



New Hanover
Health Advantage

FirstCarolinaCare

2024 Formulary

(List of Covered Drugs)

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

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact FirstCarolinaCare Member Services at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA).

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 **New Hanover Health Advantage**. When it refers to “plan” or “our plan,” it means **FirstCarolinaCare**.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (855) 291-9336 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (855) 291-9336 (TTY: 711).

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New Hanover FirstCarolinaCare HMO-POS Formulary 00024437 Version 20

What is the FirstCarolinaCare Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - o 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 titled “How do I request an exception to the FirstCarolinaCare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - o 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 FirstCarolinaCare 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 12/01/2024. To get updated information about the drugs covered by FirstCarolinaCare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

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 76. 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?

FirstCarolinaCare 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:** FirstCarolinaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstCarolinaCare before you fill your prescriptions. If you don’t get approval, FirstCarolinaCare may not cover the drug.
- **Quantity Limits:** For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FirstCarolinaCare 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, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare 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 a document that explains 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 FirstCarolinaCare 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 FirstCarolinaCare formulary?” on page iii for information about how to request an exception.

12/01/2024

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by FirstCarolinaCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by FirstCarolinaCare.
- You can ask FirstCarolinaCare 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 FirstCarolinaCare formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, FirstCarolinaCare 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, FirstCarolinaCare 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.

FirstCarolinaCare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at FirstCarolinaCare.com/NHHA for further details.

For more information

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

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

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

FirstCarolinaCare Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by FirstCarolinaCare. If you have trouble finding your drug in the list, turn to the index that begins on page 76.

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

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
Ophthalmic Agents		
CYSTARAN SOLN 0.44%	5	PA, QL: 60 ML per 28 days

B/D This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA Each.

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

QL Quantity Limit. For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

ST Step Therapy. In some cases, FirstCarolinaCare 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, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

PANSO Prior Authroization for New Starts Only which is new for CY24.

ST NSO Step Therapy for New Starts Only. New for CY24

Brand-name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	1	GC
<i>diclofenac sodium er</i>	1	GC
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium gel 3%</i>	4	
<i>diflunisal tabs 500mg</i>	2	
<i>ec-naproxen</i>	1	GC
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>fenoprofen calcium caps 400mg</i>	1	GC
<i>fenoprofen calcium tabs</i>	1	GC
<i>flurbiprofen tabs</i>	1	GC
<i>ibu</i>	1	GC
<i>ibuprofen/famotidine</i>	2	
<i>ibuprofen susp</i>	1	GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	GC
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	
<i>meclofenamate sodium caps</i>	1	GC
<i>mefenamic acid caps</i>	2	
<i>meloxicam tabs</i>	1	GC
<i>nabumetone tabs</i>	1	GC
<i>naproxen dr</i>	1	GC
<i>naproxen sodium tabs 275mg, 550mg</i>	1	GC
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	GC
<i>naproxen tbec 500mg</i>	1	GC
<i>oxaprozin tabs</i>	2	
<i>piroxicam caps</i>	2	
<i>salsalate tabs</i>	2	
<i>sulindac tabs</i>	1	GC
Opioid Analgesics, Long-acting		
BELBUCA	4	QL(60 EA per 30 days)
<i>buprenorphine</i>	2	
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	2	QL(10 EA per 30 days)
<i>fentanyl pt72 100mcg/hr</i>	2	QL(20 EA per 30 days)
<i>fentanyl pt72 87.5mcg/hr</i>	5	QL(10 EA per 30 days)
<i>methadone hcl inj</i>	2	
<i>methadone hcl oral soln</i>	2	QL(1800 ML per 30 days)

Formulary ID: 24437, Version: 20, Effective Date: 12/01/2024

Last Updated: November 2024

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tabs</i>	2	QL(360 EA per 30 days)
<i>methadone hydrochloride intensol</i>	2	QL(1800 ML per 30 days)
<i>methadone hydrochloride conc</i>	2	QL(1800 ML per 30 days)
<i>methadose sugar-free</i>	2	QL(1800 ML per 30 days)
<i>methadose conc 10mg/ml</i>	2	QL(1800 ML per 30 days)
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate er tbc</i>	2	QL(120 EA per 30 days)
NUCYNTA ER TB12 100MG, 150MG, 50MG	3	
NUCYNTA ER TB12 200MG, 250MG	5	
<i>oxycodone hcl er t12a 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>oxycodone hcl er t12a 80mg</i>	5	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 40MG	2	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 80MG	5	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	2	QL(60 EA per 30 days)
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	4	QL(60 EA per 30 days)
OXYCONTIN T12A 80MG	5	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	2	QL(120 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	2	QL(120 EA per 30 days)
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	2	QL(60 EA per 30 days); ST
<i>tramadol hcl er tb24</i>	2	QL(30 EA per 30 days); ST
<i>tramadol hydrochloride er</i>	2	QL(30 EA per 30 days); ST
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(4500 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>ascomp/codeine</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butalbital/aspirin/caffeine/codeine</i>	2	
<i>butorphanol tartrate inj</i>	2	
<i>butorphanol tartrate nasal soln</i>	2	QL(5 ML per 28 days)
<i>codeine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>duramorph</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL(150 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1200 ML per 30 days)
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	2	
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(180 EA per 30 days)
<i>hydromorphone hydrochloride inj 2mg/ml, 50mg/5ml</i>	2	
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML	2	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate inj 10mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	B/D
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL(200 ML per 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(300 ML per 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(700 ML per 30 days)
<i>nalbuphine hydrochloride</i>	1	GC
<i>oxycodone hcl caps</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(1300 ML per 30 days)
<i>oxycodone hydrochloride caps, tabs</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(180 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl jelly prsy</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl jelly gel</i>	4	QL(30 ML per 30 days); PA
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	GC
<i>lidocaine hcl prsy 2%</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hydrochloride external soln</i>	1	QL(250 ML per 30 days); PA; GC
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	GC
<i>lidocaine/prilocaine crea</i>	2	QL(60 GM per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine oint 5%</i>	2	QL(150 GM per 30 days); PA
<i>lidocaine ptch 5%</i>	2	PA
PLIAGLIS CREA	4	QL(30 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl inj</i>	4	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg</i>	2	QL(90 EA per 30 days)
<i>lofexidine hydrochloride</i>	5	
LUCEMYRA	5	
<i>naltrexone hcl tabs</i>	1	GC
Opioid Reversal Agents		
<i>naloxone hcl inj 4mg/10ml</i>	1	GC
<i>naloxone hydrochloride liqd</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml</i>	1	GC
NARCAN LIQD	3	
Smoking Cessation Agents		
APO-VARENICLINE	4	
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	
NICOTROL INHALER	4	QL(480 EA per 30 days)
NICOTROL NS	4	QL(720 ML per 365 days)
<i>varenicline starting month</i>	2	
<i>varenicline tartrate</i>	2	
<i>varenicline tartrate continuing month</i>	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	
<i>gentak</i>	1	GC
<i>gentamicin sulfate pediatric</i>	1	GC
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	GC
<i>gentamicin sulfate ophthalmic soln</i>	1	GC
<i>gentamicin sulfate crea, oint</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	1	GC
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	GC
<i>neomycin sulfate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	1	GC
<i>streptomycin sulfate inj 1gm</i>	1	GC
<i>tobramycin sulfate inj</i>	2	
<i>tobramycin soln 0.3%</i>	1	GC
ZEMDRI	5	
Antibacterials, Other		
AEMCOLO	3	QL(12 EA per 30 days)
BACITRACIN INJ	1	GC
<i>bacitracin oint</i>	2	
<i>chloramphenicol sodium succinate</i>	1	GC
CLEOCIN SUPP	4	
<i>clindacin</i>	2	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl caps 300mg</i>	1	GC
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	GC
<i>clindamycin palmitate hydrochloride</i>	1	GC
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml, 900mg/6ml</i>	1	GC
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	5	
DALVANCE	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
<i>fosfomycin tromethamine</i>	2	
KIMYRSA	5	
<i>lincomycin hcl inj</i>	2	
<i>lincomycin hydrochloride</i>	2	
<i>linezolid tabs</i>	4	QL(56 EA per 28 days)
<i>linezolid susr</i>	5	QL(1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	2	
<i>mafenide acetate pack</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps 375mg</i>	1	GC
<i>metronidazole inj 500mg/100ml</i>	1	GC
<i>metronidazole tabs 250mg, 500mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin oint</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
NUVESSA	4	
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
<i>silver sulfadiazine crea</i>	1	GC
SIVEXTRO	5	QL(6 EA per 30 days)
<i>ssd</i>	1	GC
SULFAMYLON	4	
<i>tigecycline</i>	2	
<i>trimethoprim tabs</i>	1	GC
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>vancomycin hydrochloride caps</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML, 1750MG/350ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1.75gm, 1000mg/200ml, 1gm, 2gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	4	
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tb12 500mg</i>	2	
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	2	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	2	
CEFAZOLIN INJ 2GM	2	
<i>cefazolin inj 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
CEFEPIME	3	
CEFEPIME HYDROCHLORIDE INJ 100GM, 2GM	3	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i>	2	
CEFOTAXIME SODIUM INJ 1GM	1	GC
<i>cefotaxime sodium inj 2gm</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cefotetan inj 1gm, 2gm</i>	1	GC
<i>cefoxitin sodium</i>	1	GC
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime/dextrose</i>	1	GC
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	GC
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>ceftriaxone/dextrose</i>	4	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	
<i>cephalexin</i>	1	GC
FETROJA	5	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	GC
TEFLARO	5	
ZERBAXA	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	GC
<i>amoxicillin caps, susr, tabs</i>	1	GC
<i>ampicillin sodium inj</i>	1	GC
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	GC
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	GC
<i>ampicillin caps 500mg</i>	1	GC
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	GC
NAFCILLIN	5	
<i>naficillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	GC
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	GC
<i>penicillin g procaine</i>	1	GC
<i>penicillin v potassium</i>	1	GC
<i>piperacillin sodium/tazobactam sodium</i>	2	
Carbapenems		

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Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	5	
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	1	GC
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	4	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	4	
Macrolides		
<i>azithromycin pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
<i>ery</i>	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythrocine stearate tabs 250mg</i>	2	
<i>erythromycin base tabs</i>	2	
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	5	
<i>erythromycin lactobionate</i>	5	
<i>erythromycin oint</i>	1	GC
<i>erythromycin gel</i>	2	
<i>erythromycin soln 2%</i>	2	
Quinolones		
BAXDELA	5	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	GC
<i>ciprofloxacin hydrochloride soln</i>	1	GC
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	GC
<i>ciprofloxacin i.v.-in d5w</i>	1	GC
<i>ciprofloxacin soln</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride inj, ophthalmic soln, tabs</i>	2	
<i>ofloxacin ophthalmic soln, otic soln</i>	1	GC
<i>ofloxacin tabs 300mg, 400mg</i>	1	GC
Sulfonamides		
<i>sodium sulfacetamide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium soln</i>	1	GC
<i>sulfacetamide sodium lotn, oint</i>	2	
<i>sulfadiazine tabs</i>	1	GC
<i>sulfamethoxazole/trimethoprim</i>	1	GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC
Tetracyclines		
<i>demeclocycline hcl tabs</i>	2	
<i>demeclocycline hydrochloride tabs 300mg</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate dr tbec 150mg, 75mg</i>	2	
<i>doxycycline hyclate caps, inj</i>	2	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>doxycycline susr</i>	2	
MINOCIN INJ	5	
<i>minocycline hcl caps 75mg</i>	1	GC
<i>minocycline hcl tabs</i>	1	GC
<i>minocycline hydrochloride er tb24 135mg, 45mg, 90mg</i>	2	
<i>minocycline hydrochloride caps</i>	1	GC
<i>mondoxyne nl caps 100mg</i>	2	
NUZYRA INJ	5	
NUZYRA TABS	5	QL(30 EA per 30 days)
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	4	
XERAVA	5	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
APTIOM	5	ST NSO
BRIVIACT	5	ST NSO
ELEPSIA XR	5	ST NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate tabs</i>	2	
<i>felbamate susp</i>	5	
FINTEPLA	5	PA NSO
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine chew, tabs</i>	1	GC
<i>levetiracetam er</i>	1	GC
<i>levetiracetam/sodium chloride</i>	2	
<i>levetiracetam oral soln, tabs</i>	1	GC
<i>levetiracetam inj 500mg/5ml</i>	1	GC
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	2	
NAYZILAM	5	
<i>rowepra tabs 500mg</i>	1	GC
SPRITAM	4	ST NSO
<i>subvenite</i>	1	GC
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate er cs24</i>	2	
<i>topiramate cpsp, tabs</i>	2	
XCOPRI TABS 100MG, 150MG, 50MG	4	
XCOPRI TABS 200MG, 25MG	5	
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	2	
METHSUXIMIDE	3	
<i>pregabalin</i>	2	
ZONISADE	4	ST NSO
<i>zonisamide</i>	1	GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium dr tbec</i>	1	GC
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	1	GC
<i>gabapentin caps, soln</i>	1	GC
<i>gabapentin tabs 600mg, 800mg</i>	1	GC
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>primidone tabs</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	2	
<i>valproate sodium inj</i>	1	GC
<i>valproic acid caps, soln</i>	1	GC
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
<i>vigabatrin</i>	5	
<i>vigadrone</i>	5	
VIGAFYDE	5	PA NSO
<i>vigpoder</i>	5	
Sodium Channel Agents		
<i>carbamazepine er</i>	2	
<i>carbamazepine chew 100mg</i>	1	GC
<i>carbamazepine susp, tabs</i>	1	GC
DILANTIN INFATABS	4	
DILANTIN CAPS	4	
<i>epitol</i>	1	GC
<i>fosphenytoin sodium</i>	1	GC
<i>lacosamide</i>	2	
<i>oxcarbazepine</i>	2	
<i>oxcarbazepine er</i>	4	
OXTELLAR XR TB24 150MG, 300MG	4	
OXTELLAR XR TB24 600MG	5	
<i>phenytek</i>	2	
<i>phenytoin infatabs</i>	1	GC
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	1	GC
<i>phenytoin chew, susp</i>	1	GC
<i>rufinamide susp</i>	5	
RUFINAMIDE TABS 200MG	3	
<i>rufinamide tabs 400mg</i>	5	
VIMPAT INJ	3	
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	GC
<i>donepezil hcl tabs 10mg</i>	1	GC
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride odt</i>	1	GC
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	GC
<i>galantamine hydrobromide er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide soln, tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	GC
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride tabs</i>	1	GC
<i>memantine hydrochloride soln</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tabs 100mg</i>	1	GC
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	GC
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	1	GC
<i>mirtazapine odt</i>	1	GC
<i>mirtazapine tabs</i>	1	GC
<i>olanzapine/fluoxetine</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days)
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide soln, tabs</i>	1	GC
<i>desvenlafaxine er</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl cpep 40mg</i>	2	
<i>duloxetine hydrochloride cpep</i>	2	
<i>escitalopram oxalate tabs</i>	1	GC
<i>escitalopram oxalate soln</i>	4	
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	1	GC
<i>fluoxetine hydrochloride caps, soln</i>	1	GC
<i>fluoxetine hydrochloride tabs 60mg</i>	4	
<i>fluvoxamine maleate</i>	1	GC
<i>fluvoxamine maleate er</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hydrochloride</i>	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	GC
<i>paroxetine hydrochloride er tb24 12.5mg, 25mg</i>	2	
<i>paroxetine hydrochloride susp</i>	1	GC
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	GC
PEXEVA TABS 10MG, 20MG, 30MG	4	ST NSO
<i>sertraline hcl conc</i>	1	GC
<i>sertraline hcl tabs 50mg</i>	1	GC
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	GC
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	GC
<i>trazodone hydrochloride tabs 300mg</i>	2	
TRINTELLIX	4	ST NSO
VENLAFAXINE BESYLATE ER	4	ST NSO
<i>venlafaxine hydrochloride</i>	1	GC
<i>venlafaxine hydrochloride er cp24</i>	1	GC
<i>venlafaxine hydrochloride er tb24 150mg, 75mg</i>	1	GC
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days); ST NSO
<i>vilazodone hydrochloride</i>	2	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	PA NSO
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	4	PA NSO
<i>amoxapine</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	4	PA NSO
<i>clomipramine hydrochloride</i>	4	PA NSO
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	4	PA NSO
<i>doxepin hcl conc</i>	4	PA NSO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA NSO
<i>imipramine hcl tabs 25mg, 50mg</i>	4	PA NSO
<i>imipramine hydrochloride tabs 10mg</i>	4	PA NSO
<i>imipramine pamoate</i>	4	PA NSO
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA NSO
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	

