO ELLIPTA INH 100-25	Tier 3	
BREO ELLIPTA INH 200-25	Tier 3	
BRONCHITOL CAP 40MG	Tier 5	QL(560 EA per 28 days); PA
ELURYNG MIS	Tier 2	
ENDARI POW 5GM	Tier 5	
ETONOGESTREL MIS ETHY EST	Tier 2	
FARXIGA TAB 10MG	Tier 3	
FARXIGA TAB 5MG	Tier 3	
GLYXAMBI TAB 10-5 MG	Tier 3	
GLYXAMBI TAB 25-5 MG	Tier 3	
HALOETTE MIS	Tier 2	
MOUNJARO INJ 10MG/0.5	Tier 3	PA
MOUNJARO INJ 12.5/0.5	Tier 3	PA
MOUNJARO INJ 15MG/0.5	Tier 3	PA
MOUNJARO INJ 2.5/0.5	Tier 3	PA
MOUNJARO INJ 5MG/0.5	Tier 3	PA
MOUNJARO INJ 7.5/0.5	Tier 3	PA
TADALAFIL TAB 2.5MG	Tier 2	QL(30 EA per 30 days); PA
TRIJARDY XR TAB	Tier 3	QL(30 EA per 30 days); PA
VERQUVO TAB 10MG	Tier 3	QL(30 EA per 30 days); PA
VERQUVO TAB 2.5MG	Tier 3	QL(30 EA per 30 days); PA
VERQUVO TAB 5MG	Tier 3	QL(30 EA per 30 days); PA

### Deletions MAPD

Drug
AMITIZA CAP 24MCG
AMITIZA CAP 8MCG
ASMANEX 120 AER 220MCG
ASMANEX 14 AER 220MCG
ASMANEX 30 AER 110MCG
ASMANEX 30 AER 220MCG
ASMANEX 60 AER 220MCG
ASMANEX 7 AER 110MCG
ASMANEX HFA AER 100 MCG
ASMANEX HFA AER 200 MCG
ASMANEX HFA AER 50MCG

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Drug	
AUBAGIO	TAB 14MG
BIDIL	TAB
BROVANA	NEB 15MCG
BUPROPN HCL	TAB 450MG XL
BYDUREON BC	INJ 2/0.85ML
CELONTIN	CAP 300MG
CITALOPRAM	CAP 30MG
COMBIGAN	SOL 0.2/0.5%
DALIRESP	TAB 250MCG
DALIRESP	TAB 500MCG
DEXILANT	CAP 30MG DR
DEXILANT	CAP 60MG DR
E.E.S. 400	TAB 400MG
ESBRIET	CAP 267MG
ESBRIET	TAB 267MG
ESBRIET	TAB 801MG
FORFIVO XL	TAB 450MG
GILENYA	CAP 0.5MG
HETLIOZ	CAP 20MG
HYPERRAB	INJ 1500UNIT
HYPERRAB	INJ 300UNIT
HYPERRAB	INJ 900UNIT
INVOKAMET	TAB 150-1000
INVOKAMET	TAB 150-500
INVOKAMET	TAB 50-1000
INVOKAMET	TAB 50-500MG
INVOKAMET XR	TAB 150-1000
INVOKAMET XR	TAB 150-500
INVOKAMET XR	TAB 50-1000
INVOKAMET XR	TAB 50-500MG
INVOKANA	TAB 100MG
INVOKANA	TAB 300MG
IRESSA	TAB 250MG
KALETRA	TAB 200-50MG
KEVEYIS	TAB 50MG
LATUDA	TAB 120MG
LATUDA	TAB 20MG
LATUDA	TAB 40MG
LATUDA	TAB 60MG
MENEST	TAB 2.5MG
NAFTIN	GEL 2%
NEXAVAR	TAB 200MG
ORFADIN	CAP 20MG