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<i>dimenhydrinate inj</i>	1	GC
<i>droperidol inj</i>	1	GC
<i>meclizine hcl tabs</i>	2	
<i>meclizine hydrochloride tabs 25mg</i>	2	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl supp 12.5mg, 25mg</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	4	PA
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	4	PA
<i>promethegan</i>	2	
<i>scopolamine</i>	2	
Emetogenic Therapy Adjuncts		
APONVIE	4	PA
<i>aprepitant</i>	4	PA
CINVANTI	4	PA
<i>dronabinol</i>	2	B/D
EMEND INJ, SUSR	4	PA
<i>fosaprepitant dimeglumine</i>	2	PA
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hydrochloride inj</i>	2	
<i>granisetron hydrochloride tabs</i>	2	B/D
<i>ondansetron hcl soln</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hydrochloride tabs</i>	2	B/D
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	2	
<i>ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml</i>	2	
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	B/D
<i>palonosetron hydrochloride</i>	4	
SANCUSO	5	
Antifungals		
Antifungals		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA
<i>amphotericin b inj</i>	2	B/D
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	
<i>ciclodan soln</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>clotrimazole crea, soln, troc</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
CRESEMBA	5	PA
<i>econazole nitrate crea</i>	2	
ERAXIS	5	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	5	
<i>ketoconazole crea, sham, tabs</i>	2	
<i>klayesta</i>	2	
MENTAX	4	ST
<i>micafungin inj 100mg</i>	2	
<i>micafungin inj 50mg</i>	5	
<i>miconazole 3 supp</i>	1	GC
NAFTIFINE HCL	3	ST
NAFTIFINE HYDROCHLORIDE CREA	3	ST
<i>naftifine hydrochloride gel 2%</i>	4	ST
NATACYN	3	
NOXAFIL INJ	5	
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide</i>	2	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
ORAVIG	4	
<i>posaconazole dr</i>	5	
<i>posaconazole inj</i>	5	
<i>terbinafine hcl tabs</i>	2	
<i>terconazole</i>	2	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>voriconazole inj</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	GC
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat</i>	2	
KRYSTEXXA	5	PA
<i>probenecid/colchicine</i>	1	GC
<i>probenecid tabs</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln</i>	4	QL(8 ML per 23 days)
ERGOMAR	4	
ERGOTAMINE TARTRATE/CAFFEINE	3	
MIGERGOT	5	
Prophylactic		
AIMOVIG	4	QL(2 ML per 30 days); PA
EMGALITY INJ 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	4	QL(3 ML per 30 days); PA
NURTEC	4	QL(18 EA per 30 days); PA
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	GC
VYEPTI	5	PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	2	QL(18 EA per 30 days)
REYVOW TABS 50MG	4	QL(4 EA per 30 days); PA
REYVOW TABS 100MG	4	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL(18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL	2	QL(4 ML per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	2	QL(4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(6 ML per 30 days)
<i>sumatriptan soln 20mg/act</i>	2	QL(12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	2	QL(18 EA per 30 days)
<i>zolmitriptan odt</i>	2	QL(9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL(9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	2	
PRETOMANID	4	QL(30 EA per 30 days); PA
<i>rifabutin</i>	2	
Antituberculars		
<i>cycloserine</i>	2	
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid inj, syrp, tabs</i>	1	GC
PRIFTIN	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs</i>	1	GC
<i>rifampin caps, inj</i>	2	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>bendamustine hydrochloride</i>	5	PA NSO
BENDEKA	5	PA NSO
BICNU	5	
<i>busulfan</i>	5	
BUSULFEX	5	
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	GC
CARMUSTINE INJ 300MG, 50MG	5	
<i>carmustine inj 100mg</i>	5	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	GC
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	5	
CYCLOPHOSPHAMIDE CAPS, TABS	3	B/D
CYCLOPHOSPHAMIDE INJ 1GM/5ML	4	
CYCLOPHOSPHAMIDE INJ 2GM/10ML, 500MG/2.5ML, 500MG/ML	5	
<i>cyclophosphamide inj 500mg</i>	2	
<i>cyclophosphamide inj 1000mg/10ml, 1gm/2ml, 1gm, 2000mg/20ml, 2gm/4ml, 2gm, 500mg/5ml</i>	5	
<i>dacarbazine inj 100mg, 200mg</i>	1	GC
EVOMELA	5	PA NSO
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	
<i>ifosfamide inj 1gm/20ml, 3gm/60ml</i>	1	GC
<i>kemoplat</i>	1	GC
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
LEUKERAN	5	
MATULANE	5	PA NSO
<i>melphalan hydrochloride</i>	2	PA NSO
<i>oxaliplatin inj 50mg/10ml</i>	2	
<i>oxaliplatin inj 100mg/20ml, 100mg, 50mg</i>	5	
<i>paraplatin inj 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	1	GC
TEMODAR INJ	5	PA NSO
<i>thiotepa inj 100mg, 15mg</i>	5	PA NSO
TREANDA INJ 100MG, 25MG	5	PA NSO
VALCHLOR	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
YONDELIS	5	PA NSO
ZANOSAR	5	
ZEPZELCA	5	PA NSO
Antiandrogens		
<i>abiraterone acetate tabs 250mg</i>	4	PA NSO
<i>abiraterone acetate tabs 500mg</i>	5	PA NSO
<i>bicalutamide</i>	1	GC
ERLEADA	5	PA NSO
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
YONSA	5	PA NSO
Antiangiogenic Agents		
FOTIVDA	5	PA NSO
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	QL(21 EA per 28 days); PA NSO
QINLOCK	5	PA NSO
REVLIMID	5	PA NSO
TABRECTA	5	PA NSO
THALOMID	5	PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
FASLODEX INJ 250MG/5ML	5	
<i>fulvestrant</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	1	GC
<i>toremifene citrate</i>	5	PA NSO
Antimetabolites		
ALIMTA	5	PA NSO
ARRANON	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	1	B/D; GC
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D; GC
DROXIA	4	
<i>floxuridine inj</i>	2	B/D
FLUOROURACIL CREA 0.5%	5	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil external soln</i>	2	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN INJ 40MG/2ML	5	

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<i>folotyn inj 20mg/ml</i>	5	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	2	
<i>gemcitabine hydrochloride inj 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	
<i>hydroxyurea caps</i>	1	GC
INFUGEM	5	PA NSO
LONSURF	5	PA NSO
<i>mercaptopurine tabs</i>	2	
<i>nelarabine</i>	5	
<i>pemetrexed disodium inj 100mg</i>	4	PA NSO
<i>pemetrexed disodium inj 500mg</i>	5	PA NSO
PEMETREXED INJ 1GM/40ML, 850MG/34ML	4	PA NSO
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	5	PA NSO
<i>pemetrexed inj 100mg</i>	4	PA NSO
<i>pemetrexed inj 1000mg, 500mg, 750mg</i>	5	PA NSO
PEMFEXY	5	PA NSO
PEMRYDI RTU	5	PA NSO
PRALATREXATE	5	
PURIXAN	5	
SIKLOS TABS 100MG	4	
SIKLOS TABS 1000MG	5	
TABLOID	4	PA NSO
VYXEOS	5	PA NSO
<i>Antineoplastics, Other</i>		
ABRAXANE	5	
<i>adriamycin inj 50mg</i>	1	B/D; GC
ADSTILADRIN	5	PA NSO
AKEEGA	5	PA NSO
ANKTIVA	5	PA NSO
ARSENIC TRIOXIDE INJ 10MG/10ML	3	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
<i>azacitidine</i>	5	
BESREMI	5	PA NSO
<i>bleomycin sulfate</i>	1	B/D; GC
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG/1.4ML	4	PA NSO
BORTEZOMIB INJ 3.5MG	5	PA NSO
<i>bortezomib inj 3.5mg</i>	5	PA NSO
BRAFTOVI	5	PA NSO
COLUMVI	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin</i>	5	PA NSO
<i>daunorubicin hydrochloride</i>	1	GC
DAURISMO	5	PA NSO
<i>decitabine</i>	5	
<i>dexrazoxane</i>	5	
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	2	
<i>docetaxel inj 20mg/2ml</i>	5	
<i>doxorubicin hcl inj 2mg/ml, 50mg</i>	1	B/D; GC
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride inj 10mg</i>	1	B/D; GC
ELREXFIO	5	PA NSO
ELZONRIS	5	PA NSO
EPKINLY	5	PA NSO
<i>eribulin mesylate</i>	5	
<i>fludarabine phosphate inj 50mg/2ml, 50mg</i>	1	GC
GAVRETO	5	PA NSO
HALAVEN	5	
IBRANCE	5	PA NSO
<i>idarubicin hcl</i>	2	
<i>idarubicin hydrochloride</i>	2	
IMDELLTRA	5	PA NSO
INREBIC	5	PA NSO
ISTODAX	5	
ITOVEBI	5	PA NSO
IWILFIN	5	PA NSO
IXEMPRA KIT	5	
JEVTANA	5	
KIMMTRAK	5	PA NSO
KISQALI	5	PA NSO
KRAZATI	5	PA NSO
LAZCLUZE TABS 240MG	5	PA NSO
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA NSO
<i>leucovorin calcium tabs</i>	1	GC
<i>leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	GC
<i>levoleucovorin inj 50mg</i>	5	
LORBRENA	5	PA NSO
LUMAKRAS	5	PA NSO
LUNSUMIO	5	PA NSO
LYNPARZA	5	PA NSO
LYTGOBI	5	PA NSO
MEKTOVI	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin inj 20mg, 40mg, 5mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
<i>mutamycin</i>	5	
NERLYNX	5	PA NSO
NINLARO	5	PA NSO
OGSIVEO	5	PA NSO
ONCASPAR	5	
ONUREG	5	
ORSERDU	5	PA NSO
<i>paclitaxel</i>	1	GC
PACLITAXEL PROTEIN-BOUND PARTICLES	5	
PEMAZYRE	5	PA NSO
PHEGO	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
PROLEUKIN	5	
RETEVMO	5	PA NSO
ROMIDEPSIN INJ 27.5MG/5.5ML	5	
<i>romidepsin inj 10mg</i>	5	
ROZLYTREK CAPS 100MG, 200MG	5	PA NSO
RYDAPT	5	PA NSO
RYLAZE	5	
SCEMBLIX	5	PA NSO
SYNRIBO	5	
TALVEY	5	PA NSO
TALZENNA	5	PA NSO
TAZVERIK	5	PA NSO
TECVAYLI	5	PA NSO
TICE BCG	4	
TRISENOX INJ 12MG/6ML	5	
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
<i>valrubicin</i>	5	
VALSTAR	5	
VANFLYTA	5	PA NSO
VELCADE	5	PA NSO
VERZENIO	5	PA NSO
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D; GC
<i>vincasar pfs</i>	1	B/D; GC
<i>vincristine sulfate inj 1mg/ml</i>	1	B/D; GC
<i>vinorelbine tartrate</i>	1	GC
VITRAKVI	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
VONJO	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZALTRAP	5	
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	GC
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Enzyme Inhibitors		
BALVERSA	5	PA NSO
ETOPOPHOS	5	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	GC
<i>irinotecan hydrochloride inj 100mg/5ml, 40mg/2ml</i>	1	GC
KYPROLIS	5	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	GC
<i>topotecan hcl inj 4mg/4ml</i>	2	
<i>topotecan hydrochloride</i>	2	
ZYDELIG	5	PA NSO
Molecular Target Inhibitors		
ALECENSA	5	PA NSO
ALIQOPA	5	PA NSO
ALUNBRIG	5	PA NSO
AYVAKIT	5	PA NSO
BELEODAQ	5	PA NSO
BOSULIF	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	PA NSO
CALQUENCE	5	PA NSO
CAPRELSA	5	PA NSO
COMETRIQ	5	PA NSO
<i>dasatinib</i>	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tabs 150mg</i>	5	PA NSO
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA NSO
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NSO
EXKIVITY	5	PA NSO
FRUZAQLA	5	PA NSO
FYARRO	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	PA NSO
ICLUSIG	5	PA NSO
IDHIFA	5	PA NSO
<i>imatinib mesylate tabs 100mg</i>	2	PA NSO
<i>imatinib mesylate tabs 400mg</i>	4	PA NSO
IMBRUVICA	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABS 100MG	5	PA NSO
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA NSO
KOSELUGO	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
MEKINIST	5	PA NSO
ODOMZO	5	PA NSO
OJEMDA	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK PACK 50MG	5	PA NSO
RUBRACA	5	PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TAFINLAR	5	PA NSO
TAGRISSE	5	PA NSO
TASIGNA	5	PA NSO
<i>temsirolimus</i>	5	
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TORISEL	5	
TORPENZ	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
TRUQAP	5	PA NSO
TURALIO	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABS 10MG	3	PA NSO
VENCLEXTA TABS 100MG, 50MG	5	PA NSO
VIZIMPRO	5	PA NSO
VORANIGO TABS 40MG	5	PA NSO
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
ZEJULA CAPS	5	PA NSO
ZEJULA TABS 200MG, 300MG	5	PA NSO
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYKADIA TABS	5	PA NSO
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS	5	
ALYMSYS	5	PA NSO
ARZERRA	5	
AVASTIN	5	
BAVENCIO	5	PA NSO
BESPONSA	5	PA NSO
BLINCYTO	5	PA NSO
CYRAMZA	5	PA NSO
DANYELZA	5	PA NSO
DARZALEX	5	PA NSO
DARZALEX FASPRO	5	PA NSO
ELAHERE	5	PA NSO
EMPLICITI	5	PA NSO
ENHERTU	5	PA NSO
ERBITUX	5	PA NSO
GAZYVA	5	PA NSO
HERCEPTIN HYLECTA	5	PA NSO
HERCEPTIN INJ 150MG	5	PA NSO
HERZUMA	5	PA NSO
IMFINZI	5	PA NSO
IMJUDO	5	PA NSO
JEMPERLI	5	PA NSO
KADCYLA	5	
KANJINTI	5	PA NSO
KEYTRUDA INJ 100MG/4ML	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
LIBTAYO	5	PA NSO
LOQTORZI	5	PA NSO
LUMOXITI	5	PA NSO
MARGENZA	5	PA NSO
MONJUVI	5	PA NSO
MVASI	5	PA NSO
MYLOTARG	5	PA NSO
OGIVRI	5	PA NSO
ONTRUZANT	5	PA NSO
OPDIVO	5	PA NSO
PADCEV	5	PA NSO
PERJETA	5	PA NSO
POLIVY	5	PA NSO
PORTRAZZA	5	PA NSO
RIABNI	5	PA NSO
RITUXAN	5	PA NSO
RITUXAN HYCELA	5	PA NSO
RUXIENCE	5	PA NSO
RYBREVANT	5	PA NSO
SARCLISA	5	PA NSO
TECENTRIQ	5	PA NSO
TECENTRIQ HYBREZA	5	PA NSO
TEVIMBRA	5	PA NSO
TIVDAK	5	PA NSO
TRAZIMERA	5	PA NSO
TRODELVY	5	PA NSO
TRUXIMA	5	PA NSO
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	PA NSO
VEGZELMA	5	PA NSO
YERVOY	5	PA NSO
ZYNLONTA	5	PA NSO
ZYNYZ	5	PA NSO
Retinoids		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoin caps 10mg</i>	5	PA NSO
Treatment Adjuncts		
ELITEK	5	PA
<i>mesna</i>	1	GC
MESNEX TABS	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs</i>	2	
Antiprotozoals		
<i>atovaquone</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	1	GC
COARTEM	4	
<i>hydroxychloroquine sulfate tabs</i>	1	GC
KRINTAFEL	3	
<i>mefloquine hcl</i>	1	GC
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	B/D
PRIMAQUINE PHOSPHATE TABS	3	
<i>pyrimethamine tabs</i>	5	
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	GC
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>entacapone</i>	2	
ONGENTYS	4	ST
<i>tolcapone</i>	5	
Dopamine Agonists		
<i>apomorphine hydrochloride inj</i>	5	PA
<i>bromocriptine mesylate caps, tabs</i>	2	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	GC
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	GC
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	GC
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	1	GC
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	2	
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	5	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl inj, tabs</i>	2	
<i>chlorpromazine hydrochloride conc, tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl conc</i>	2	
<i>fluphenazine hcl tabs 1mg</i>	2	
<i>fluphenazine hydrochloride elix, inj</i>	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	1	GC
MOLINDONE HYDROCHLORIDE	3	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	GC
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	GC
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	GC
<i>2nd Generation/Atypical</i>		
ABILIFY MAINTENA	5	ST NSO
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); ST NSO
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); ST NSO
<i>aripiprazole</i>	2	
<i>aripiprazole odt</i>	5	
ARISTADA	5	ST NSO
ARISTADA INITIO	5	ST NSO
ASENAPINE MALEATE SL	4	
CAPLYTA	5	QL(30 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	ST NSO
FANAPT TABS 4MG	4	ST NSO
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	5	ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	ST NSO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST NSO
INVEGA TRINZA	5	ST NSO
<i>lurasidone hydrochloride</i>	2	
LYBALVI	5	QL(30 EA per 30 days); ST NSO

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABS 10MG	5	QL(90 EA per 30 days); PA NSO
<i>olanzapine odt</i>	2	
OLANZAPINE INJ	3	
<i>olanzapine tabs</i>	2	
<i>paliperidone er</i>	4	ST NSO
PERSERIS	5	ST NSO
<i>quetiapine fumarate</i>	1	GC
<i>quetiapine fumarate er</i>	2	
REXULTI	5	ST NSO
RISPERDAL CONSTA INJ 12.5MG	4	ST NSO
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	ST NSO
<i>risperidone</i>	2	
<i>risperidone er inj 12.5mg</i>	2	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	2	
SECUADO	5	ST NSO
VRAYLAR CPPK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPS	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	ST NSO
ZYPREXA RELPREVV INJ 210MG	4	ST NSO
ZYPREXA RELPREVV INJ 300MG, 405MG	5	ST NSO
Treatment-Resistant		
CLOZAPINE ODT TBDP 200MG	5	
<i>clozapine odt tbdp 100mg, 12.5mg, 150mg, 25mg</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen inj 40mg/20ml</i>	2	B/D
<i>baclofen inj 500mcg/ml, 50mcg/ml</i>	4	B/D
<i>baclofen inj 20000mcg/20ml</i>	5	B/D
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
BOTOX	4	PA
<i>dantrolene sodium caps</i>	1	GC
DYSPORT	4	PA
GABLOFEN	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
MYOBLOC	5	PA
<i>tizanidine hcl caps 4mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tabs 2mg</i>	1	GC
<i>tizanidine hydrochloride tabs</i>	1	GC
<i>tizanidine hydrochloride caps</i>	2	
XEOMIN	4	PA
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D; GC
LIVTENCITY	5	
PREVYMIS	5	
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	4	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	2	
BARACLUDE SOLN	4	
<i>entecavir</i>	4	
EPIVIR HBV SOLN	4	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA	5	PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET	5	PA
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI	5	PA
ZEPATIER	5	PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
APRETUDE	5	
BIKTARVY	5	
CABENUVA	5	
DELSTRIGO	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	4	
ISENTRESS CHEW 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABS 10MG	4	

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine tabs 100mg</i>	4	
<i>etravirine tabs 200mg</i>	5	
INTELENCE TABS 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
ODEFSEY	5	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	2	
<i>abacavir sulfate</i>	2	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	
EMTRIVA SOLN	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
RETROVIR IV INFUSION	4	
STAVUDINE CAPS	1	GC
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	1	GC
Anti-HIV Agents, Other		

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Drug Name	Drug Tier	Requirements/Limits
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACK, SOLN	3	
PREZCOBIX	5	
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL(110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL(168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL(84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL(1080 ML per 365 days)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride</i>	1	GC
XOFLUZA TBPK 80MG	4	QL(2 EA per 365 days)
XOFLUZA TBPK 40MG	4	QL(4 EA per 365 days)
Antitherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps, susp, tabs</i>	2	
<i>acyclovir crea, oint</i>	4	
<i>famciclovir tabs</i>	2	
<i>trifluridine</i>	2	
<i>valacyclovir hydrochloride</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	PA
<i>Benzodiazepines</i>		
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam er tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	QL(150 EA per 30 days)
<i>alprazolam xr tb24 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam xr tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	QL(120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	QL(120 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL(180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam conc, oral soln</i>	2	
<i>diazepam tabs</i>	2	QL(120 EA per 30 days)
<i>diazepam inj 5mg/ml</i>	2	
<i>estazolam</i>	2	QL(30 EA per 30 days)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	2	
<i>lorazepam tabs 0.5mg</i>	2	QL(120 EA per 30 days)
<i>lorazepam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tabs 1mg</i>	2	QL(90 EA per 30 days)
<i>midazolam hcl syrup</i>	2	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>midazolam hydrochloride inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>oxazepam</i>	2	QL(120 EA per 30 days)
<i>temazepam</i>	2	QL(30 EA per 30 days)
<i>triazolam</i>	2	QL(30 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
EQUETRO	4	
<i>lithium</i>	1	GC
<i>lithium carbonate er</i>	1	GC
<i>lithium carbonate caps, tabs</i>	1	GC
Blood Glucose Regulators		

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Drug Name	Drug Tier	Requirements/Limits
Antidiabetic Agents		
<i>acarbose tabs</i>	1	GC
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	GC
<i>glipizide er</i>	1	GC
<i>glipizide xl</i>	1	GC
<i>glipizide/metformin hydrochloride</i>	2	
GLIPIZIDE TABS 2.5MG	1	GC
<i>glipizide tabs 10mg, 5mg</i>	1	GC
GLYXAMBI	3	
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
JARDIANCE	3	
JENTADUETO	3	QL(60 EA per 30 days); ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30 EA per 30 days); ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60 EA per 30 days); ST
KAZANO	4	QL(60 EA per 30 days); ST
KORLYM	5	PA
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	GC
<i>metformin hydrochloride soln</i>	1	GC
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	GC
<i>mifepristone</i>	5	PA
<i>miglitol</i>	2	
MOUNJARO	3	PA
<i>nateglinide</i>	2	
NESINA	4	QL(30 EA per 30 days); ST
OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide</i>	2	
RYBELSUS	3	PA

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days); ST
TRIJARDY XR	3	
TRULICITY	3	PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
<i>Insulins</i>		
HUMALOG	3	QL(60 ML per 30 days)
HUMALOG JUNIOR KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin 70/30</i>	2	QL(60 ML per 30 days)
HUMULIN 70/30 KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin n</i>	2	QL(60 ML per 30 days)
HUMULIN N KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin r</i>	2	QL(60 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED)	3	QL(60 ML per 30 days)
HUMULIN R U-500 KWIKPEN	3	QL(60 ML per 30 days)
LANTUS	3	QL(60 ML per 30 days)
LANTUS SOLOSTAR	3	QL(60 ML per 30 days)
LEVEMIR	3	QL(60 ML per 30 days)
LEVEMIR FLEXPEN	3	QL(90 ML per 30 days)
LEVEMIR FLEXTOUCH	3	QL(90 ML per 30 days)
NOVOLOG	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 RELION	4	QL(60 ML per 30 days); ST
NOVOLOG PENFILL	4	QL(60 ML per 30 days); ST
NOVOLOG RELION	4	QL(60 ML per 30 days); ST

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR	3	QL(27 ML per 30 days)
TOUJEO SOLOSTAR	3	QL(27 ML per 30 days)
TRESIBA	3	QL(54 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL(54 ML per 30 days)
XULTOPHY 100/3.6	4	ST
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	2	
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium/d5w inj 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml</i>	2	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	GC
PRADAXA PACK	4	
PRADAXA CAPS 110MG	4	
<i>warfarin sodium tabs</i>	1	GC
XARELTO STARTER PACK	3	
XARELTO TABS	3	
XARELTO SUSR	5	
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	5	PA
DOPTELET	5	PA
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJ 20000UNIT/ML	5	PA
FULPHILA	5	
FYLNETRA	5	
GRANIX	5	
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
MULPLETA	5	PA
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NPLATE	5	PA
NYVEPRIA	5	
PLERIXAFOR	5	PA
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
STIMUFEND	5	
UDENYCA	5	
UDENYCA ONBODY	5	
ZIEXTENZO	5	
Hemostasis Agents		
<i>aminocaproic acid inj</i>	1	GC
<i>aminocaproic acid tabs</i>	2	
<i>tranexamic acid inj, tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	2	
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol</i>	1	GC
<i>clopidogrel</i>	1	GC
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	2	
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	GC
<i>droxidopa</i>	5	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>phentolamine mesylate inj 5mg</i>	1	GC
<i>prazosin hydrochloride caps</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>irbesartan</i>	1	GC
<i>irbesartan/hydrochlorothiazide</i>	1	GC
<i>losartan potassium/hydrochlorothiazide</i>	1	GC
<i>losartan potassium tabs</i>	1	GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>valsartan/hydrochlorothiazide</i>	1	GC
<i>valsartan tabs</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	GC
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	GC
<i>benazepril hydrochloride tabs 20mg</i>	1	GC
<i>captopril tabs</i>	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
<i>enalapril maleate tabs</i>	1	GC
<i>enalapril maleate soln</i>	4	
<i>enalaprilat</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>lisinopril/hydrochlorothiazide</i>	1	GC
<i>lisinopril tabs</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hydrochloride</i>	1	GC
<i>quinapril/hydrochlorothiazide</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
<i>trandolapril/verapamil hcl er</i>	2	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	GC
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	GC
<i>amiodarone hydrochloride tabs 200mg</i>	1	GC
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	2	
<i>digitek tabs 0.125mg</i>	1	GC
<i>digitek tabs 0.25mg</i>	2	
DIGOXIN SOLN	3	
<i>digoxin tabs 125mcg</i>	1	GC
<i>digoxin tabs 250mcg</i>	2	
<i>digox tabs 125mcg</i>	1	GC
<i>digox tabs 250mcg</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
LANOXIN PEDIATRIC	4	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	GC
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	5	
<i>procainamide hcl inj 100mg/ml</i>	1	GC
<i>procainamide hydrochloride</i>	1	GC
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>propafenone hydrochloride tabs 300mg</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate tabs</i>	1	GC
<i>sorine</i>	1	GC
<i>sotalol hcl</i>	1	GC
<i>sotalol hcl (af) tabs 80mg</i>	1	GC
<i>sotalol hcl af</i>	1	GC
<i>sotalol hydrochloride (af)</i>	1	GC
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	1	GC
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol/chlorthalidone</i>	1	GC
<i>atenolol tabs</i>	1	GC
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	GC
<i>bisoprolol fumarate</i>	1	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	GC
<i>carvedilol</i>	1	GC
<i>carvedilol phosphate er</i>	2	
<i>esmolol hcl inj 100mg/10ml</i>	1	GC
<i>esmolol hydrochloride in sodium chloride</i>	2	
<i>esmolol hydrochloride in sodium chloride double strength</i>	2	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml</i>	2	
HEMANGEOL	4	
KAPSPARGO SPRINKLE	4	
<i>labetalol hydrochloride tabs</i>	1	GC
<i>labetalol hydrochloride inj 5mg/ml</i>	1	GC
<i>metoprolol succinate er</i>	1	GC
<i>metoprolol tartrate tabs</i>	1	GC
<i>metoprolol tartrate inj 5mg/5ml</i>	1	GC
<i>metoprolol/hydrochlorothiazide</i>	1	GC
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>nebivolol tabs 5mg</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl inj, oral soln</i>	1	GC
<i>propranolol hcl tabs 40mg</i>	1	GC
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	GC
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl caps</i>	2	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJ 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	2	
<i>nifedipine er</i>	1	GC
<i>nimodipine caps</i>	4	
NYMALIZE SOLN 6MG/ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		

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Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt</i>	2	
<i>dilt-xr</i>	1	GC
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	1	GC
<i>diltiazem hcl er tb24</i>	2	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml</i>	1	GC
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	GC
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg</i>	1	GC
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	GC
<i>diltiazem hydrochloride tabs 120mg</i>	1	GC
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadyt er</i>	2	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	GC
<i>verapamil hcl er tbcr 120mg, 240mg</i>	1	GC
<i>verapamil hcl sr cp24</i>	1	GC
<i>verapamil hcl tabs 40mg, 80mg</i>	1	GC
<i>verapamil hydrochloride er cp24 200mg</i>	1	GC
<i>verapamil hydrochloride er tbcr 180mg</i>	1	GC
<i>verapamil hydrochloride inj</i>	1	GC
<i>verapamil hydrochloride tabs 120mg</i>	1	GC
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	5	
<i>aliskiren</i>	4	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	GC
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC
<i>amlodipine besylate/valsartan</i>	2	
<i>atropine sulfate inj 0.25mg/5ml</i>	1	GC
CAMZYOS	5	QL(30 EA per 30 days); PA
CORLANOR	4	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D; GC
<i>dobutamine hcl inj 250mg/20ml</i>	1	B/D; GC
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D; GC
<i>dopamine hydrochloride</i>	1	B/D; GC
<i>dopamine hydrochloride/dextrose</i>	1	B/D; GC
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	B/D; GC
ENTRESTO	3	
<i>ivabradine hydrochloride</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
KERENDIA	4	QL(30 EA per 30 days); PA
<i>metyrosine</i>	5	
<i>milrinone lactate in dextrose</i>	1	B/D; GC
<i>norepinephrine bitartrate inj 1mg/ml</i>	2	
<i>pentoxifylline er</i>	1	GC
PRALUENT	3	QL(2 ML per 28 days)
<i>ranolazine er</i>	2	
REPATHA	3	QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days)
REPATHA SURECLICK	3	QL(3 ML per 28 days)
VYNDAMAX	5	PA
VYNDAQEL	5	PA
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide inj, oral soln, tabs</i>	1	GC
<i>toremide tabs</i>	1	GC
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	GC
<i>amiloride/hydrochlorothiazide</i>	1	GC
<i>eplerenone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	1	GC
<i>spironolactone tabs</i>	1	GC
<i>triamterene/hydrochlorothiazide</i>	1	GC
<i>triamterene caps</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide sodium</i>	1	GC
<i>chlorthalidone tabs 25mg, 50mg</i>	1	GC
DIURIL SUSP	4	
<i>hydrochlorothiazide caps, tabs</i>	1	GC
<i>indapamide tabs</i>	1	GC
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 150mg, 200mg, 43mg, 50mg, 67mg</i>	2	
<i>fenofibrate tabs</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	GC
<i>fluvastatin sodium er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium tabs</i>	2	
<i>simvastatin tabs</i>	1	GC
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colesevelam hydrochloride pack</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>icosapent ethyl</i>	2	PA
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	2	
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite</i>	2	
VASCEPA CAPS 0.5GM	4	PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	GC
<i>isosorbide dinitrate tabs 40mg</i>	4	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	1	GC
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin in dextrose 5%</i>	2	
<i>nitroglycerin transdermal</i>	1	GC
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin translingual soln 0.4mg/spray</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	1	GC
<i>hydralazine hcl tabs 10mg</i>	1	GC
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	GC
<i>minoxidil tabs</i>	1	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL(120 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er</i>	2	QL(180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE SOLN	3	QL(1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	2	QL(180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg, 25mg, 40mg, 60mg, 80mg</i>	2	
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	2	
<i>clonidine hydrochloride er</i>	2	
<i>clonidine hydrochloride tb12 0.1mg</i>	2	
<i>dexmethylphenidate hcl er cp24 15mg, 20mg, 30mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 20mg, 30mg, 40mg, 50mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 18mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 27mg, 36mg, 54mg, 72mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	2	QL(900 ML per 30 days)
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine caps</i>	2	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine caps</i>	2	
<i>caffeine citrate inj</i>	2	
<i>caffeine citrate oral soln 20mg/ml</i>	2	
EXSERVAN	5	
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA NSO
Fibromyalgia Agents		

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AVONEX PEN	5	
AVONEX INJ 30MCG/0.5ML	5	
BAFIERTAM	5	QL(120 EA per 30 days)
BETASERON	5	
<i>dalfampridine er</i>	3	PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days)
<i>dimethyl fumarate starterpack</i>	5	QL(120 EA per 365 days)
EXTAVIA	5	
<i>fingolimod hydrochloride</i>	5	
GILENYA CAPS 0.25MG	5	
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAVENCLAD	5	PA
MAYZENT STARTER PACK TBPk 0.25MG	4	QL(14 EA per 365 days)
MAYZENT STARTER PACK TBPk 0.25MG	5	QL(24 EA per 365 days)
MAYZENT TABS 0.25MG	5	QL(120 EA per 30 days)
MAYZENT TABS 1MG, 2MG	5	QL(30 EA per 30 days)
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	
REBIF TITRATION PACK	5	
<i>teriflunomide</i>	2	
TYSABRI	5	PA
VUMERITY	5	
ZEPOSIA	5	PA
ZEPOSIA 7-DAY STARTER PACK	5	PA
ZEPOSIA STARTER KIT	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate soln</i>	1	GC
KEPIVANCE	5	PA
<i>kourzeq</i>	2	
<i>lidocaine hcl viscous</i>	1	GC
<i>lidocaine hcl mouth/throat soln 4%</i>	1	GC
<i>lidocaine hydrochloride viscous</i>	1	GC
<i>lidocaine viscous</i>	1	GC
<i>oralone dental paste</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>periogard</i>	1	GC
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene pump</i>	2	
<i>adapalene crea, gel</i>	2	
<i>amnestem</i>	4	
<i>avita</i>	2	PA
<i>azelaic acid</i>	2	
AZELEX	4	PA
<i>claravis</i>	4	
FINACEA FOAM	4	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin caps 25mg, 35mg</i>	5	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>myorisan</i>	4	
<i>rosadan</i>	2	
<i>tazarotene crea, gel</i>	4	PA
TAZORAC CREA 0.05%	4	PA
<i>tretinoin microsphere pump</i>	4	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
<i>zenatane</i>	4	
Dermatitis and Pruitus Agents		
<i>ammonium lactate lotn</i>	1	GC
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient crea</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>desoximetasone crea 0.25%</i>	2	
<i>desoximetasone crea 0.05%</i>	4	
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL(90 GM per 30 days)
<i>fluocinonide soln</i>	2	
<i>fluocinonide crea, gel, oint</i>	4	
<i>pimecrolimus</i>	2	
<i>selenium sulfide</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
<i>tovet</i>	4	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
<i>calcitriol oint 3mcg/gm</i>	2	
<i>imiquimod pump</i>	5	
<i>imiquimod crea 5%</i>	2	
<i>methoxsalen caps</i>	5	
OTEZLA TABS 20MG	5	PA
<i>podofilox soln</i>	1	GC
REGRANEX	5	PA
SANTYL	4	
VEREGEN	5	
<i>Pediculicides/Scabicides</i>		
<i>crotan</i>	2	
<i>ivermectin crea 1%</i>	4	
<i>lindane sham</i>	2	
<i>malathion</i>	1	GC
<i>permethrin crea</i>	2	
<i>Topical Anti-infectives</i>		
<i>clindamycin phosphate gel 1%</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	5	PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
CRYSVITA	5	PA
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	GC
<i>dextrose 10%</i>	1	GC
<i>dextrose 10%/sodium chloride 0.2%</i>	1	GC

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<i>dextrose 10%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 25% inj 250mg/ml</i>	1	GC
<i>dextrose 5%</i>	1	GC
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	GC
<i>dextrose 5%/sodium chloride 0.2%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.3%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.33%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.45%</i>	1	GC
<i>dextrose 5%/sodium chloride 0.9%</i>	1	GC
<i>dextrose 50%</i>	1	GC
<i>dextrose/sodium chloride</i>	1	GC
<i>dextrose inj 20%</i>	1	GC
<i>fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	
<i>fluoritab soln 0.125mg/drop</i>	2	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	GC
<i>klor-con</i>	2	
<i>klor-con 10</i>	1	GC
<i>klor-con 8</i>	1	GC
<i>klor-con m10</i>	1	GC
<i>klor-con m15</i>	1	GC
<i>klor-con m20</i>	1	GC
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	1	GC
<i>magnesium sulfate/dextrose inj 5%; 1gm/100ml</i>	1	GC
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</i>	1	GC
<i>magnesium sulfate inj 50%</i>	2	
<i>multiple electrolytes injection type 1</i>	1	GC
<i>nafrinse</i>	2	
NORMOSOL-M/D5W	3	

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>potassium chloride er cpcr</i>	1	GC
POTASSIUM CHLORIDE ER TBCR 15MEQ	1	GC
<i>potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq</i>	1	GC
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	GC
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	GC
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	GC
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	GC
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	GC
<i>potassium citrate er</i>	1	GC
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	GC
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.45%, 0.9%, 3%, 5%</i>	2	
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	
SODIUM FLUORIDE SOLN 0.5MG/ML	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox tbso 125mg</i>	4	PA
<i>deferasirox tbso 250mg, 500mg</i>	5	PA
<i>deferiprone</i>	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLN	5	
FERRIPROX TABS 1000MG	5	
JYNARQUE TABS	5	QL(120 EA per 30 days); PA
JYNARQUE TBPK	5	QL(56 EA per 28 days); PA
<i>penicillamine caps, tabs</i>	5	
<i>sodium polystyrene sulfonate</i>	1	GC
<i>sps</i>	1	GC
TOLVAPTAN TABS 15MG	5	QL(30 EA per 30 days); PA
<i>tolvaptan tabs 30mg</i>	5	QL(60 EA per 30 days); PA
<i>trientine hydrochloride caps 250mg</i>	5	
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	4	
Phosphate Binders		
<i>calcium acetate caps</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate tabs 667mg</i>	2	
FOSRENOL PACK	5	
<i>lanthanum carbonate</i>	5	
PHOSLYRA	4	
<i>sevelamer carbonate</i>	4	
<i>sevelamer hydrochloride</i>	4	
Potassium Binders		
<i>kionex susp</i>	1	GC
VELTASSA PACK 1GM	4	
Vitamins		
<i>prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	2	
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS	3	
LUBIPROSTONE	3	QL(60 EA per 30 days)
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
SUPREP BOWEL PREP KIT	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	
<i>alosetron hydrochloride tabs 1mg</i>	5	
VIBERZI	5	PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate oral soln</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
GLYCOPYRROLATE TABS 1.5MG	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>methscopolamine bromide tabs</i>	2	
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CHOLBAM	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	
<i>diphenoxylate/atropine</i>	4	
GATTEX	5	PA
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	2	
<i>metoclopramide hydrochloride inj</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	2	
<i>metoclopramide odt tbdp 5mg</i>	2	
MOVANTIK	4	QL(30 EA per 30 days)
NITROGLYCERIN OINT 0.4%	4	
OICALIVA	5	QL(30 EA per 30 days); PA
<i>peg-3350/electrolytes/ascorbate</i>	2	
RECTIV	4	
RELISTOR INJ	5	PA
RELISTOR TABS	5	QL(90 EA per 30 days); PA
SYMPROIC	4	QL(30 EA per 30 days)
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln</i>	2	
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
Protectants		
<i>misoprostol</i>	1	GC
<i>sucrafate susp, tabs</i>	2	
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cpdr</i>	2	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr 10mg, 40mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium inj, tbec</i>	2	
<i>rabeprazole sodium</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CEREZYME	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTAGON	4	PA
ELAPRASE	5	PA
ELELYSO	5	PA
ENDARI	5	
EXONDYS 51	5	PA
FABRAZYME	5	PA
GALAFOLD	5	PA
KANUMA	5	PA
<i>l-glutamine</i>	5	
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	PA
ORFADIN SUSP	5	PA
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	
PANCREAZE CPEP 83900UNIT; 21000UNIT; 54700UNIT	5	
PROCYSBI	5	PA
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate tabs</i>	5	
STRENSIQ	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
XURIDEN	5	QL(120 EA per 30 days); PA
<i>yargesa</i>	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
DARIFENACIN HYDROBROMIDE ER	3	
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	1	GC
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	1	GC
<i>doxazosin tabs 2mg</i>	1	GC
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	1	GC
<i>silodosin</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	GC
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	GC
<i>terazosin hydrochloride caps 2mg</i>	1	GC
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	2	
ELMIRON	4	
LITHOSTAT	4	