Drug	
OSENI	TAB 12.5-15
OSENI	TAB 12.5-45
PRADAXA	CAP 150MG
PRADAXA	CAP 75MG
PREZISTA	TAB 600MG
PREZISTA	TAB 800MG
PULMICORT	INH 180MCG
PULMICORT	INH 90MCG
RELEXXII	TAB 72MG
SAMSCA	TAB 15MG
SERTRALINE	CAP 150MG
SERTRALINE	CAP 200MG
SKYRIZI	INJ 150DOSE
SYMBICORT	AER 160-4.5
SYMBICORT	AER 80-4.5
TARGRETIN	GEL 1%
TAZORAC	GEL 0.05%
TAZORAC	GEL 0.1%
TOVIAZ	TAB 4MG
TOVIAZ	TAB 8MG
UCERIS	AER 2MG/ACT
VANDAZOLE	GEL 0.75%
VICTOZA	INJ 18MG/3ML
VIIBRYD	TAB 10MG
VIIBRYD	TAB 20MG
VIIBRYD	TAB 40MG
VIMPAT	SOL 10MG/ML
VIMPAT	TAB 100MG
VIMPAT	TAB 150MG
VIMPAT	TAB 200MG
VIMPAT	TAB 50MG
ZIOPTAN	DRO 0.0015%

## Changes MAPD

Drug	Tier	Requirements/Limits
ABIRATERONE TAB 250MG	TIER 4	
ACCUTANE CAP 10MG	TIER 4	
ACCUTANE CAP 20MG	TIER 4	
ACCUTANE CAP 30MG	TIER 4	
ACCUTANE CAP 40MG	TIER 4	
ALOSETRON TAB 0.5MG	TIER 4	
ALYQ TAB 20MG	TIER 4	PA
AMNESTEEM CAP 10MG	TIER 4	
AMNESTEEM CAP 20MG	TIER 4	
AMNESTEEM CAP 40MG	TIER 4	
ASTAGRAF XL CAP 5MG	TIER 4	B/D
AUVELITY TAB 45-105MG	TIER 4	QL(60 EA per 30 days); ST NSO
BACLOFEN INJ 10/20ML	TIER 4	B/D
BACLOFEN INJ 10MG/20	TIER 4	B/D
BARACLUDE SOL	TIER 4	
CINACALCET TAB 90MG	TIER 4	
CLARAVIS CAP 10MG	TIER 4	
CLARAVIS CAP 20MG	TIER 4	
CLARAVIS CAP 30MG	TIER 4	
CLARAVIS CAP 40MG	TIER 4	
CLOZAPINE TAB 200/ODT	TIER 5	
COLISTIMETH INJ 150MG	TIER 5	
CROMOLYN SOD NEB 20MG/2ML	TIER 5	B/D
CYCLOPHOSPH INJ 1GM/5ML	TIER 4	
DEFERASIROX TAB 125MG	TIER 4	PA
DIHYDROERGOT SPR 4MG/ML	TIER 4	QL(8 ML per 23 days)
DIMETHYL FUM CAP 120MG DR	TIER 4	QL(60 EA per 30 days)
DIMETHYL FUM CAP 240MG DR	TIER 4	QL(60 EA per 30 days)
DOXERCALCIF CAP 0.5MCG	TIER 4	PA
EFAVIR/EMTRI TAB TENOFOVI	TIER 4	
EMTR/TEN DF TAB 100-150	TIER 4	
EMTR/TENOFOV TAB 200-300	TIER 4	
ERAXIS INJ 50MG	TIER 5	
ERLOTINIB TAB 100MG	TIER 4	PA NSO
ERLOTINIB TAB 25MG	TIER 4	PA NSO
ERYTHROMYCIN INJ 500MG	TIER 5	
ESOMEPRA MAG CAP 20MG DR	TIER 2	
ESOMEPRA MAG CAP 40MG DR	TIER 2	
FANAPT TAB 1MG	TIER 5	ST NSO
FANAPT TAB 2MG	TIER 5	ST NSO
FRAGMIN INJ 5000/0.2	TIER 5	
FYCOMPA TAB 8MG	TIER 5	