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Drug Name	Drug Tier	Requirements/Limits
PHEXXI	4	
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	4	
RIMSO-50	4	
THIOLA EC	5	
<i>tiopronin</i>	5	
<i>tiopronin dr</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	1	GC
<i>amcinonide</i>	1	GC
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml</i>	1	GC
<i>betamethasone valerate crea, lotn, oint</i>	2	
BUDESONIDE FOAM 2MG	3	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
CORDRAN	4	
<i>desonide crea, lotn, oint</i>	2	
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	1	GC
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>flurandrenolide</i>	4	
<i>fluticasone propionate crea 0.05%</i>	1	GC
<i>fluticasone propionate oint 0.005%</i>	1	GC
<i>halobetasol propionate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate (lipid)</i>	1	GC
<i>hydrocortisone butyrate (lipophilic)</i>	1	GC
<i>hydrocortisone butyrate crea, oint, soln</i>	1	GC
<i>hydrocortisone butyrate lotn</i>	2	
<i>hydrocortisone crea 1%, 2.5%</i>	1	GC
<i>hydrocortisone lotn 2.5%</i>	1	GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	GC
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone sodium succinate</i>	2	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>mometasone furoate crea, oint, soln</i>	1	GC
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate odt</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln</i>	2	
PREDNISON INTENSOL	3	
<i>prednisone soln, tbpk</i>	1	GC
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
<i>triamcinolone acetonide aers, crea, lotn, oint</i>	1	GC
<i>triderm</i>	1	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate inj</i>	5	
DESMOPRESSIN ACETATE NASAL SOLN 1.5MG/ML	5	
<i>desmopressin acetate nasal soln 0.01%</i>	2	
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NOVAREL INJ 5000UNIT	4	PA
<i>novarel inj 10000unit</i>	4	PA
OMNITROPE	5	PA
PREGNYL	4	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	4	PA
SEROSTIM	5	PA
<i>vasopressin +rfid</i>	2	
<i>vasopressin inj 20unit/ml</i>	2	
<i>vasostrict</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
OXANDROLONE TABS 2.5MG	4	QL(240 EA per 30 days); PA
<i>oxandrolone tabs 10mg</i>	4	QL(60 EA per 30 days); PA
Androgens		
<i>danazol caps</i>	2	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	PA
Estrogens		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amabelz tabs 1mg; 0.5mg</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
ANNOVERA	4	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>dotti</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	GC
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	2	
ESTRADIOL VAGINAL TABS	3	
<i>estradiol crea, pttw, ptwk, oral tabs</i>	2	
ESTRING	3	
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
FEMLYV	4	
FEMRING	4	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>fyavolv</i>	2	
<i>gemmily</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
IMVEXXY MAINTENANCE PACK	4	PA
IMVEXXY STARTER PACK	4	PA
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>jolessa</i>	2	
<i>joyeaux</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
LO LOESTRIN FE	4	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyllana</i>	2	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	

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<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-linyah</i>	2	
NATAZIA	4	
<i>necon 0.5/35-28</i>	2	
NEXTSTELLIS	4	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs</i>	2	
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMPRO	4	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>taysofy</i>	2	
<i>tilia fe</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-lynyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
TWIRLA	4	
TYBLUME	2	
<i>tydemy</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
YUVAFEM	3	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
Progestins		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	1	GC
<i>heather</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate inj, tabs</i>	1	GC
<i>megestrol acetate susp, tabs</i>	2	PA NSO
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	1	GC
<i>norethindrone tabs</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps, inj</i>	1	GC
<i>sharobel</i>	2	
SLYND	4	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	GC
<i>levo-t</i>	1	GC
<i>levothyroxine sodium tabs</i>	1	GC
<i>levothyroxine sodium caps</i>	4	
LEVOTHYROXINE SODIUM INJ 100MCG/ML	5	
<i>levothyroxine sodium inj 100mcg/5ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg</i>	5	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium inj, tabs</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT	4	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD	4	PA NSO
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	
LANREOTIDE ACETATE INJ 120MG/0.5ML	5	PA NSO
<i>lanreotide acetate inj 120mg/0.5ml</i>	5	PA NSO
LEUPROLIDE ACETATE INJ 22.5MG	4	PA NSO
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH)	5	PA NSO
LUPRON DEPOT (3-MONTH)	5	PA NSO
LUPRON DEPOT (4-MONTH)	5	PA NSO
LUPRON DEPOT (6-MONTH)	5	PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	PA
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 20mg, 30mg, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJ 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA NSO
ZOLADEX INJ 3.6MG	4	PA NSO
ZOLADEX INJ 10.8MG	5	PA NSO
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole tabs 10mg, 5mg</i>	1	GC
<i>propylthiouracil tabs</i>	1	GC
Immunological Agents		
Angioedema Agents		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i>	5	PA
RUCONEST	5	PA
<i>sajazir</i>	5	PA
TAKHZYRO	5	PA
<i>Immunoglobulins</i>		
ALYGLO	5	B/D
ASCENIV	5	B/D
ATGAM	5	
BEYFORTUS	4	
BIVIGAM INJ 10%, 5GM/50ML	5	B/D
CUVITRU	5	PA
CYTOGAM INJ 50MG/ML	5	
FLEBOGAMMA DIF	5	B/D
GAMASTAN	4	
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA	5	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB INJ 312UNIT/ML	5	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	B/D
PANZYGA	5	B/D
PRIVIGEN	5	B/D
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML	4	
WINRHO SDF INJ 2500UNIT/2.2ML, 5000UNIT/4.4ML	5	
XEMBIFY	5	B/D
<i>Immunological Agents, Other</i>		
ACTEMRA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA ACTPEN	5	PA
ACTIMMUNE	5	
ADBRY	5	PA
ARCALYST	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	PA
DUPIXENT INJ 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ILARIS INJ 150MG/ML	5	PA
<i>leflunomide tabs</i>	2	
LEMTRADA	5	PA
OTEZLA TABS 30MG	5	PA
OTEZLA TBPK 0	5	PA
RIDAURA	5	
RINVOQ	5	PA
SIMULECT	5	
SKYRIZI PEN	5	PA
SKYRIZI INJ 150MG/ML, 180MG/1.2ML, 360MG/2.4ML	5	PA
SOLIRIS	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
SYLVANT	5	PA
TALTZ	5	PA
TYENNE	5	PA
ULTOMIRIS INJ 1100MG/11ML, 300MG/3ML	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
<i>Immunostimulants</i>		
PEGASYS	5	
<i>ribavirin tabs 200mg</i>	2	
<i>Immunosuppressants</i>		
ADALIMUMAB-ADAZ	5	PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	PA
ADALIMUMAB-ADBM INJ 40MG/0.4ML	5	PA
AMJEVITA INJ 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	5	PA
ASTAGRAF XL	4	B/D
AVSOLA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine inj</i>	4	B/D
<i>azathioprine tabs 50mg</i>	1	B/D; GC
<i>azathioprine tabs 100mg, 75mg</i>	2	B/D
BENLYSTA	5	
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D
<i>cyclosporine inj 50mg/ml</i>	2	
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	PA
<i>everolimus tabs 0.25mg</i>	2	B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	2	B/D
<i>gengraf soln</i>	2	B/D
HADLIMA	5	PA
HADLIMA PUSH TOUCH	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
INFLECTRA	5	PA
<i>infliximab</i>	5	PA
JYLAMVO	4	
KINERET	5	PA
LUPKYNIS	5	QL(180 EA per 30 days); PA
<i>methotrexate sodium tabs</i>	1	GC
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	GC
<i>methotrexate inj 50mg/2ml</i>	1	GC
MYCOPHENOLATE MOFETIL INJ	3	B/D
<i>mycophenolate mofetil caps, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D
NULOJIX	5	
ORENCIA	5	PA
ORENCIA CLICKJECT	5	PA
PROGRAF PACK	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
<i>sirolimus tabs</i>	2	B/D
<i>sirolimus soln</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJ 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	4	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXCHIQ	4	
IXIARO	4	
JYNNEOS	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	4	
PREHEVBRIO	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
PRIORIX	4	
PROQUAD	3	
QUADRACEL	4	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLN	4	
SHINGRIX	3	
STAMARIL	4	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VARIZIG	5	
VAXELIS	4	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
DIPENTUM	5	
<i>mesalamine dr</i>	2	
<i>mesalamine er cp24</i>	2	
<i>mesalamine enem, kit</i>	4	
<i>sulfasalazine tabs, tbec</i>	1	GC
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide cpep 3mg</i>	4	
CORTIFOAM FOAM	3	
<i>hydrocortisone crea 1%, 2.5%</i>	1	GC
<i>hydrocortisone enem 100mg/60ml</i>	4	
ORTIKOS	5	
<i>procto-med hc</i>	1	GC
<i>procto-pak</i>	1	GC
<i>proctosol hc</i>	1	GC
<i>proctozone-hc</i>	1	GC
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	1	GC
<i>alendronate sodium tabs 10mg, 35mg, 5mg, 70mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin salmon nasal soln</i>	2	
<i>calcitonin salmon inj</i>	5	
<i>calcitonin-salmon soln</i>	2	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	GC
<i>calcitriol inj 1mcg/ml</i>	1	GC
<i>calcitriol oral soln 1mcg/ml</i>	1	GC
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol inj</i>	2	PA
<i>doxercalciferol caps</i>	4	PA
FORTEO INJ 600MCG/2.4ML	5	PA
<i>ibandronate sodium tabs</i>	2	
MIACALCIN INJ	5	
NATPARA	5	PA
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	GC
PARICALCITOL CAPS	3	
<i>paricalcitol inj</i>	4	
PROLIA	4	
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
TERIPARATIDE INJ 620MCG/2.48ML	5	PA
<i>teriparatide inj 600mcg/2.4ml</i>	5	PA
XGEVA	5	PA NSO
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine inj 200mg/ml</i>	2	
ALCOHOL PREP PADS	3	
AMINOSYN II	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
AUGTYRO	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINISOL SF 15%	3	B/D
CLINOLIPID	3	B/D
COSELA	5	PA
CURITY ALL PURPOSE SPONGES 2"X2"	3	

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Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE PADS 2"X2" 12 PLY	3	
<i>deferoxamine mesylate inj 2gm</i>	2	PA
<i>deferoxamine mesylate inj 500mg</i>	5	PA
<i>dichlorphenamide</i>	5	PA
DROPLET PEN NEEDLES 29GX10MM	3	
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	3	
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	3	
ELLA	3	
<i>fomepizole inj 1.5gm/1.5ml</i>	5	
GLOBAL ALCOHOL PREP EASE PADS	3	
GRASTEK	4	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
KALBITOR	5	PA
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	3	
LAGEVRIO	3	QL(40 EA per 5 days)
<i>levocarnitine soln, tabs</i>	1	GC
<i>methergine tabs</i>	5	
<i>methylergonovine maleate inj</i>	1	GC
<i>methylergonovine maleate tabs</i>	5	
MYALEPT	5	PA
NUTRILIPID	3	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	4	PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	4	PA
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	4	PA
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	PA
OMNIPOD 5 G7 PODS (GEN 5)	4	PA
OMNIPOD 5 LIBRE2 PLUS G6	4	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	PA
OMNIPOD CLASSIC PODS (GEN 3)	4	PA
OMNIPOD DASH INTRO KIT (GEN 4)	4	PA
OMNIPOD DASH PDM KIT (GEN 4)	4	PA
OMNIPOD DASH PODS (GEN 4)	4	PA
ORALAIR	4	
ORLADEYO	5	PA
PAXLOVID TBPK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TBPK 150MG; 100MG	3	QL(30 EA per 5 days); \$0 Copay
PLENAMINE	3	B/D
PREMASOL	3	B/D
PROSOL	3	B/D
PROTOPAM CHLORIDE INJ	4	
RAGWITEK	4	

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Drug Name	Drug Tier	Requirements/Limits
REMDESIVIR INJ 100MG	5	
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	GC
<i>sodium chloride 0.9%</i>	2	
<i>sodium phenylacetate/sodium benzoate</i>	5	
<i>sterile water for irrigation</i>	1	GC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	3	
TAVNEOS	5	QL(180 EA per 30 days); PA
<i>tis-u-sol</i>	1	GC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	3	
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
VEKLURY INJ 100MG	5	
VISTOGARD	5	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>ak-poly-bac</i>	2	
<i>atropine sulfate soln 1%</i>	1	GC
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	2	
<i>cyclopentolate hcl</i>	1	GC
<i>cyclopentolate hydrochloride soln 1%</i>	1	GC
<i>cyclosporine emul 0.05%</i>	4	
CYSTADROPS	5	QL(20 ML per 28 days); PA
CYSTARAN	5	QL(60 ML per 28 days); PA
<i>dorzolamide hcl/timolol maleate</i>	1	GC
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	GC
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	1	GC
OXERVATE	5	PA
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	GC
<i>proparacaine hcl</i>	1	GC
RESTASIS	4	
RESTASIS MULTIDOSE	4	
RHOPRESSA	4	
ROCKLATAN	4	
SIMBRINZA	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC
VABYSMO	5	
XIIDRA	3	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	1	GC
<i>epinastine hcl</i>	2	
<i>olopatadine hcl</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
<i>phenylephrine hcl</i>	1	GC
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	2	
BROMFENAC SODIUM SOLN 0.075%	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	GC
<i>diclofenac sodium soln 0.1%</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	1	GC
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	GC
<i>loteprednol etabonate susp 0.5%</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>prednisolone acetate</i>	1	GC
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	GC
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	GC
<i>tobramycin/dexamethasone</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	1	GC
<i>carteolol hcl</i>	1	GC
<i>levobunolol hcl soln 0.5%</i>	1	GC
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	GC
<i>timolol maleate soln 0.5%</i>	2	Once Daily
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>apraclonidine</i>	1	GC
<i>brimonidine tartrate soln 0.15%, 0.2%</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hydrochloride</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide tabs</i>	2	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost soln</i>	1	GC
LUMIGAN	3	
<i>tafluprost</i>	4	
<i>travoprost</i>	2	
VYZULTA	4	
XELPROS	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>flac</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
BREZTRI AEROSPHERE	3	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(240 EA per 30 days); ST
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(60 EA per 30 days); ST
FLOVENT HFA AERO 44MCG/ACT	4	QL(21.2 GM per 30 days); ST
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL(24 GM per 30 days); ST
<i>flunisolide soln 0.025%</i>	1	GC
<i>fluticasone propionate/salmeterol diskus</i>	2	
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 500mcg/act; 50mcg/act, 55mcg/act; 14mcg/act</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	
QVAR REDHALER	3	
<i>wixela inhub</i>	2	
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	2	
<i>azelastine hydrochloride soln 0.1%</i>	2	
<i>cetirizine hydrochloride soln 5mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl elix</i>	2	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	4	PA
<i>hydroxyzine pamoate caps</i>	4	PA
<i>levocetirizine dihydrochloride tabs</i>	2	
Antileukotrienes		
<i>montelukast sodium chew, pack, tabs</i>	1	GC
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
COMBIVENT RESPIMAT	3	
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D; GC
<i>ipratropium bromide inhalation soln</i>	1	B/D; GC
<i>ipratropium bromide nasal soln</i>	1	GC
LONHALA MAGNAIR REFILL KIT	5	
LONHALA MAGNAIR STARTER KIT	5	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
TIOTROPIUM BROMIDE	3	
TUDORZA PRESSAIR	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	GC
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	
<i>albuterol sulfate syrp</i>	1	GC
<i>albuterol sulfate tabs</i>	2	
<i>albuterol sulfate nebu</i>	2	B/D
<i>arformoterol tartrate</i>	4	B/D
BEVESPI AEROSPHERE	4	
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
<i>isoproterenol hydrochloride</i>	2	
<i>levalbuterol hcl nebu</i>	4	B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	2	
PROAIR DIGIHALER	3	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	3	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate inj</i>	5	
<i>ventolin hfa</i>	2	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA
SYMDEKO	5	PA
TOBI PODHALER	5	PA
<i>tobramycin nebu 300mg/5ml</i>	5	PA
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	1	GC
<i>elixophyllin</i>	1	GC
<i>roflumilast</i>	2	ST
THEO-24	3	
<i>theophylline</i>	1	GC
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA
<i>alyq</i>	4	PA
<i>ambrisentan</i>	5	PA
<i>epoprostenol sodium inj 0.5mg</i>	2	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA
OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN	5	PA
SILDENAFIL CITRATE TABS	3	PA
<i>sildenafil citrate susr</i>	4	PA
<i>sildenafil inj</i>	5	PA
<i>tadalafil tabs 20mg</i>	4	PA
<i>treprostinil</i>	5	PA
TYVASO	5	PA
TYVASO DPI INSTITUTIONAL KIT	5	PA
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
UPTRAVI	5	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
VENTAVIS	5	PA
<i>Pulmonary Fibrosis Agents</i>		
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone caps</i>	5	PA
PIRFENIDONE TABS 534MG	5	PA
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation soln 10%, 20%</i>	2	B/D
ANORO ELLIPTA	3	
ARALAST NP INJ 500MG	4	PA
ARALAST NP INJ 1000MG	5	PA
BREO ELLIPTA	3	
BRONCHITOL	5	QL(560 EA per 28 days); PA
DULERA	3	
GLASSIA	5	PA
NUCALA	5	PA
PROLASTIN-C	5	PA
<i>ribavirin solr 6gm</i>	5	PA
STIOLTO RESPIMAT	3	
TEZSPIRE	5	QL(1.91 ML per 28 days); PA
TRELEGY ELLIPTA	3	
XOLAIR	5	PA
ZEMAIRA	5	PA
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs</i>	2	PA
<i>methocarbamol tabs 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	
DAYVIGO	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	
<i>flurazepam hcl</i>	2	QL(30 EA per 30 days)
<i>flurazepam hydrochloride</i>	2	QL(30 EA per 30 days)
HETLIOZ LQ	5	PA
NEMBUTAL SODIUM	4	
<i>pentobarbital sodium</i>	4	
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tabs</i>	2	
Wakefulness Promoting Agents		
<i>armodafinil</i>	2	PA
MODAFINIL TABS	3	PA
SODIUM OXYBATE	5	PA
SUNOSI	4	QL(30 EA per 30 days); PA
XYREM	5	PA