Drug	Tier	Requirements/Limits
GLEOSTINE CAP 100MG	TIER 5	
IMATINIB MES TAB 100MG	TIER 2	PA NSO
IMATINIB MES TAB 400MG	TIER 4	PA NSO
ISOSORB DIN TAB 40MG	TIER 4	
ISOTRETINOIN CAP 10MG	TIER 4	
ISOTRETINOIN CAP 20MG	TIER 4	
ISOTRETINOIN CAP 25MG	TIER 5	
ISOTRETINOIN CAP 30MG	TIER 4	
ISOTRETINOIN CAP 35MG	TIER 5	
ISOTRETINOIN CAP 40MG	TIER 4	
LANSOPRAZOLE CAP 15MG DR	TIER 2	
LANSOPRAZOLE CAP 30MG DR	TIER 2	
LIORESAL INT INJ 10/20ML	TIER 4	B/D
LIORESAL INT INJ 10MG/20	TIER 4	B/D
LONHALA MAGN SOL 25MCG	TIER 5	
LUCEMYRA TAB 0.18MG	TIER 5	
MEROP/NACL INJ 1GM/50ML	TIER 4	
MEROP/NACL INJ 500/50ML	TIER 4	
MYORISAN CAP 10MG	TIER 4	
MYORISAN CAP 20MG	TIER 4	
MYORISAN CAP 30MG	TIER 4	
MYORISAN CAP 40MG	TIER 4	
NUCYNTA ER TAB 200MG	TIER 5	
NUCYNTA ER TAB 250MG	TIER 5	
NUEDEXTA CAP 20-10MG	TIER 5	PA
NURTEC TAB 75MG ODT	TIER 4	QL(18 EA per 30 days); PA
OMEPRAZOLE CAP 10MG	TIER 2	
OMEPRAZOLE CAP 40MG	TIER 2	
OXANDROLONE TAB 10MG	TIER 4	QL(60 EA per 30 days); PA
OXANDROLONE TAB 2.5MG	TIER 4	QL(240 EA per 30 days); PA
OXTELLAR XR TAB 600MG	TIER 5	
OXYCONTIN TAB 80MG ER	TIER 5	QL(60 EA per 30 days)
OZEMPIC INJ 2/1.5ML	TIER 3	PA
OZEMPIC INJ 2MG/3ML	TIER 3	PA
OZEMPIC INJ 4MG/3ML	TIER 3	PA
OZEMPIC INJ 8MG/3ML	TIER 3	PA
PANCREAZE CAP 21000UNT	TIER 5	
PANTOPRAZOLE INJ SOD 40MG	TIER 2	
PANTOPRAZOLE TAB 20MG	TIER 2	
PANTOPRAZOLE TAB 20MG DR	TIER 2	
PANTOPRAZOLE TAB 40MG	TIER 2	
PANTOPRAZOLE TAB 40MG DR	TIER 2	
PEMETREXED INJ 100MG	TIER 4	PA NSO