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		ADSTILADRIN	19
		ADTHYZA	60
		AEMCOLO	5
		<i>afirmelle</i>	55
		AIMOVIG	16
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		ALECENSA	22
		<i>alendronate sodium</i>	66
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		<i>aliskiren</i>	40
		<i>allopurinol</i>	15
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		<i>alosetron hydrochloride</i>	49
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		<i>alprazolam er</i>	32
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		<i>altavera</i>	55
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		<i>alyacen 1/35</i>	55
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ABILIFY MAINTENA	27		
ABILIFY MYCITE MAINTENANCE KIT	27		
ABILIFY MYCITE STARTER KIT	27		
<i>abiraterone acetate</i>	18		
ABRAXANE	19		
ABRYSVO	65		
<i>acamprosate calcium dr</i>	4		
<i>acarbose</i>	33		
<i>accutane</i>	45		
<i>acebutolol hydrochloride</i>	38		
<i>acetaminophen/codeine</i>	2		
<i>acetaminophen/codeine phosphate</i>	2		
<i>acetazolamide</i>	70		
<i>acetazolamide er</i>	70		
<i>acetazolamide sodium</i>	40		
<i>acetic acid</i>	71		
<i>acetic acid 0.25%</i>	52		
<i>acetylcysteine</i>	67		
<i>acetylcysteine</i>	74		
<i>acitretin</i>	45		
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<i>amethyst</i>	55	APTIOM	9
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<i>aminocaproic acid</i>	36	ARANESP ALBUMIN FREE	35
<i>aminophylline</i>	73	ARCALYST	63
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<i>amiodarone hcl</i>	38	<i>aripiprazole odt</i>	27
<i>amiodarone hydrochloride</i>	38	ARISTADA	27
<i>amitriptyline hcl</i>	13	ARISTADA INITIO	27
<i>amitriptyline hydrochloride</i>	13	<i>armodafinil</i>	75
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<i>amlodipine besylate/benazepril hcl</i>	40	ARRANON	18
<i>amlodipine besylate/benazepril hydrochloride</i>	40	ARSENIC TRIOXIDE	19
<i>amlodipine besylate/valsartan</i>	40	ARZERRA	24
<i>ammonium lactate</i>	45	ASCENIV	62
<i>amnestem</i>	45	<i>ascomp/codeine</i>	2
<i>amoxapine</i>	13	ASENAPINE MALEATE SL	27
<i>amoxicillin</i>	7	<i>ashlyna</i>	55
<i>amoxicillin/clavulanate potassium</i>	7	<i>aspirin/dipyridamole</i>	36
<i>amoxicillin/clavulanate potassium er</i>	7	<i>aspirin/dipyridamole er</i>	36
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<i>amphotericin b</i>	14	<i>atazanavir</i>	31
<i>amphotericin b liposome</i>	14	<i>atazanavir sulfate</i>	31
<i>ampicillin</i>	7	<i>atenolol</i>	39
<i>ampicillin sodium</i>	7	<i>atenolol/chlorthalidone</i>	39
<i>ampicillin/sulbactam</i>	7	ATGAM	62
<i>ampicillin-sulbactam</i>	7	<i>atomoxetine</i>	43
<i>anagrelide hydrochloride</i>	35	<i>atomoxetine hydrochloride</i>	43
<i>anastrozole</i>	22	<i>atorvastatin calcium</i>	41
ANKTIVA	19	<i>atovaquone</i>	26
ANNOVERA	55	<i>atovaquone/proguanil hcl</i>	26
ANORO ELLIPTA	74	<i>atropine sulfate</i>	40
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<i>aurovela 1/20</i>	55	BD PEN NEEDLE/ORIGINAL/ULTRA-	67
<i>aurovela 24 fe</i>	55	FINE/29G X 12.7MM	
<i>aurovela fe 1.5/30</i>	55	BELBUCA	1
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<i>aviane</i>	55	<i>benazepril hydrochloride</i>	37
<i>avita</i>	45	<i>benazepril</i>	37
AVONEX	44	<i>hydrochloride/hydrochlorothiazide</i>	
AVONEX PEN	44	<i>bendamustine hydrochloride</i>	17
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<i>ayuna</i>	55	<i>benztropine mesylate</i>	26
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<i>azacitidine</i>	19	BESPONSA	24
<i>azathioprine</i>	64	BESREMI	19
<i>azelaic acid</i>	45	<i>betaine anhydrous</i>	51
<i>azelastine hcl</i>	70	<i>betamethasone dipropionate</i>	53
<i>azelastine hcl</i>	71	<i>betamethasone dipropionate augmented</i>	53
<i>azelastine hydrochloride</i>	71	<i>betamethasone sodium</i>	53
AZELEX	45	<i>phosphate/betamethasone acetate</i>	
<i>azithromycin</i>	8	<i>betamethasone valerate</i>	53
<i>aztreonam</i>	8	BETASERON	44
<i>azurette</i>	55	<i>betaxolol hcl</i>	39
BACITRACIN	5	<i>betaxolol hcl</i>	70
<i>bacitracin/polymyxin b</i>	69	<i>bethanechol chloride</i>	52
<i>baclofen</i>	28	BEVESPI AEROSPHERE	72
BAFIERTAM	44	<i>bexarotene</i>	25
<i>balsalazide disodium</i>	66	BEXSERO	65
BALVERSA	22	BEYFORTUS	62
<i>balziva</i>	55	<i>bicalutamide</i>	18
BARACLUDGE	29	BICILLIN C-R	7
BAVENCIO	24	BICILLIN L-A	7
BAXDELA	8	BICNU	17
BCG VACCINE	65	BIKTARVY	29
BD INSULIN SYRINGE	67	<i>bisoprolol fumarate</i>	39
SAFETYGLIDE/1ML/29G X 1/2"		<i>bisoprolol fumarate/hydrochlorothiazide</i>	39
B-D INSULIN SYRINGE ULTRAFINE	67	BIVIGAM	62
II/0.3ML/31G X 5/16"		<i>bleomycin sulfate</i>	19
BD INSULIN SYRINGE ULTRA-	67	BLINCYTO	24
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		<i>blisovi fe 1.5/30</i>	55

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BRAFTOVI	19	<i>calcipotriene</i>	46
BREO ELLIPTA	74	<i>calcitonin salmon</i>	67
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<i>briellyn</i>	55	<i>calcitriol</i>	46
BRILINTA	36	<i>calcitriol</i>	67
<i>brimonidine tartrate</i>	70	<i>calcium acetate</i>	48
<i>brimonidine tartrate/timolol maleate</i>	69	CALQUENCE	22
<i>brinzolamide</i>	70	<i>camila</i>	59
BRIVIACT	9	<i>camrese</i>	55
<i>bromfenac</i>	70	<i>camrese lo</i>	55
BROMFENAC SODIUM	70	CAMZYOS	40
<i>bromocriptine mesylate</i>	26	<i>candesartan cilexetil</i>	37
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BRUKINSA	22	CAPRELSA	22
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<i>budesonide</i>	66	<i>carbamazepine</i>	11
<i>budesonide</i>	71	<i>carbamazepine er</i>	11
<i>budesonide er</i>	66	<i>carbidopa</i>	26
<i>bumetanide</i>	41	<i>carbidopa/levodopa</i>	26
<i>buprenorphine</i>	1	<i>carbidopa/levodopa er</i>	26
<i>buprenorphine hcl</i>	4	<i>carbidopa/levodopa odt</i>	26
<i>buprenorphine hcl/naloxone hcl</i>	4	<i>carbidopa/levodopa/entacapone</i>	26
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	4	<i>carboplatin</i>	17
<i>bupropion hcl</i>	12	<i>carglumic acid</i>	46
<i>bupropion hydrochloride</i>	12	CARMUSTINE	17
<i>bupropion hydrochloride er (sr)</i>	4	<i>carteolol hcl</i>	70
<i>bupropion hydrochloride er (sr)</i>	12	<i>cartia xt</i>	40
<i>bupropion hydrochloride er (xl)</i>	12	<i>carvedilol</i>	39
<i>bupirone hcl</i>	32	<i>carvedilol phosphate er</i>	39
<i>bupirone hydrochloride</i>	32	<i>caspofungin acetate</i>	14
<i>busulfan</i>	17	CAYSTON	73
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<i>butalbital/acetaminophen/caffeine</i>	43	<i>cefaclor er</i>	6
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	<i>cefadroxil</i>	6
<i>butalbital/aspirin/caffeine</i>	43	CEFAZOLIN	6
<i>butalbital/aspirin/caffeine/codeine</i>	2	<i>cefazolin sodium</i>	6
<i>butorphanol tartrate</i>	2	<i>cefazolin sodium/dextrose</i>	6
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CEFEPIME HYDROCHLORIDE	6	<i>cilostazol</i>	37
CEFEPIME/DEXTROSE	6	CIMDUO	30
<i>cefixime</i>	6	<i>cimetidine</i>	50
CEFOTAXIME SODIUM	6	<i>cimetidine hcl</i>	50
<i>cefotetan</i>	7	<i>cimetidine hydrochloride</i>	50
<i>cefoxitin sodium</i>	7	CIMZIA	64
<i>cefpodoxime proxetil</i>	7	CIMZIA STARTER KIT	64
<i>cefprozil</i>	7	<i>cinacalcet hydrochloride</i>	67
<i>ceftazidime</i>	7	CINRYZE	61
<i>ceftazidime/dextrose</i>	7	CINVANTI	14
<i>ceftriaxone in iso-osmotic dextrose</i>	7	<i>ciprofloxacin</i>	8
<i>ceftriaxone sodium</i>	7	<i>ciprofloxacin hcl</i>	8
<i>ceftriaxone/dextrose</i>	7	<i>ciprofloxacin hydrochloride</i>	8
<i>cefuroxime axetil</i>	7	<i>ciprofloxacin i.v.-in d5w</i>	8
<i>cefuroxime sodium</i>	7	<i>ciprofloxacin/dexamethasone</i>	71
<i>celecoxib</i>	1	<i>cisplatin</i>	17
<i>cephalexin</i>	7	<i>citalopram hydrobromide</i>	12
CERDELGA	51	<i>cladribine</i>	18
CEREZYME	51	<i>claravis</i>	45
<i>cetirizine hydrochloride</i>	71	<i>clarithromycin</i>	8
<i>cevimeline hydrochloride</i>	44	<i>clarithromycin er</i>	8
<i>charlotte 24 fe</i>	55	CLEOCIN	5
<i>chateal eq</i>	55	<i>clindacin</i>	5
CHEMET	48	<i>clindacin etz pledgets</i>	5
CHENODAL	50	<i>clindamycin hcl</i>	5
<i>chloramphenicol sodium succinate</i>	5	<i>clindamycin hydrochloride</i>	5
<i>chlordiazepoxide hcl</i>	32	<i>clindamycin palmitate hydrochloride</i>	5
<i>chlordiazepoxide hydrochloride</i>	32	<i>clindamycin phosphate</i>	5
<i>chlordiazepoxide/amitriptyline</i>	13	<i>clindamycin phosphate</i>	46
<i>chlorhexidine gluconate</i>	44	<i>clindamycin phosphate/dextrose</i>	5
<i>chloroquine phosphate</i>	26	CLINIMIX 4.25%/DEXTROSE 10%	46
<i>chlorothiazide sodium</i>	41	CLINIMIX 4.25%/DEXTROSE 5%	46
<i>chlorpromazine hcl</i>	27	CLINIMIX 5%/DEXTROSE 15%	46
<i>chlorpromazine hydrochloride</i>	27	CLINIMIX 5%/DEXTROSE 20%	46
<i>chlorthalidone</i>	41	CLINIMIX 6/5	46
CHOLBAM	50	CLINIMIX 8/10	46
<i>cholestyramine</i>	42	CLINIMIX 8/14	46
<i>cholestyramine light</i>	42	CLINIMIX E 2.75%/DEXTROSE 5%	46
<i>chorionic gonadotropin</i>	54	CLINIMIX E 4.25%/DEXTROSE 10%	46
<i>ciclodan</i>	14	CLINIMIX E 4.25%/DEXTROSE 5%	46
<i>ciclopirox</i>	14	CLINIMIX E 5%/DEXTROSE 15%	46
<i>ciclopirox nail lacquer</i>	14	CLINIMIX E 5%/DEXTROSE 20%	46

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Drug Name	Page #	Drug Name	Page #
CLINIMIX E 8/10	46	CREON	51
CLINIMIX E 8/14	46	CRESEMBA	15
CLINISOL SF 15%	67	CRINONE	59
CLINOLIPID	67	<i>cromolyn sodium</i>	50
<i>clobazam</i>	10	<i>cromolyn sodium</i>	70
<i>clobetasol propionate</i>	45	<i>cromolyn sodium</i>	73
<i>clobetasol propionate</i>	53	<i>crotan</i>	46
<i>clobetasol propionate e</i>	45	<i>cryselle-28</i>	55
<i>clobetasol propionate emollient</i>	45	CRYSVITA	46
<i>clofarabine</i>	18	CURITY ALL PURPOSE SPONGES	67
<i>clomipramine hydrochloride</i>	13	2"X2"	
<i>clonazepam</i>	10	CURITY GAUZE PADS 2"X2" 12 PLY	68
<i>clonazepam odt</i>	10	CUVITRU	62
<i>clonidine</i>	37	<i>cyclobenzaprine hydrochloride</i>	74
<i>clonidine hydrochloride</i>	37	<i>cyclopentolate hcl</i>	69
<i>clonidine hydrochloride</i>	43	<i>cyclopentolate hydrochloride</i>	69
<i>clonidine hydrochloride er</i>	43	CYCLOPHOSPHAMIDE	17
<i>clopidogrel</i>	37	CYCLOPHOSPHAMIDE	17
<i>clorazepate dipotassium</i>	32	MONOHYDRATE	
<i>clotrimazole</i>	14	<i>cycloserine</i>	16
<i>clotrimazole/betamethasone dipropionate</i>	14	CYCLOSET	33
<i>clozapine</i>	28	<i>cyclosporine</i>	64
CLOZAPINE ODT	28	<i>cyclosporine</i>	69
COARTEM	26	<i>cyclosporine modified</i>	64
<i>codeine sulfate</i>	2	<i>cyproheptadine hcl</i>	72
<i>colchicine</i>	15	<i>cyproheptadine hydrochloride</i>	72
<i>colesevelam hydrochloride</i>	42	CYRAMZA	24
<i>colestipol hcl</i>	42	<i>cyred eq</i>	56
<i>colistimethate sodium</i>	5	CYSTADROPS	69
COLUMVI	19	CYSTAGON	51
COMBIVENT RESPIMAT	72	CYSTARAN	69
COMETRIQ	22	<i>cytarabine</i>	18
COMPLERA	30	<i>cytarabine aqueous</i>	18
<i>compro</i>	13	CYTOGAM	62
<i>constulose</i>	49	<i>dabigatran etexilate</i>	35
COPIKTRA	19	<i>dacarbazine</i>	17
CORDRAN	53	<i>dactinomycin</i>	20
CORLANOR	40	<i>dalfampridine er</i>	44
CORTIFOAM	66	DALVANCE	5
COSELA	67	<i>danazol</i>	55
COSENTYX	63	<i>dantrolene sodium</i>	28
COSENTYX SENSOREADY PEN	63	DANYELZA	24
COSENTYX UNOREADY	63	<i>dapsone</i>	16
COTELLIC	19	DAPTACEL	65

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<i>daptomycin</i>	5	<i>dexrazoxane</i>	20
DAPTOMYCIN/SODIUM CHLORIDE	5	DEXTROAMPHETAMINE SULFATE	43
DARIFENACIN HYDROBROMIDE ER	52	<i>dextroamphetamine sulfate er</i>	43
<i>darunavir</i>	31	<i>dextrose</i>	47
DARZALEX	24	<i>dextrose 5%/electrolyte #48 viaflex</i>	46
DARZALEX FASPRO	24	<i>dextrose 10%</i>	46
<i>dasatinib</i>	22	<i>dextrose 10%/sodium chloride 0.2%</i>	46
<i>dasetta 1/35</i>	56	<i>dextrose 10%/sodium chloride 0.45%</i>	47
<i>dasetta 7/7/7</i>	56	<i>dextrose 2.5%/sodium chloride 0.45%</i>	47
<i>daunorubicin hydrochloride</i>	20	<i>dextrose 25%</i>	47
DAURISMO	20	<i>dextrose 5%</i>	47
<i>daysee</i>	56	<i>dextrose 5%/lactated ringers</i>	47
DAYVIGO	74	<i>dextrose 5%/sodium chloride 0.2%</i>	47
<i>deblitane</i>	59	<i>dextrose 5%/sodium chloride 0.3%</i>	47
<i>decitabine</i>	20	<i>dextrose 5%/sodium chloride 0.33%</i>	47
<i>deferasirox</i>	48	<i>dextrose 5%/sodium chloride 0.45%</i>	47
<i>deferiprone</i>	48	<i>dextrose 5%/sodium chloride 0.9%</i>	47
<i>deferoxamine mesylate</i>	68	<i>dextrose 50%</i>	47
DELSTRIGO	29	<i>dextrose/sodium chloride</i>	47
<i>delyla</i>	56	DIACOMIT	10
<i>demeclocycline hcl</i>	9	<i>diazepam</i>	32
<i>demeclocycline hydrochloride</i>	9	<i>diazepam intensol</i>	32
DENGVAXIA	65	<i>diazepam rectal gel</i>	10
DEPO-ESTRADIOL	56	<i>diazoxide</i>	34
DEPO-SUBQ PROVERA 104	59	<i>dichlorphenamide</i>	68
DESCOVY	30	<i>diclofenac potassium</i>	1
<i>desipramine hydrochloride</i>	13	<i>diclofenac sodium</i>	1
<i>desloratadine</i>	72	<i>diclofenac sodium</i>	70
<i>desmopressin acetate</i>	54	<i>diclofenac sodium dr</i>	1
<i>desogestrel/ethinyl estradiol</i>	56	<i>diclofenac sodium er</i>	1
<i>desonide</i>	53	<i>diclofenac sodium/misoprostol</i>	1
<i>desoximetasone</i>	45	<i>dicloxacillin sodium</i>	7
<i>desvenlafaxine er</i>	12	<i>dicyclomine hcl</i>	49
<i>dexamethasone</i>	53	<i>dicyclomine hydrochloride</i>	50
DEXAMETHASONE INTENSOL	53	DIFICID	8
<i>dexamethasone sodium phosphate</i>	53	<i>diflunisal</i>	1
<i>dexamethasone sodium phosphate</i>	70	<i>digitek</i>	38
DEXAMETHASONE SODIUM	53	<i>digox</i>	38
PHOSPHATE +RFID		DIGOXIN	38
<i>dexlansoprazole</i>	50	<i>dihydroergotamine mesylate</i>	16
<i>dexmethylphenidate hcl</i>	43	DILANTIN	11
<i>dexmethylphenidate hcl er</i>	43	DILANTIN INFATABS	11
<i>dexmethylphenidate hydrochloride</i>	43	<i>diltiazem hcl</i>	40
<i>dexmethylphenidate hydrochloride er</i>	43	<i>diltiazem hcl cd</i>	40