Drug	Tier	Requirements/Limits
PRALUENT INJ 150MG/ML	TIER 3	QL(2 ML per 28 days)
PRALUENT INJ 75MG/ML	TIER 3	QL(2 ML per 28 days)
PROCRIT INJ 10000/ML	TIER 5	PA
PROLASTIN-C INJ 1000MG	TIER 5	PA
PYRIDOSTIGMI SOL 60MG/5ML	TIER 4	
QUETIAPINE TAB 150MG	TIER 1	
RABEPRAZOLE TAB 20MG	TIER 2	
REPATHA INJ 140MG/ML	TIER 3	QL(3 ML per 28 days)
REPATHA PUSH INJ 420/3.5	TIER 3	QL(3.5 ML per 28 days)
REPATHA SURE INJ 140MG/ML	TIER 3	QL(3 ML per 28 days)
RISPERDAL INJ 25MG	TIER 5	ST NSO
RYBELSUS TAB 14MG	TIER 3	PA
RYBELSUS TAB 3MG	TIER 3	PA
RYBELSUS TAB 7MG	TIER 3	PA
SECUADO DIS 3.8MG	TIER 5	ST NSO
SECUADO DIS 5.7MG	TIER 5	ST NSO
SECUADO DIS 7.6MG	TIER 5	ST NSO
SEVELAMER POW 0.8GM	TIER 4	
SEVELAMER POW 2.4GM	TIER 4	
SIKLOS TAB 1000MG	TIER 5	
SILDENAFIL SUS 10MG/ML	TIER 4	PA
SIROLIMUS SOL 1MG/ML	TIER 4	B/D
SYMLINPEN 60 INJ 1000MCG	TIER 5	PA
SYMLNPEN 120 INJ 1000MCG	TIER 5	PA
TADALAFIL TAB 5MG	TIER 2	QL(30 EA per 30 days); PA
TETRABENAZIN TAB 12.5MG	TIER 4	PA
TETRABENAZIN TAB 25MG	TIER 4	PA
TOLVAPTAN TAB 15MG	TIER 5	QL(30 EA per 30 days); PA
TOLVAPTAN TAB 30MG	TIER 5	QL(60 EA per 30 days); PA
TRELSTAR MIX INJ 22.5MG	TIER 4	PA NSO
TRELSTAR MIX INJ 3.75MG	TIER 4	PA NSO
TRULICITY INJ 0.75/0.5	TIER 3	PA
TRULICITY INJ 1.5/0.5	TIER 3	PA
TRULICITY INJ 3/0.5	TIER 3	PA
TRULICITY INJ 4.5/0.5	TIER 3	PA
XARELTO SUS 1MG/ML	TIER 5	
XCOPRI PAK 100-150	TIER 5	
XEOMIN INJ 200UNIT	TIER 4	PA
XIFAXAN TAB 200MG	TIER 4	PA
ZENATANE CAP 10MG	TIER 4	
ZENATANE CAP 20MG	TIER 4	
ZENATANE CAP 30MG	TIER 4	
ZENATANE CAP 40MG	TIER 4	

## Additions PDP

Drug	Tier	Requirements/Limits
ARNUITY ELPT INH 100MCG	Tier 3	
ARNUITY ELPT INH 200MCG	Tier 3	
ARNUITY ELPT INH 50MCG	Tier 3	
BREO ELLIPTA INH 100-25	Tier 3	
BREO ELLIPTA INH 200-25	Tier 3	
BRONCHITOL CAP 40MG	Tier 5	QL(560 EA per 28 days); PA
ELURYNG MIS	Tier 2	
ENDARI POW 5GM	Tier 5	
ETONOGESTREL MIS ETHY EST	Tier 2	
FARXIGA TAB 10MG	Tier 3	
FARXIGA TAB 5MG	Tier 3	
GLYXAMBI TAB 10-5 MG	Tier 3	
GLYXAMBI TAB 25-5 MG	Tier 3	
HALOETTE MIS	Tier 2	
MOUNJARO INJ 10MG/0.5	Tier 3	PA
MOUNJARO INJ 12.5/0.5	Tier 3	PA
MOUNJARO INJ 15MG/0.5	Tier 3	PA
MOUNJARO INJ 2.5/0.5	Tier 3	PA
MOUNJARO INJ 5MG/0.5	Tier 3	PA
MOUNJARO INJ 7.5/0.5	Tier 3	PA
TADALAFIL TAB 2.5MG	Tier 2	QL(30 EA per 30 days); PA
TRIJARDY XR TAB	Tier 3	QL(30 EA per 30 days); PA
VERQUVO TAB 10MG	Tier 3	QL(30 EA per 30 days); PA
VERQUVO TAB 2.5MG	Tier 3	QL(30 EA per 30 days); PA
VERQUVO TAB 5MG	Tier 3	QL(30 EA per 30 days); PA

## Deletions PDP

Drug
AMITIZA CAP 24MCG
AMITIZA CAP 8MCG
ASMANEX 120 AER 220MCG
ASMANEX 14 AER 220MCG
ASMANEX 30 AER 110MCG
ASMANEX 30 AER 220MCG
ASMANEX 60 AER 220MCG
ASMANEX 7 AER 110MCG
ASMANEX HFA AER 100 MCG
ASMANEX HFA AER 200 MCG
ASMANEX HFA AER 50MCG
AUBAGIO TAB 14MG
BIDIL TAB
BROVANA NEB 15MCG

Drug
BUPROPN HCL TAB 450MG XL
BYDUREON BC INJ 2/0.85ML
CELONTIN CAP 300MG
CITALOPRAM CAP 30MG
COMBIGAN SOL 0.2/0.5%
DALIRESP TAB 250MCG
DALIRESP TAB 500MCG
DEXILANT CAP 30MG DR
DEXILANT CAP 60MG DR
E.E.S. 400 TAB 400MG
ESBRIET CAP 267MG
ESBRIET TAB 267MG
ESBRIET TAB 801MG
FORFIVO XL TAB 450MG
GILENYA CAP 0.5MG
HETLIOZ CAP 20MG
HYPERRAB INJ 1500UNIT
HYPERRAB INJ 300UNIT
HYPERRAB INJ 900UNIT
INVOKAMET TAB 150-1000
INVOKAMET TAB 150-500
INVOKAMET TAB 50-1000
INVOKAMET TAB 50-500MG
INVOKAMET XR TAB 150-1000
INVOKAMET XR TAB 150-500
INVOKAMET XR TAB 50-1000
INVOKAMET XR TAB 50-500MG
INVOKANA TAB 100MG
INVOKANA TAB 300MG
IRESSA TAB 250MG
KALETRA TAB 200-50MG
KEVEYIS TAB 50MG
LATUDA TAB 120MG
LATUDA TAB 20MG
LATUDA TAB 40MG
LATUDA TAB 60MG
MENEST TAB 2.5MG
NAFTIN GEL 2%
NEXAVAR TAB 200MG
ORFADIN CAP 20MG
OSENI TAB 12.5-15
OSENI TAB 12.5-45
PRADAXA CAP 150MG



Drug	
PRADAXA	CAP 75MG
PREZISTA	TAB 600MG
PREZISTA	TAB 800MG
PULMICORT	INH 180MCG
PULMICORT	INH 90MCG
RELEXXII	TAB 72MG
SAMSCA	TAB 15MG
SERTRALINE	CAP 150MG
SERTRALINE	CAP 200MG
SKYRIZI	INJ 150DOSE
SYMBICORT	AER 160-4.5
SYMBICORT	AER 80-4.5
TARGRETIN	GEL 1%
TAZORAC	GEL 0.05%
TAZORAC	GEL 0.1%
TOVIAZ	TAB 4MG
TOVIAZ	TAB 8MG
UCERIS	AER 2MG/ACT
VANDAZOLE	GEL 0.75%
VICTOZA	INJ 18MG/3ML
VIIBRYD	TAB 10MG
VIIBRYD	TAB 20MG
VIIBRYD	TAB 40MG
VIMPAT	SOL 10MG/ML
VIMPAT	TAB 100MG
VIMPAT	TAB 150MG
VIMPAT	TAB 200MG
VIMPAT	TAB 50MG
ZIOPTAN	DRO 0.0015%