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<i>diltiazem hcl er</i>	40	<i>doxepin hydrochloride</i>	74
<i>diltiazem hydrochloride</i>	40	<i>doxercalciferol</i>	67
<i>diltiazem hydrochloride er</i>	40	<i>doxorubicin hcl</i>	20
<i>dilt-xr</i>	40	<i>doxorubicin hydrochloride</i>	20
<i>dimenhydrinate</i>	14	<i>doxorubicin hydrochloride liposomal</i>	20
<i>dimethyl fumarate</i>	44	<i>doxy 100</i>	9
<i>dimethyl fumarate starterpack</i>	44	<i>doxycycline</i>	9
DIPENTUM	66	<i>doxycycline hyclate</i>	9
<i>diphenhydramine hcl</i>	72	<i>doxycycline hyclate dr</i>	9
<i>diphenhydramine hydrochloride</i>	72	<i>doxycycline monohydrate</i>	9
<i>diphenoxylate hydrochloride/atropine</i>	50	DRIZALMA SPRINKLE	12
<i>sulfate</i>		<i>dronabinol</i>	14
<i>diphenoxylate/atropine</i>	50	<i>droperidol</i>	14
DIPHThERIA/TETANUS TOXOIDS	65	DROPLET PEN NEEDLES 29GX10MM	68
ADSORBED PEDIATRIC		<i>drospirenone/ethinyl estradiol</i>	56
<i>disulfiram</i>	4	<i>drospirenone/ethinyl estradiol/levomefolate</i>	56
DIURIL	41	<i>calcium</i>	
<i>divalproex sodium</i>	10	DROXIA	18
<i>divalproex sodium dr</i>	10	<i>droxidopa</i>	37
<i>divalproex sodium er</i>	10	DULERA	74
<i>dobutamine hcl</i>	40	<i>duloxetine hcl</i>	12
<i>dobutamine hcl/d5w</i>	40	<i>duloxetine hydrochloride</i>	12
<i>dobutamine hydrochloride/dextrose 5%</i>	40	DUPIXENT	63
<i>docetaxel</i>	20	<i>duramorph</i>	2
<i>dofetilide</i>	38	<i>dutasteride</i>	52
<i>dolishale</i>	56	DYSPOURT	28
<i>donepezil hcl</i>	11	EASY COMFORT INSULIN	68
<i>donepezil hydrochloride</i>	11	SYRINGE/1ML/32GX5/16"	
<i>donepezil hydrochloride odt</i>	11	EASY COMFORT INSULIN	68
<i>dopamine hydrochloride</i>	40	SYRINGES/0.5ML/32GX5/16"	
<i>dopamine hydrochloride/dextrose</i>	40	<i>ec-naproxen</i>	1
<i>dopamine/d5w</i>	40	<i>econazole nitrate</i>	15
DOPTELET	36	EDURANT	30
<i>dorzolamide hcl/timolol maleate</i>	69	<i>efavirenz</i>	30
<i>dorzolamide hydrochloride</i>	70	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	30
<i>dorzolamide hydrochloride/timolol maleate</i>	69	<i>fumarate</i>	
<i>pf</i>		<i>efavirenz/lamivudine/tenofovir disoproxil</i>	30
<i>dotti</i>	56	<i>fumarate</i>	
DOVATO	29	ELAHERE	24
<i>doxazosin</i>	52	ELAPRASE	51
<i>doxazosin mesylate</i>	52	ELELYSO	51
<i>doxepin hcl</i>	13	ELEPSIA XR	9
<i>doxepin hydrochloride</i>	13	ELIGARD	61
DOXEPIN HYDROCHLORIDE	45	<i>elinest</i>	56

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ELIQUIS	35	EPIVIR HBV	29
ELIQUIS STARTER PACK	35	EPKINLY	20
ELITEK	25	<i>eplerenone</i>	41
<i>elixophyllin</i>	73	EPOGEN	36
ELLA	68	<i>epoprostenol sodium</i>	73
ELMIRON	52	EPRONTIA	9
ELREXFIO	20	EQUETRO	32
<i>eluryng</i>	56	ERAXIS	15
ELZONRIS	20	ERBITUX	24
EMCYT	18	ERGOMAR	16
EMEND	14	ERGOTAMINE TARTRATE/CAFFEINE	16
EMGALITY	16	<i>eribulin mesylate</i>	20
<i>emoquette</i>	56	ERIVEDGE	22
EMPAVELI	63	ERLEADA	18
EMPLICITI	24	<i>erlotinib hydrochloride</i>	22
EMSAM	12	<i>errin</i>	59
<i>emtricitabine</i>	30	<i>ertapenem</i>	8
<i>emtricitabine/tenofovir disoproxil</i>	30	<i>ertapenem sodium</i>	8
<i>emtricitabine/tenofovir disoproxil fumarate</i>	30	<i>ery</i>	8
EMTRIVA	30	ERYTHROCIN LACTOBIONATE	8
<i>emzahh</i>	59	<i>erythrocin stearate</i>	8
<i>enalapril maleate</i>	37	<i>erythromycin</i>	8
<i>enalapril maleate/hydrochlorothiazide</i>	37	<i>erythromycin base</i>	8
<i>enalaprilat</i>	37	<i>erythromycin dr</i>	8
ENBREL	64	<i>erythromycin ethylsuccinate</i>	8
ENBREL MINI	64	<i>erythromycin lactobionate</i>	8
ENBREL SURECLICK	64	<i>escitalopram oxalate</i>	12
ENDARI	51	<i>esmolol hcl</i>	39
<i>endocet</i>	2	<i>esmolol hydrochloride in sodium chloride</i>	39
ENGERIX-B	65	<i>esmolol hydrochloride in sodium chloride</i>	39
ENHERTU	24	<i>double strength</i>	
<i>enilloring</i>	56	<i>esmolol hydrochloride/sodium chloride</i>	39
<i>enoxaparin sodium</i>	35	<i>esomeprazole magnesium</i>	51
<i>enpresse-28</i>	56	<i>estarylla</i>	56
<i>enskyce</i>	56	<i>estazolam</i>	32
<i>entacapone</i>	26	ESTRADIOL	56
<i>entecavir</i>	29	<i>estradiol valerate</i>	56
ENTRESTO	40	<i>estradiol/norethindrone acetate</i>	56
<i>enulose</i>	49	ESTRING	56
EPCLUSA	29	<i>ethacrynate sodium</i>	41
EPIDIOLEX	9	<i>ethacrynic acid</i>	41
<i>epinastine hcl</i>	70	<i>ethambutol hydrochloride</i>	16
<i>epinephrine</i>	72	<i>ethosuximide</i>	10
<i>epitol</i>	11	<i>ethynodiol diacetate/ethinyl estradiol</i>	56

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<i>etodolac</i>	1	FETZIMA TITRATION PACK	12
<i>etodolac er</i>	1	FINACEA	45
<i>etonogestrel/ethinyl estradiol</i>	56	<i>finasteride</i>	52
ETOPOPHOS	22	<i>fingolimod hydrochloride</i>	44
<i>etoposide</i>	22	FINTEPLA	9
<i>etravirine</i>	30	<i>finzala</i>	56
<i>euthyrox</i>	60	FIRMAGON	61
<i>everolimus</i>	22	<i>flac</i>	71
<i>everolimus</i>	64	<i>flavoxate hcl</i>	52
EVOMELA	17	FLEBOGAMMA DIF	62
EVOTAZ	31	<i>flecainide acetate</i>	38
<i>exemestane</i>	22	FLOVENT DISKUS	71
EXKIVITY	22	FLOVENT HFA	71
EXONDYS 51	51	<i>floxuridine</i>	18
EXSERVAN	43	<i>fluconazole</i>	15
EXTAVIA	44	<i>fluconazole in nacl</i>	15
<i>ezetimibe</i>	42	<i>fluconazole in sodium chloride</i>	15
FABRAZYME	51	<i>flucytosine</i>	15
<i>falmina</i>	56	<i>fludarabine phosphate</i>	20
<i>famciclovir</i>	31	<i>fludrocortisone acetate</i>	53
<i>famotidine</i>	50	<i>flunisolide</i>	71
<i>famotidine premixed</i>	50	<i>fluocinolone acetonide</i>	53
FANAPT	27	<i>fluocinolone acetonide</i>	71
FANAPT TITRATION PACK	27	<i>fluocinolone acetonide body</i>	53
FARXIGA	33	<i>fluocinolone acetonide ear drops</i>	71
FASLODEX	18	<i>fluocinolone acetonide scalp</i>	53
<i>febuxostat</i>	15	<i>fluocinolone acetonide topical</i>	53
<i>felbamate</i>	9	<i>fluocinonide</i>	45
<i>felodipine er</i>	39	<i>fluoride</i>	47
FEMLYV	56	<i>fluoritab</i>	47
FEMRING	56	<i>fluorometholone</i>	70
<i>femynor</i>	56	FLUOROURACIL	18
<i>fenofibrate</i>	41	<i>fluoxetine dr</i>	12
<i>fenofibrate micronized</i>	41	<i>fluoxetine hydrochloride</i>	12
<i>fenofibric acid</i>	41	<i>fluphenazine decanoate</i>	27
<i>fenofibric acid dr</i>	41	<i>fluphenazine hcl</i>	27
<i>fenopropfen calcium</i>	1	<i>fluphenazine hydrochloride</i>	27
<i>fentanyl</i>	1	<i>flurandrenolide</i>	53
<i>fentanyl citrate oral transmucosal</i>	2	<i>flurazepam hcl</i>	74
FERRIPROX	48	<i>flurazepam hydrochloride</i>	74
FERRIPROX TWICE-A-DAY	48	<i>flurbiprofen</i>	1
<i>fesoterodine fumarate er</i>	52	<i>flurbiprofen sodium</i>	70
FETROJA	7	<i>flutamide</i>	18
FETZIMA	12	<i>fluticasone propionate</i>	53

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<i>fluticasone propionate</i>	71	GATTEX	50
<i>fluticasone propionate/salmeterol</i>	71	<i>gavilyte-c</i>	49
<i>fluticasone propionate/salmeterol diskus</i>	71	<i>gavilyte-g</i>	49
<i>fluvastatin sodium er</i>	41	<i>gavilyte-n/fluor pack</i>	49
<i>fluvoxamine maleate</i>	12	GAVRETO	20
<i>fluvoxamine maleate er</i>	12	GAZYVA	24
FOLOTYN	18	<i>gefitinib</i>	23
<i>fomepizole</i>	68	<i>gemcitabine hydrochloride</i>	19
<i>fondaparinux sodium</i>	35	<i>gemfibrozil</i>	41
FORTEO	67	<i>gemmily</i>	56
<i>fosamprenavir calcium</i>	31	GEMTESA	52
<i>fosaprepitant dimeglumine</i>	14	<i>generlac</i>	49
<i>fosfomycin tromethamine</i>	5	<i>gengraf</i>	64
<i>fosinopril sodium</i>	37	<i>gentak</i>	4
<i>fosinopril sodium/hydrochlorothiazide</i>	37	<i>gentamicin sulfate</i>	4
<i>fosphenytoin sodium</i>	11	<i>gentamicin sulfate pediatric</i>	4
FOSRENOL	49	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
FOTIVDA	18	GENVOYA	29
FRAGMIN	35	GILENYA	44
FRUZAQLA	22	GILOTRIF	23
FULPHILA	36	GLASSIA	74
<i>fulvestrant</i>	18	<i>glatiramer acetate</i>	44
<i>furosemide</i>	41	<i>glatopa</i>	44
FUZEON	31	GLEOSTINE	17
FYARRO	22	<i>glimepiride</i>	33
<i>fyavolv</i>	56	GLIPIZIDE	33
FYCOMPA	9	<i>glipizide er</i>	33
FYLNETRA	36	<i>glipizide xl</i>	33
<i>gabapentin</i>	10	<i>glipizide/metformin hydrochloride</i>	33
GABLOFEN	28	GLOBAL ALCOHOL PREP EASE PADS	68
GALAFOLD	51	GLUCAGEN HYPOKIT	34
<i>galantamine hydrobromide</i>	12	GLUCAGON EMERGENCY KIT	34
<i>galantamine hydrobromide er</i>	11	GLUCAGON EMERGENCY KIT FOR	34
<i>gallifrey</i>	59	LOW BLOOD SUGAR	
GAMASTAN	62	<i>glycopyrrolate</i>	50
GAMMAGARD LIQUID	62	<i>glydo</i>	3
GAMMAGARD S/D IGA LESS THAN	62	GLYXAMBI	33
1MCG/ML		<i>granisetron hcl</i>	14
GAMMAKED	62	<i>granisetron hydrochloride</i>	14
GAMMAPLEX	62	GRANIX	36
GAMUNEX-C	62	GRASTEK	68
<i>ganciclovir</i>	29	<i>griseofulvin microsize</i>	15
GARDASIL 9	65	<i>griseofulvin ultramicrosize</i>	15
<i>gatifloxacin</i>	8	HADLIMA	64

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HADLIMA PUSH TOUCH	64	HUMIRA PEN-PEDIATRIC UC	64
HAEGARDA	61	STARTER PACK	
<i>hailey 1.5/30</i>	56	HUMIRA PEN-PS/UV STARTER	64
<i>hailey 24 fe</i>	56	<i>humulin 70/30</i>	34
<i>hailey fe 1.5/30</i>	56	HUMULIN 70/30 KWIKPEN	34
<i>hailey fe 1/20</i>	56	<i>humulin n</i>	34
HALAVEN	20	HUMULIN N KWIKPEN	34
<i>halobetasol propionate</i>	53	<i>humulin r</i>	34
<i>haloette</i>	56	HUMULIN R U-500 (CONCENTRATED)	34
<i>haloperidol</i>	27	HUMULIN R U-500 KWIKPEN	34
<i>haloperidol decanoate</i>	27	<i>hydralazine hcl</i>	42
<i>haloperidol lactate</i>	27	<i>hydralazine hydrochloride</i>	42
HARVONI	29	<i>hydrochlorothiazide</i>	41
HAVRIX	65	<i>hydrocodone bitartrate/acetaminophen</i>	3
<i>heather</i>	59	<i>hydrocodone/acetaminophen</i>	3
HEMANGEOL	39	<i>hydrocodone/ibuprofen</i>	3
HEPAGAM B	62	<i>hydrocortisone</i>	54
<i>heparin sodium</i>	35	<i>hydrocortisone</i>	66
<i>heparin sodium/d5w</i>	35	<i>hydrocortisone butyrate</i>	54
<i>heparin sodium/dextrose</i>	35	<i>hydrocortisone butyrate (lipid)</i>	54
<i>heparin sodium/nacl 0.45%</i>	35	<i>hydrocortisone butyrate (lipophilic)</i>	54
<i>heparin sodium/sodium chloride</i>	35	<i>hydrocortisone/acetic acid</i>	71
<i>heparin sodium/sodium chloride 0.9%</i>	35	<i>hydromorphone hcl</i>	3
<i>heparin sodium/sodium chloride 0.9% premix</i>	35	<i>hydromorphone hydrochloride</i>	3
HEPLISAV-B	65	<i>hydroxychloroquine sulfate</i>	26
HERCEPTIN	24	<i>hydroxyprogesterone caproate</i>	60
HERCEPTIN HYLECTA	24	<i>hydroxyurea</i>	19
HERZUMA	24	<i>hydroxyzine hcl</i>	72
HETLIOZ LQ	74	<i>hydroxyzine hydrochloride</i>	72
HIBERIX	65	<i>hydroxyzine pamoate</i>	72
HIZENTRA	62	HYPERHEP B	62
HUMALOG	34	HYPERRHO S/D	62
HUMALOG JUNIOR KWIKPEN	34	HYPERRHO S/D MINI-DOSE	62
HUMALOG KWIKPEN	34	HYQVIA	62
HUMALOG MIX 50/50	34	<i>ibandronate sodium</i>	67
HUMALOG MIX 50/50 KWIKPEN	34	IBRANCE	20
HUMALOG MIX 75/25	34	<i>ibu</i>	1
HUMALOG MIX 75/25 KWIKPEN	34	<i>ibuprofen</i>	1
HUMIRA	64	<i>ibuprofen/famotidine</i>	1
HUMIRA PEDIATRIC CROHNS	64	<i>icatibant acetate</i>	62
DISEASE STARTER PACK		<i>iclevia</i>	56
HUMIRA PEN	64	ICLUSIG	23
HUMIRA PEN-CD/UC/HS STARTER	64	<i>icosapent ethyl</i>	42
		<i>idarubicin hcl</i>	20

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<i>idarubicin hydrochloride</i>	20	ISENTRESS HD	29
IDHIFA	23	<i>isibloom</i>	56
<i>ifosfamide</i>	17	ISOLYTE-P/DEXTROSE 5%	47
ILARIS	63	ISOLYTE-S	47
ILEVRO	70	ISOLYTE-S PH 7.4	47
<i>imatinib mesylate</i>	23	<i>isoniazid</i>	16
IMBRUVICA	23	<i>isoproterenol hydrochloride</i>	72
IMDELLTRA	20	<i>isosorbide dinitrate</i>	42
IMFINZI	24	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	42
<i>imipenem/cilastatin</i>	8	<i>isosorbide mononitrate</i>	42
<i>imipramine hcl</i>	13	<i>isosorbide mononitrate er</i>	42
<i>imipramine hydrochloride</i>	13	<i>isotonic gentamicin</i>	4
<i>imipramine pamoate</i>	13	<i>isotretinoin</i>	45
<i>imiquimod</i>	46	<i>isradipine</i>	39
<i>imiquimod pump</i>	46	ISTODAX	20
IMJUDO	24	ISTURISA	61
IMOVAX RABIES (H.D.C.V.)	65	ITOVEBI	20
IMVEXXY MAINTENANCE PACK	56	<i>itraconazole</i>	15
IMVEXXY STARTER PACK	56	<i>ivabradine hydrochloride</i>	40
<i>incassia</i>	60	<i>ivermectin</i>	26
INCRELEX	54	<i>ivermectin</i>	46
<i>indapamide</i>	41	IWILFIN	20
INFANRIX	65	IXCHIQ	65
INFLECTRA	64	IXEMPRA KIT	20
<i>infliximab</i>	64	IXIARO	65
INFUGEM	19	<i>jaimiess</i>	56
INGREZZA	43	JAKAFI	23
INLYTA	23	<i>jantoven</i>	35
INQOVI	23	JANUMET	33
INREBIC	20	JANUMET XR	33
INTELENCE	30	JANUVIA	33
INTRALIPID	68	JARDIANCE	33
<i>introvale</i>	56	<i>jasmiel</i>	57
INVEGA HAFYERA	27	JAYPIRCA	23
INVEGA SUSTENNA	27	JEMPERLI	24
INVEGA TRINZA	27	<i>jencycla</i>	60
IONOSOL-MB/DEXTROSE 5%	47	JENTADUETO	33
IPOL INACTIVATED IPV	65	JENTADUETO XR	33
<i>ipratropium bromide</i>	72	JEVTANA	20
<i>ipratropium bromide/albuterol sulfate</i>	72	<i>jinteli</i>	57
<i>irbesartan</i>	37	<i>jolessa</i>	57
<i>irbesartan/hydrochlorothiazide</i>	37	<i>joyeaux</i>	57
<i>irinotecan hydrochloride</i>	22	<i>juleber</i>	57
ISENTRESS	29		