## Changes PDP

Drug	Tier	Requirements/Limits
ABIRATERONE TAB 250MG	TIER 4	
AC CUTANE CAP 10MG	TIER 4	
AC CUTANE CAP 20MG	TIER 4	
AC CUTANE CAP 30MG	TIER 4	
AC CUTANE CAP 40MG	TIER 4	
AL OSE TRON TAB 0.5MG	TIER 4	
AL YQ TAB 20MG	TIER 4	PA
AM NESTEEM CAP 10MG	TIER 4	
AM NESTEEM CAP 20MG	TIER 4	
AM NESTEEM CAP 40MG	TIER 4	
AS TAGRAF XL CAP 5MG	TIER 4	B/D
AU VELITY TAB 45-105MG	TIER 4	QL(60 EA per 30 days); ST NSO
BAC LOFEN INJ 10/20ML	TIER 4	B/D
BAC LOFEN INJ 10MG/20	TIER 4	B/D
BAR ACLUDE SOL	TIER 4	
CIN ALCALCET TAB 90MG	TIER 4	
CL ARAVIS CAP 10MG	TIER 4	
CL ARAVIS CAP 20MG	TIER 4	
CL ARAVIS CAP 30MG	TIER 4	
CL ARAVIS CAP 40MG	TIER 4	
CLO ZAPINE TAB 200/ODT	TIER 5	
COL ISTIMETH INJ 150MG	TIER 5	
CROM OLYN SOD NEB 20MG/2ML	TIER 5	B/D
CYC LOPHOSPH INJ 1GM/5ML	TIER 4	
DEF ERASI ROX TAB 125MG	TIER 4	PA
DI HYDRO ERGOT SPR 4MG/ML	TIER 4	QL(8 ML per 23 days)
DIM ETHYL FUM CAP 120MG DR	TIER 4	QL(60 EA per 30 days)
DIM ETHYL FUM CAP 240MG DR	TIER 4	QL(60 EA per 30 days)
DO XER CALCIF CAP 0.5MCG	TIER 4	PA
EFA VIR/EM TRI TAB TENOFOVI	TIER 4	
EM TR/TEN DF TAB 100-150	TIER 4	
EM TR/TENOFOV TAB 200-300	TIER 4	
ER AXIS INJ 50MG	TIER 5	
ER LOTINIB TAB 100MG	TIER 4	PA NSO
ER LOTINIB TAB 25MG	TIER 4	PA NSO
ERY THROMYCIN INJ 500MG	TIER 5	
ES OMEPRA MAG CAP 20MG DR	TIER 2	
ES OMEPRA MAG CAP 40MG DR	TIER 2	
FAN APT TAB 1MG	TIER 5	ST NSO
FAN APT TAB 2MG	TIER 5	ST NSO
FR AGMIN INJ 5000/0.2	TIER 5	
FY COMPA TAB 8MG	TIER 5	

Drug	Tier	Requirements/Limits
GLEOSTINE CAP 100MG	TIER 5	
IMATINIB MES TAB 100MG	TIER 2	PA NSO
IMATINIB MES TAB 400MG	TIER 4	PA NSO
ISOSORB DIN TAB 40MG	TIER 4	
ISOTRETINOIN CAP 10MG	TIER 4	
ISOTRETINOIN CAP 20MG	TIER 4	
ISOTRETINOIN CAP 25MG	TIER 5	
ISOTRETINOIN CAP 30MG	TIER 4	
ISOTRETINOIN CAP 35MG	TIER 5	
ISOTRETINOIN CAP 40MG	TIER 4	
LANSOPRAZOLE CAP 15MG DR	TIER 2	
LANSOPRAZOLE CAP 30MG DR	TIER 2	
LIORESAL INT INJ 10/20ML	TIER 4	B/D
LIORESAL INT INJ 10MG/20	TIER 4	B/D
LONHALA MAGN SOL 25MCG	TIER 5	
LUCEMYRA TAB 0.18MG	TIER 5	
MEROP/NACL INJ 1GM/50ML	TIER 4	
MEROP/NACL INJ 500/50ML	TIER 4	
MYORISAN CAP 10MG	TIER 4	
MYORISAN CAP 20MG	TIER 4	
MYORISAN CAP 30MG	TIER 4	
MYORISAN CAP 40MG	TIER 4	
NUCYNTA ER TAB 200MG	TIER 5	
NUCYNTA ER TAB 250MG	TIER 5	
NUEDEXTA CAP 20-10MG	TIER 5	PA
NURTEC TAB 75MG ODT	TIER 4	QL(18 EA per 30 days); PA
OMEPRAZOLE CAP 10MG	TIER 2	
OMEPRAZOLE CAP 40MG	TIER 2	
OXANDROLONE TAB 10MG	TIER 4	QL(60 EA per 30 days); PA
OXANDROLONE TAB 2.5MG	TIER 4	QL(240 EA per 30 days); PA
OXTELLAR XR TAB 600MG	TIER 5	
OXYCONTIN TAB 80MG ER	TIER 5	QL(60 EA per 30 days)
OZEMPIC INJ 2/1.5ML	TIER 3	PA
OZEMPIC INJ 2MG/3ML	TIER 3	PA
OZEMPIC INJ 4MG/3ML	TIER 3	PA
OZEMPIC INJ 8MG/3ML	TIER 3	PA
PANCREAZE CAP 21000UNT	TIER 5	
PANTOPRAZOLE INJ SOD 40MG	TIER 2	
PANTOPRAZOLE TAB 20MG	TIER 2	
PANTOPRAZOLE TAB 20MG DR	TIER 2	
PANTOPRAZOLE TAB 40MG	TIER 2	
PANTOPRAZOLE TAB 40MG DR	TIER 2	
PEMETREXED INJ 100MG	TIER 4	PA NSO

Drug	Tier	Requirements/Limits
PRALUENT INJ 150MG/ML	TIER 3	QL(2 ML per 28 days)
PRALUENT INJ 75MG/ML	TIER 3	QL(2 ML per 28 days)
PROCRIT INJ 10000/ML	TIER 5	PA
PROLASTIN-C INJ 1000MG	TIER 5	PA
PYRIDOSTIGMI SOL 60MG/5ML	TIER 4	
QUETIAPINE TAB 150MG	TIER 1	
RABEPRAZOLE TAB 20MG	TIER 2	
REPATHA INJ 140MG/ML	TIER 3	QL(3 ML per 28 days)
REPATHA PUSH INJ 420/3.5	TIER 3	QL(3.5 ML per 28 days)
REPATHA SURE INJ 140MG/ML	TIER 3	QL(3 ML per 28 days)
RISPERDAL INJ 25MG	TIER 5	ST NSO
RYBELSUS TAB 14MG	TIER 3	PA
RYBELSUS TAB 3MG	TIER 3	PA
RYBELSUS TAB 7MG	TIER 3	PA
SECUADO DIS 3.8MG	TIER 5	ST NSO
SECUADO DIS 5.7MG	TIER 5	ST NSO
SECUADO DIS 7.6MG	TIER 5	ST NSO
SEVELAMER POW 0.8GM	TIER 4	
SEVELAMER POW 2.4GM	TIER 4	
SIKLOS TAB 1000MG	TIER 5	
SILDENAFIL SUS 10MG/ML	TIER 4	PA
SIROLIMUS SOL 1MG/ML	TIER 4	B/D
SYMLINPEN 60 INJ 1000MCG	TIER 5	PA
SYMLINPEN 120 INJ 1000MCG	TIER 5	PA
TADALAFIL TAB 5MG	TIER 2	QL(30 EA per 30 days); PA
TETRABENAZIN TAB 12.5MG	TIER 4	PA
TETRABENAZIN TAB 25MG	TIER 4	PA
TOLVAPTAN TAB 15MG	TIER 5	QL(30 EA per 30 days); PA
TOLVAPTAN TAB 30MG	TIER 5	QL(60 EA per 30 days); PA
TRELSTAR MIX INJ 22.5MG	TIER 4	PA NSO
TRELSTAR MIX INJ 3.75MG	TIER 4	PA NSO
TRULICITY INJ 0.75/0.5	TIER 3	PA
TRULICITY INJ 1.5/0.5	TIER 3	PA
TRULICITY INJ 3/0.5	TIER 3	PA
TRULICITY INJ 4.5/0.5	TIER 3	PA
XARELTO SUS 1MG/ML	TIER 5	
XCOPRI PAK 100-150	TIER 5	
XEOMIN INJ 200UNIT	TIER 4	PA
XIFAXAN TAB 200MG	TIER 4	PA
ZENATANE CAP 10MG	TIER 4	
ZENATANE CAP 20MG	TIER 4	
ZENATANE CAP 30MG	TIER 4	
ZENATANE CAP 40MG	TIER 4	

- PA** This drug needs **Prior Authorization** before a prescription can be filled.
- ST** This means the drug is subject to **Step Therapy** requirements.
- QL** This means the drug has a **Quantity Limit** per prescription.
- PA NSO** This means the drug needs **Prior Authorization** for **New Starts Only**.
- ST NSO** This means the drug is subject to **Step Therapy** requirements for **New Starts Only**.

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