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JULUCA	29	KISQALI FEMARA 600 DOSE	17
<i>junel 1.5/30</i>	57	<i>klayesta</i>	15
<i>junel 1/20</i>	57	<i>klor-con</i>	47
<i>junel fe 1.5/30</i>	57	<i>klor-con 10</i>	47
<i>junel fe 1/20</i>	57	<i>klor-con 8</i>	47
<i>junel fe 24</i>	57	<i>klor-con m10</i>	47
JUXTAPID	42	<i>klor-con m15</i>	47
JYLAMVO	64	<i>klor-con m20</i>	47
JYNARQUE	48	KORLYM	33
JYNNEOS	65	KOSELUGO	23
KADCYLA	24	<i>kourzeq</i>	44
<i>kaitlib fe</i>	57	KRAZATI	20
KALBITOR	68	KRINTAFEL	26
<i>kalliga</i>	57	KRISTALOSE	49
KALYDECO	73	KRYSTEXXA	15
KANJINTI	24	<i>kurvelo</i>	57
KANUMA	51	KYPROLIS	22
KAPSPARGO SPRINKLE	39	<i>labetalol hydrochloride</i>	39
<i>kariva</i>	57	<i>lacosamide</i>	11
KAZANO	33	<i>lactated ringers irrigation</i>	68
<i>kcl 0.075%/d5w/nacl 0.45%</i>	47	<i>lactulose</i>	49
<i>kcl 0.15%/d5w/nacl 0.2%</i>	47	LAGEVRIO	68
<i>kcl 0.15%/d5w/nacl 0.225%</i>	47	<i>lamivudine</i>	29
<i>kcl 0.15%/d5w/nacl 0.45%</i>	47	<i>lamivudine</i>	30
<i>kcl 0.15%/d5w/nacl 0.9%</i>	47	<i>lamivudine/zidovudine</i>	30
<i>kcl 0.3%/d5w/nacl 0.45%</i>	47	<i>lamotrigine</i>	10
<i>kcl 0.3%/d5w/nacl 0.9%</i>	47	<i>lamotrigine er</i>	9
<i>kelnor 1/35</i>	57	<i>lamotrigine starter kit/blue</i>	9
<i>kelnor 1/50</i>	57	<i>lamotrigine starter kit/green</i>	9
<i>kemoplat</i>	17	<i>lamotrigine starter kit/orange</i>	9
KEPIVANCE	44	<i>lamotrigine titration</i>	9
KERENDIA	41	LANOXIN PEDIATRIC	38
<i>ketoconazole</i>	15	LANREOTIDE ACETATE	61
<i>ketorolac tromethamine</i>	1	<i>lansoprazole</i>	51
<i>ketorolac tromethamine</i>	70	<i>lanthanum carbonate</i>	49
KEYTRUDA	24	LANTUS	34
KIMMTRAK	20	LANTUS SOLOSTAR	34
KIMYRSA	5	<i>lapatinib ditosylate</i>	23
KINERET	64	<i>larin 1.5/30</i>	57
KINRIX	65	<i>larin 1/20</i>	57
<i>kionex</i>	49	<i>larin 24 fe</i>	57
KISQALI	20	<i>larin fe 1.5/30</i>	57
KISQALI FEMARA 200 DOSE	17	<i>larin fe 1/20</i>	57
KISQALI FEMARA 400 DOSE	17	<i>larissia</i>	57

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<i>latanoprost</i>	71	<i>levothyroxine sodium</i>	60
<i>layolis fe</i>	57	<i>levoxyl</i>	60
LAZCLUZE	20	LEXIVA	31
LEDIPASVIR/SOFOSBUVIR	29	<i>l-glutamine</i>	51
<i>leena</i>	57	LIBERVANT	10
<i>leflunomide</i>	63	LIBTAYO	25
LEMTRADA	63	<i>lidocaine</i>	4
<i>lenalidomide</i>	18	<i>lidocaine hcl</i>	3
LENVIMA 10 MG DAILY DOSE	23	<i>lidocaine hcl</i>	38
LENVIMA 12MG DAILY DOSE	23	<i>lidocaine hcl</i>	44
LENVIMA 14 MG DAILY DOSE	23	<i>lidocaine hcl in d5w</i>	38
LENVIMA 18 MG DAILY DOSE	23	<i>lidocaine hcl jelly</i>	3
LENVIMA 20 MG DAILY DOSE	23	<i>lidocaine hcl viscous</i>	44
LENVIMA 24 MG DAILY DOSE	23	<i>lidocaine hcl/dextrose</i>	38
LENVIMA 4 MG DAILY DOSE	23	<i>lidocaine hydrochloride</i>	3
LENVIMA 8 MG DAILY DOSE	23	<i>lidocaine hydrochloride viscous</i>	44
<i>lessina</i>	57	<i>lidocaine viscous</i>	44
<i>letrozole</i>	22	<i>lidocaine/prilocaine</i>	3
<i>leucovorin calcium</i>	20	<i>lillow</i>	57
LEUKERAN	17	<i>lincomycin hcl</i>	5
LEUKINE	36	<i>lincomycin hydrochloride</i>	5
LEUPROLIDE ACETATE	61	<i>lindane</i>	46
<i>levalbuterol hcl</i>	72	<i>linezolid</i>	5
<i>levalbuterol hydrochloride</i>	72	LINZESS	49
<i>levalbuterol tartrate hfa</i>	72	LIORESAL INTRATHECAL	28
LEVEMIR	34	<i>liothyronine sodium</i>	60
LEVEMIR FLEXPEN	34	<i>lisinopril</i>	37
LEVEMIR FLEXTOUCH	34	<i>lisinopril/hydrochlorothiazide</i>	37
<i>levetiracetam</i>	10	<i>lithium</i>	32
<i>levetiracetam er</i>	10	<i>lithium carbonate</i>	32
<i>levetiracetam/sodium chloride</i>	10	<i>lithium carbonate er</i>	32
<i>levobunolol hcl</i>	70	LITHOSTAT	52
<i>levocarnitine</i>	68	LIVTENCITY	29
<i>levocetirizine dihydrochloride</i>	72	LO LOESTRIN FE	57
<i>levofloxacin</i>	8	<i>lofexidine hydrochloride</i>	4
<i>levofloxacin in d5w</i>	8	<i>lojaimiess</i>	57
<i>levoleucovorin</i>	20	LONHALA MAGNAIR REFILL KIT	72
<i>levonest</i>	57	LONHALA MAGNAIR STARTER KIT	72
<i>levonorgestrel and ethinyl estradiol</i>	57	LONSURF	19
<i>levonorgestrel/ethinyl estradiol</i>	57	<i>loperamide hcl</i>	50
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	57	<i>lopinavir/ritonavir</i>	31
<i>levora 0.15/30-28</i>	57	LOQTORZI	25
<i>levo-t</i>	60	<i>lorazepam</i>	32
		LORBRENA	20

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<i>loryna</i>	57	MAVYRET	29
<i>losartan potassium</i>	37	MAYZENT	44
<i>losartan potassium/hydrochlorothiazide</i>	37	MAYZENT STARTER PACK	44
<i>loteprednol etabonate</i>	70	<i>meclizine hcl</i>	14
<i>lovastatin</i>	42	<i>meclizine hydrochloride</i>	14
<i>low-ogestrel</i>	57	<i>meclofenamate sodium</i>	1
<i>loxapine</i>	27	<i>medroxyprogesterone acetate</i>	60
<i>lo-zumandimine</i>	57	<i>mefenamic acid</i>	1
LUBIPROSTONE	49	<i>mefloquine hcl</i>	26
LUCEMYRA	4	<i>megestrol acetate</i>	60
LUMAKRAS	20	MEKINIST	23
LUMIGAN	71	MEKTOVI	20
LUMIZYME	51	<i>meloxicam</i>	1
LUMOXITI	25	<i>melfalan hydrochloride</i>	17
LUNSUMIO	20	<i>memantine hcl titration pak</i>	12
LUPKYNIS	64	<i>memantine hydrochloride</i>	12
LUPRON DEPOT (1-MONTH)	61	<i>memantine hydrochloride er</i>	12
LUPRON DEPOT (3-MONTH)	61	MENACTRA	65
LUPRON DEPOT (4-MONTH)	61	MENQUADFI	65
LUPRON DEPOT (6-MONTH)	61	MENTAX	15
LUPRON DEPOT-PED (1-MONTH)	61	MENVEO	65
LUPRON DEPOT-PED (3-MONTH)	61	<i>meprobamate</i>	32
LUPRON DEPOT-PED (6-MONTH)	61	<i>mercaptopurine</i>	19
<i>lurasidone hydrochloride</i>	27	<i>meropenem</i>	8
<i>lutra</i>	57	MEROPENEM/SODIUM CHLORIDE	8
LYBALVI	27	<i>merzee</i>	57
<i>lyleq</i>	60	<i>mesalamine</i>	66
<i>lyllana</i>	57	<i>mesalamine dr</i>	66
LYNPARZA	20	<i>mesalamine er</i>	66
LYSODREN	61	<i>mesna</i>	25
LYTGOBI	20	MESNEX	25
<i>lyza</i>	60	<i>metformin hydrochloride</i>	33
<i>mafenide acetate</i>	5	<i>metformin hydrochloride er</i>	33
<i>magnesium sulfate</i>	47	<i>methadone hcl</i>	1
<i>magnesium sulfate in d5w</i>	47	<i>methadone hydrochloride</i>	2
<i>magnesium sulfate/dextrose</i>	47	<i>methadone hydrochloride intensol</i>	2
<i>malathion</i>	46	<i>methadose</i>	2
<i>maraviroc</i>	31	<i>methadose sugar-free</i>	2
MARGENZA	25	<i>methazolamide</i>	71
<i>marlissa</i>	57	<i>methenamine hippurate</i>	5
MARPLAN	12	<i>methergine</i>	68
MATULANE	17	<i>methimazole</i>	61
<i>matzim la</i>	40	<i>methocarbamol</i>	74
MAVENCLAD	44	<i>methotrexate</i>	64

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<i>methotrexate sodium</i>	64	<i>mimvey</i>	58
<i>methoxsalen</i>	46	MINOCIN	9
<i>methscopolamine bromide</i>	50	<i>minocycline hcl</i>	9
METHSUXIMIDE	10	<i>minocycline hydrochloride</i>	9
<i>methylergonovine maleate</i>	68	<i>minocycline hydrochloride er</i>	9
<i>methylphenidate hydrochloride</i>	43	<i>minoxidil</i>	42
<i>methylphenidate hydrochloride cd</i>	43	<i>mirtazapine</i>	12
<i>methylphenidate hydrochloride er</i>	43	<i>mirtazapine odt</i>	12
<i>methylprednisolone</i>	54	<i>misoprostol</i>	50
<i>methylprednisolone acetate</i>	54	<i>mitomycin</i>	21
<i>methylprednisolone dose pack</i>	54	<i>mitoxantrone hcl</i>	21
<i>methylprednisolone sodium succinate</i>	54	M-M-R II	65
<i>methylprednisolone sodiumsuccinate</i>	54	MODAFINIL	75
<i>metoclopramide hcl</i>	50	<i>moexipril hcl</i>	37
<i>metoclopramide hydrochloride</i>	50	MOLINDONE HYDROCHLORIDE	27
<i>metoclopramide odt</i>	50	<i>mometasone furoate</i>	54
<i>metolazone</i>	41	<i>mondoxyne nl</i>	9
<i>metoprolol succinate er</i>	39	MONJUVI	25
<i>metoprolol tartrate</i>	39	<i>mono-lynyah</i>	58
<i>metoprolol/hydrochlorothiazide</i>	39	<i>montelukast sodium</i>	72
<i>metronidazole</i>	5	<i>morphine sulfate</i>	3
<i>metronidazole</i>	45	<i>morphine sulfate er</i>	2
<i>metronidazole vaginal</i>	5	MOUNJARO	33
<i>metyrosine</i>	41	MOVANTIK	50
<i>mexiletine hcl</i>	38	<i>moxifloxacin hydrochloride/sodium</i>	8
MIACALCIN	67	<i>hydrochloride</i>	
<i>mibelas 24 fe</i>	57	<i>moxifloxacin hydrochloride</i>	8
<i>micafungin</i>	15	MOZOBIL	36
<i>miconazole 3</i>	15	MRESVIA	65
MICRHOGAM ULTRA-FILTERED PLUS	62	MULPLETA	36
<i>microgestin 1.5/30</i>	57	MULTAQ	38
<i>microgestin 1/20</i>	57	<i>multiple electrolytes injection type 1</i>	47
<i>microgestin 24 fe</i>	58	<i>mupirocin</i>	6
<i>microgestin fe 1.5/30</i>	58	<i>mutamycin</i>	21
<i>microgestin fe 1/20</i>	58	MVASI	25
<i>midazolam hcl</i>	32	MYALEPT	68
<i>midazolam hydrochloride</i>	32	MYCOPHENOLATE MOFETIL	64
<i>midodrine hcl</i>	37	<i>mycophenolic acid dr</i>	64
<i>mifepristone</i>	33	MYLOTARG	25
MIGERGOT	16	MYOBLOC	28
<i>miglitol</i>	33	<i>myorisan</i>	45
<i>miglustat</i>	51	MYRBETRIQ	52
<i>mili</i>	58	NABI-HB	62
<i>milrinone lactate in dextrose</i>	41	<i>nabumetone</i>	1

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NAFCILLIN	7	NEUPRO	26
<i>nafcillin sodium</i>	7	<i>nevirapine</i>	30
<i>nafrinse</i>	47	<i>nevirapine er</i>	30
NAFTIFINE HCL	15	NEXLETOL	42
NAFTIFINE HYDROCHLORIDE	15	NEXLIZET	42
NAGLAZYME	51	NEXTERONE	38
<i>nalbuphine hydrochloride</i>	3	NEXTSTELLIS	58
<i>naloxone hcl</i>	4	<i>niacin</i>	42
<i>naloxone hydrochloride</i>	4	<i>niacin er</i>	42
<i>naltrexone hcl</i>	4	<i>niacor</i>	42
<i>naproxen</i>	1	<i>nicardipine hcl</i>	39
<i>naproxen dr</i>	1	NICARDIPINE HYDROCHLORIDE	39
<i>naproxen sodium</i>	1	NICARDIPINE	39
<i>naratriptan hcl</i>	16	HYDROCHLORIDE/SODIUM	
NARCAN	4	CHLORIDE	
NATACYN	15	NICOTROL INHALER	4
NATAZIA	58	NICOTROL NS	4
<i>nateglinide</i>	33	<i>nifedipine er</i>	39
NATPARA	67	<i>nikki</i>	58
NAYZILAM	10	<i>nilutamide</i>	18
<i>nebivolol</i>	39	<i>nimodipine</i>	39
<i>nebivolol hydrochloride</i>	39	NINLARO	21
<i>necon 0.5/35-28</i>	58	<i>nitazoxanide</i>	26
<i>nefazodone hydrochloride</i>	13	<i>nitisinone</i>	51
<i>nelarabine</i>	19	NITRO-BID	42
NEMBUTAL SODIUM	74	NITRO-DUR	42
<i>neomycin sulfate</i>	4	<i>nitrofurantoin macrocrystals</i>	6
<i>neomycin/bacitracin/polymyxin</i>	69	<i>nitrofurantoin monohydrate</i>	6
<i>neomycin/polymyxin b sulfates</i>	5	<i>nitrofurantoin monohydrate/macrocrystals</i>	6
<i>neomycin/polymyxin/bacitracin</i>	69	<i>nitroglycerin</i>	42
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	69	NITROGLYCERIN	50
<i>neomycin/polymyxin/dexamethasone</i>	70	<i>nitroglycerin in dextrose 5%</i>	42
<i>neomycin/polymyxin/gramicidin</i>	69	<i>nitroglycerin transdermal</i>	42
<i>neomycin/polymyxin/hc</i>	71	NIVA THYROID	60
<i>neomycin/polymyxin/hydrocortisone</i>	70	NIVESTYM	36
<i>neomycin/polymyxin/hydrocortisone</i>	71	<i>nizatidine</i>	50
<i>neo-polycin</i>	69	<i>nora-be</i>	60
<i>neo-polycin hc</i>	69	NORDITROPIN FLEXPRO	54
NERLYNX	21	<i>norelgestromin/ethinyl estradiol</i>	58
NESINA	33	<i>norepinephrine bitartrate</i>	41
NEULASTA	36	<i>norethindrone</i>	60
NEULASTA ONPRO KIT	36	<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	58

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Drug Name	Page #	Drug Name	Page #
<i>norethindrone acetate</i>	60	NUZYRA	9
<i>norethindrone acetate/ethinyl estradiol</i>	58	<i>nyamyc</i>	15
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	58	<i>nylia 1/35</i>	58
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	58	<i>nylia 7/7/7</i>	58
<i>norgestimate/ethinyl estradiol</i>	58	NYMALIZE	39
<i>norlyroc</i>	60	<i>nymyo</i>	58
NORMOSOL-M/D5W	47	<i>nystatin</i>	15
NORMOSOL-R	48	<i>nystatin/triamcinolone</i>	15
<i>nortrel 0.5/35 (28)</i>	58	<i>nystatin/triamcinolone acetonide</i>	15
<i>nortrel 1/35</i>	58	<i>nystop</i>	15
<i>nortrel 7/7/7</i>	58	NYVEPRIA	36
<i>nortriptyline hcl</i>	13	OCALIVA	50
<i>nortriptyline hydrochloride</i>	13	<i>ocella</i>	58
NORVIR	31	OCTAGAM	62
NOVAREL	54	<i>octreotide acetate</i>	61
NOVOLOG	34	ODEFSEY	30
NOVOLOG FLEXPEN	34	ODOMZO	23
NOVOLOG FLEXPEN RELION	34	OFEV	74
NOVOLOG MIX 70/30	34	<i>ofloxacin</i>	8
NOVOLOG MIX 70/30 PREFILLED	34	OGIVRI	25
FLEXPEN	34	OGSIVEO	21
NOVOLOG MIX 70/30 PREFILLED	34	OJEMDA	23
FLEXPEN RELION	34	OJJAARA	23
NOVOLOG MIX 70/30 RELION	34	OLANZAPINE	28
NOVOLOG PENFILL	34	<i>olanzapine odt</i>	28
NOVOLOG RELION	34	<i>olanzapine/fluoxetine</i>	12
NOXAFIL	15	<i>olmesartan medoxomil</i>	37
<i>np thyroid 120</i>	60	<i>olmesartan medoxomil/hydrochlorothiazide</i>	37
<i>np thyroid 15</i>	60	<i>olopatadine hcl</i>	70
<i>np thyroid 30</i>	60	<i>olopatadine hydrochloride</i>	70
<i>np thyroid 60</i>	60	<i>omega-3-acid ethyl esters</i>	42
<i>np thyroid 90</i>	60	<i>omeprazole</i>	51
NPLATE	36	<i>omeprazole dr</i>	51
NUBEQA	18	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	68
NUCALA	74	(GEN 5)	
NUCYNTA ER	2	OMNIPOD 5 DEXCOM G7G6 PODS	68
NUEDEXTA	43	(GEN 5)	
NULOJIX	64	OMNIPOD 5 DEXG7G6 PODS (GEN 5)	68
NUPLAZID	28	OMNIPOD 5 G7 INTRO KIT (GEN 5)	68
NURTEC	16	OMNIPOD 5 G7 PODS (GEN 5)	68
NUTRILIPID	68	OMNIPOD 5 LIBRE2 PLUS G6	68
NUVESSA	6	OMNIPOD 5 LIBRE2 PLUS G6 PODS	68
		OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	68

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OMNIPOD CLASSIC PODS (GEN 3)	68	<i>oxaprozin</i>	1
OMNIPOD DASH INTRO KIT (GEN 4)	68	<i>oxazepam</i>	32
OMNIPOD DASH PDM KIT (GEN 4)	68	<i>oxcarbazepine</i>	11
OMNIPOD DASH PODS (GEN 4)	68	<i>oxcarbazepine er</i>	11
OMNITROPE	54	OXERVATE	69
ONCASPAR	21	OXTELLAR XR	11
<i>ondansetron hcl</i>	14	<i>oxybutynin chloride</i>	52
<i>ondansetron hydrochloride</i>	14	<i>oxybutynin chloride er</i>	52
<i>ondansetron odt</i>	14	<i>oxycodone hcl</i>	3
ONGENTYS	26	<i>oxycodone hcl er</i>	2
ONTRUZANT	25	<i>oxycodone hydrochloride</i>	3
ONUREG	21	OXYCODONE HYDROCHLORIDE ER	2
OPDIVO	25	<i>oxycodone/acetaminophen</i>	3
OPDUALAG	22	OXYCONTIN	2
OPSUMIT	73	<i>oxymorphone hydrochloride</i>	3
ORALAIR	68	<i>oxymorphone hydrochloride er</i>	2
<i>oralone dental paste</i>	44	<i>oxymorphone hydrochlorideer</i>	2
ORAVIG	15	OZEMPIC	33
ORBACTIV	6	<i>paclitaxel</i>	21
ORENCIA	64	PACLITAXEL PROTEIN-BOUND	21
ORENCIA CLICKJECT	64	PARTICLES	
ORENITRAM	73	PADCEV	25
ORENITRAM TITRATION KIT MONTH	73	<i>paliperidone er</i>	28
1		<i>palonosetron hydrochloride</i>	14
ORENITRAM TITRATION KIT MONTH	73	<i>pamidronate disodium</i>	67
2		PANCREAZE	51
ORENITRAM TITRATION KIT MONTH	73	PANRETIN	25
3		<i>pantoprazole sodium</i>	51
ORFADIN	51	PANZYGA	62
ORGOVYX	61	<i>paraplatin</i>	17
ORKAMBI	73	PARICALCITOL	67
ORLADEYO	68	<i>paromomycin sulfate</i>	5
ORSERDU	21	<i>paroxetine</i>	13
<i>orsythia</i>	58	<i>paroxetine hcl</i>	13
ORTIKOS	66	<i>paroxetine hcl er</i>	13
<i>oseltamivir phosphate</i>	31	<i>paroxetine hydrochloride</i>	13
OSENI	33	<i>paroxetine hydrochloride er</i>	13
OSMOPREP	49	PAXLOVID	68
OSPHENA	60	<i>pazopanib hydrochloride</i>	23
OTEZLA	46	PEDIARIX	65
OTEZLA	63	PEDVAX HIB	65
<i>oxacillin sodium</i>	7	<i>peg-3350/electrolytes</i>	49
<i>oxaliplatin</i>	17	<i>peg-3350/electrolytes/ascorbate</i>	50
OXANDROLONE	55	<i>peg-3350/nacl/na bicarbonate/kcl</i>	49

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PEGASYS	63	<i>pimozide</i>	27
PEMAZYRE	21	<i>pimtree</i>	58
PEMETREXED	19	<i>pindolol</i>	39
<i>pemetrexed disodium</i>	19	<i>pioglitazone hcl</i>	33
PEMFEXY	19	<i>pioglitazone hcl/metformin hcl</i>	33
PEMRYDI RTU	19	<i>pioglitazone hcl-glimepiride</i>	33
PENBRAYA	65	<i>pioglitazone hydrochloride</i>	33
<i>penicillamine</i>	48	<i>piperacillin sodium/tazobactam sodium</i>	7
<i>penicillin g potassium</i>	7	PIQRAY 200MG DAILY DOSE	21
<i>penicillin g potassium in iso-osmotic dextrose</i>	7	PIQRAY 250MG DAILY DOSE	21
<i>penicillin g procaine</i>	7	PIQRAY 300MG DAILY DOSE	21
<i>penicillin v potassium</i>	7	<i>pirfenidone</i>	74
PENTACEL	65	<i>pirmella 1/35</i>	58
<i>pentamidine isethionate</i>	26	<i>pirmella 7/7/7</i>	58
<i>pentobarbital sodium</i>	74	<i>piroxicam</i>	1
<i>pentoxifylline er</i>	41	PLASMA-LYTE A	48
<i>perindopril erbumine</i>	37	PLASMA-LYTE-148	48
<i>perio gard</i>	45	PLEGRIDY	44
PERJETA	25	PLEGRIDY STARTER PACK	44
<i>permethrin</i>	46	PLENAMINE	68
<i>perphenazine</i>	27	PLERIXAFOR	36
<i>perphenazine/amitriptyline</i>	13	PLIAGLIS	4
PERSERIS	28	<i>podofilox</i>	46
PEXEVA	13	POLIVY	25
<i>phenelzine sulfate</i>	12	<i>polycin</i>	69
<i>phenobarbital</i>	10	<i>polymyxin b sulfate</i>	6
<i>phenobarbital sodium</i>	10	<i>polymyxin b sulfate/trimethoprim sulfate</i>	69
<i>phenoxybenzamine hydrochloride</i>	37	POMALYST	18
<i>phentolamine mesylate</i>	37	<i>portia-28</i>	58
<i>phenylephrine hcl</i>	70	PORTRAZZA	25
<i>phenytek</i>	11	<i>posaconazole</i>	15
<i>phenytoin</i>	11	<i>posaconazole dr</i>	15
<i>phenytoin infatabs</i>	11	<i>potassium chloride</i>	48
<i>phenytoin sodium</i>	11	<i>potassium chloride er</i>	48
<i>phenytoin sodium extended</i>	11	<i>potassium chloride/dextrose</i>	48
PHESGO	21	<i>potassium chloride/dextrose/lactated ringers</i>	48
PHEXXI	53	<i>potassium chloride/dextrose/sodium chloride</i>	48
<i>philith</i>	58	<i>potassium chloride/sodium chloride</i>	48
PHOSLYRA	49	<i>potassium citrate er</i>	48
PIFELTRO	30	PRADAXA	35
<i>pilocarpine hcl</i>	71	PRALATREXATE	19
<i>pilocarpine hydrochloride</i>	45	PRALUENT	41
<i>pimecrolimus</i>	45		

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<i>pramipexole dihydrochloride</i>	26	<i>procto-med hc</i>	66
<i>pramipexole dihydrochloride er</i>	26	<i>procto-pak</i>	66
<i>prasugrel hydrochloride</i>	37	<i>proctosol hc</i>	66
<i>pravastatin sodium</i>	42	<i>proctozone-hc</i>	66
<i>praziquantel</i>	26	PROCYSBI	51
<i>prazosin hydrochloride</i>	37	<i>progesterone</i>	60
<i>prednicarbate</i>	54	PROGRAF	64
<i>prednisolone</i>	54	PROLASTIN-C	74
<i>prednisolone acetate</i>	70	PROLEUKIN	21
<i>prednisolone sodium phosphate</i>	54	PROLIA	67
<i>prednisolone sodium phosphate</i>	70	PROMACTA	36
<i>prednisolone sodium phosphate odt</i>	54	<i>promethazine hcl</i>	14
<i>prednisone</i>	54	<i>promethazine hydrochloride</i>	14
PREDNISON INTENSOL	54	<i>promethegan</i>	14
<i>pregabalin</i>	10	<i>propafenone hcl</i>	38
PREGNYL	54	<i>propafenone hydrochloride</i>	38
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	54	<i>propafenone hydrochloride er</i>	38
PREHEVBRIO	65	<i>proparacaine hcl</i>	69
PREMARIN	58	<i>propranolol hcl</i>	39
PREMASOL	68	<i>propranolol hcl er</i>	39
PREMPRO	58	<i>propranolol hydrochloride</i>	39
<i>prenatal</i>	49	<i>propranolol hydrochloride er</i>	39
<i>prenatal 19</i>	49	<i>propylthiouracil</i>	61
PRETOMANID	16	PROQUAD	66
<i>prevalite</i>	42	PROSOL	68
<i>previfem</i>	58	PROTOPAM CHLORIDE	68
PREVYMIS	29	<i>protriptyline hcl</i>	13
PREZCOBIX	31	PULMOZYME	73
PREZISTA	31	PURIXAN	19
PRIFTIN	16	<i>pyrazinamide</i>	17
PRIMAQUINE PHOSPHATE	26	<i>pyridostigmine bromide</i>	16
<i>primidone</i>	10	<i>pyridostigmine bromide er</i>	16
PRIORIX	66	<i>pyrimethamine</i>	26
PRIVIGEN	62	QINLOCK	18
PROAIR DIGIHALER	72	QUADRACEL	66
PROAIR RESPICLICK	72	<i>quetiapine fumarate</i>	28
<i>probenecid</i>	15	<i>quetiapine fumarate er</i>	28
<i>probenecid/colchicine</i>	15	<i>quinapril hydrochloride</i>	37
<i>procainamide hcl</i>	38	<i>quinapril/hydrochlorothiazide</i>	37
<i>procainamide hydrochloride</i>	38	<i>quinidine gluconate cr</i>	38
<i>prochlorperazine</i>	14	<i>quinidine gluconate er</i>	38
<i>prochlorperazine edisylate</i>	14	<i>quinidine sulfate</i>	38
<i>prochlorperazine maleate</i>	14	<i>quinine sulfate</i>	26
PROCRIT	36	QVAR REDIHALER	71

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RABAVERT	66	RIABNI	25
<i>rabeprazole sodium</i>	51	<i>ribavirin</i>	63
RAGWITEK	68	<i>ribavirin</i>	74
<i>raloxifene hydrochloride</i>	60	RIDAURA	63
<i>ramelteon</i>	74	<i>rifabutin</i>	16
<i>ramipril</i>	38	<i>rifampin</i>	17
<i>ranolazine er</i>	41	<i>riluzole</i>	43
<i>rasagiline mesylate</i>	27	<i>rimantadine hydrochloride</i>	31
RAVICTI	51	RIMSO-50	53
REBIF	44	<i>ringers injection</i>	48
REBIF REBIDOSE	44	<i>ringers irrigation</i>	69
REBIF REBIDOSE TITRATION PACK	44	RINVOQ	63
REBIF TITRATION PACK	44	<i>risedronate sodium</i>	67
REBLOZYL	36	<i>risedronate sodium dr</i>	67
<i>reclipsen</i>	58	RISPERDAL CONSTA	28
RECOMBIVAX HB	66	<i>risperidone</i>	28
RECTIV	50	<i>risperidone er</i>	28
REGONOL	16	<i>risperidone odt</i>	28
REGRANEX	46	<i>ritonavir</i>	31
RELENZA DISKHALER	31	RITUXAN	25
RELISTOR	50	RITUXAN HYCELA	25
REMDESIVIR	69	<i>rivastigmine tartrate</i>	12
REMICADE	65	<i>rivastigmine transdermal system</i>	12
REMODULIN	73	<i>rivelsa</i>	58
RENACIDIN	53	<i>rizatriptan benzoate</i>	16
RENFLEXIS	65	<i>rizatriptan benzoate odt</i>	16
<i>repaglinide</i>	33	ROCKLATAN	69
REPATHA	41	<i>roflumilast</i>	73
REPATHA PUSHTRONEX SYSTEM	41	ROMIDEPSIN	21
REPATHA SURECLICK	41	<i>ropinirole er</i>	26
RESTASIS	69	<i>ropinirole hcl</i>	26
RESTASIS MULTIDOSE	69	<i>ropinirole hydrochloride</i>	26
RETACRIT	36	<i>rosadan</i>	45
RETEVMO	21	<i>rosuvastatin calcium</i>	42
RETROVIR IV INFUSION	30	ROTARIX	66
REVLIMID	18	ROTATEQ	66
REXULTI	28	<i>roweepra</i>	10
REYATAZ	31	ROZLYTREK	21
REYVOW	16	ROZLYTREK	23
REZLIDHIA	23	RUBRACA	23
REZUROCK	65	RUCONEST	62
RHOGAM ULTRA-FILTERED PLUS	62	<i>rufinamide</i>	11
RHOPHYLAC	62	RUKOBIA	31
RHOPRESSA	69	RUXIENCE	25

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RYBELSUS	33	SKYRIZI	63
RYBREVANT	25	SKYRIZI PEN	63
RYDAPT	21	SLYND	60
RYLAZE	21	<i>sodium chloride</i>	48
RYTARY	26	<i>sodium chloride 0.45%</i>	48
<i>sajazir</i>	62	<i>sodium chloride 0.9%</i>	69
<i>salsalate</i>	1	<i>sodium fluoride</i>	48
SANCUSO	14	SODIUM OXYBATE	75
SANDOSTATIN LAR DEPOT	61	<i>sodium phenylacetate/sodium benzoate</i>	69
SANTYL	46	<i>sodium phenylbutyrate</i>	51
<i>sapropterin dihydrochloride</i>	51	<i>sodium polystyrene sulfonate</i>	48
SARCLISA	25	<i>sodium sulfacetamide</i>	8
SAVELLA	44	SODIUM SULFATE/POTASSIUM	49
SAVELLA TITRATION PACK	44	SULFATE/MAGNESIUM SULFATE	
SCSEMBLIX	21	SOFOSBUVIR/VELPATASVIR	29
<i>scopolamine</i>	14	<i>solifenacin succinate</i>	52
SECUADO	28	SOLIRIS	63
<i>selegiline hcl</i>	27	SOLTAMOX	18
<i>selenium sulfide</i>	45	SOMATULINE DEPOT	61
SELZENTRY	31	SOMAVERT	61
SEREVENT DISKUS	72	<i>sorafenib</i>	23
SEROSTIM	54	<i>sorafenib tosylate</i>	23
<i>sertraline hcl</i>	13	<i>sorine</i>	38
<i>sertraline hydrochloride</i>	13	<i>sotalol hcl</i>	38
<i>setlakin</i>	58	<i>sotalol hcl (af)</i>	38
<i>sevelamer carbonate</i>	49	<i>sotalol hcl af</i>	38
<i>sevelamer hydrochloride</i>	49	<i>sotalol hydrochloride</i>	38
<i>sharobel</i>	60	<i>sotalol hydrochloride (af)</i>	38
SHINGRIX	66	SOTYLIZE	38
SIGNIFOR	61	SOVALDI	29
SIGNIFOR LAR	61	SPIRIVA HANDIHALER	72
SIKLOS	19	SPIRIVA RESPIMAT	72
<i>sildenafil</i>	73	<i>spironolactone</i>	41
SILDENAFIL CITRATE	73	<i>spironolactone/hydrochlorothiazide</i>	41
<i>silodosin</i>	52	SPRAVATO 56MG DOSE	12
<i>silver sulfadiazine</i>	6	SPRAVATO 84MG DOSE	12
SIMBRINZA	69	<i>sprintec 28</i>	58
<i>simliya</i>	58	SPRITAM	10
<i>simpesse</i>	58	SPRYCEL	23
SIMULECT	63	<i>sps</i>	48
<i>simvastatin</i>	42	<i>sronyx</i>	58
<i>sirolimus</i>	65	<i>ssd</i>	6
SIRTURO	17	STAMARIL	66
SIVEXTRO	6	STAVUDINE	30

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STELARA	63	SYNJARDY	34
<i>sterile water for irrigation</i>	69	SYNJARDY XR	34
STIMUFEND	36	SYNRIBO	21
STIOLTO RESPIMAT	74	SYNTHROID	60
STIVARGA	23	TABLOID	19
STRENSIQ	51	TABRECTA	18
<i>streptomycin sulfate</i>	5	<i>tacrolimus</i>	46
STRIBILD	29	<i>tacrolimus</i>	65
STRIVERDI RESPIMAT	72	<i>tadalafil</i>	52
<i>subvenite</i>	10	<i>tadalafil</i>	73
<i>subvenite starter kit/blue</i>	10	TAFINLAR	23
<i>subvenite starter kit/green</i>	10	<i>tafluprost</i>	71
<i>subvenite starter kit/orange</i>	10	TAGRISSE	23
SUCRAID	52	TAKHZYRO	62
<i>sucralfate</i>	50	TALTZ	63
<i>sulfacetamide sodium</i>	9	TALVEY	21
<i>sulfacetamide sodium/prednisolone sodium</i>	70	TALZENNA	21
<i>phosphate</i>		<i>tamoxifen citrate</i>	18
<i>sulfadiazine</i>	9	<i>tamsulosin hydrochloride</i>	52
<i>sulfamethoxazole/trimethoprim</i>	9	<i>tarina 24 fe</i>	58
<i>sulfamethoxazole/trimethoprim ds</i>	9	<i>tarina fe 1/20 eq</i>	58
SULFAMYLON	6	TASIGNA	23
<i>sulfasalazine</i>	66	<i>tasimelteon</i>	74
<i>sulindac</i>	1	TAVNEOS	69
<i>sumatriptan</i>	16	<i>taysofy</i>	59
<i>sumatriptan succinate</i>	16	<i>tazarotene</i>	45
SUMATRIPTAN SUCCINATE REFILL	16	<i>tazicef</i>	7
<i>sunitinib malate</i>	23	TAZORAC	45
SUNLENCA	31	<i>taztia xt</i>	40
SUNOSI	75	TAZVERIK	21
SUPRAX	7	TDVAX	66
SUPREP BOWEL PREP KIT	49	TECENTRIQ	25
SURE COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	69	TECENTRIQ HYBREZA	25
<i>syeda</i>	58	TECVAYLI	21
SYLVANT	63	TEFLARO	7
SYMDEKO	73	<i>telmisartan</i>	37
SYMLINPEN 120	34	<i>telmisartan/hydrochlorothiazide</i>	37
SYMLINPEN 60	34	<i>temazepam</i>	32
SYMPAZAN	11	TEMODAR	17
SYMPROIC	50	<i>temsirolimus</i>	23
SYMITUZA	31	TENIVAC	66
SYNAGIS	62	<i>tenofovir disoproxil fumarate</i>	30
SYNAREL	61	TEPMETKO	23
		<i>terazosin hcl</i>	52

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<i>terazosin hydrochloride</i>	52	<i>tizanidine hydrochloride</i>	29
<i>terbinafine hcl</i>	15	TOBI PODHALER	73
<i>terbutaline sulfate</i>	72	<i>tobramycin</i>	5
<i>terconazole</i>	15	<i>tobramycin</i>	73
<i>teriflunomide</i>	44	<i>tobramycin sulfate</i>	5
TERIPARATIDE	67	<i>tobramycin/dexamethasone</i>	70
<i>testosterone</i>	55	TODAYS HEALTH ORIGINAL PEN	69
<i>testosterone cypionate</i>	55	NEEDLES 29G X 1/2"	
<i>testosterone enanthate</i>	55	<i>tolcapone</i>	26
<i>testosterone pump</i>	55	<i>tolterodine tartrate</i>	52
<i>tetrabenazine</i>	43	<i>tolterodine tartrate er</i>	52
<i>tetracycline hydrochloride</i>	9	TOLVAPTAN	48
TEVIMBRA	25	<i>topiramate</i>	10
TEZSPIRE	74	<i>topiramate er</i>	10
THALOMID	18	<i>toposar</i>	22
THEO-24	73	<i>topotecan hcl</i>	22
<i>theophylline</i>	73	<i>topotecan hydrochloride</i>	22
<i>theophylline er</i>	73	<i>toremifene citrate</i>	18
THIOLA EC	53	TORISEL	23
<i>thioridazine hcl</i>	27	TORPENZ	23
<i>thiotepa</i>	17	<i>torseamide</i>	41
<i>thiothixene</i>	27	TOUJEO MAX SOLOSTAR	35
THYMOGLOBULIN	62	TOUJEO SOLOSTAR	35
THYROID	60	<i>tovet</i>	46
<i>tiadylt er</i>	40	TRADJENTA	34
<i>tiagabine hydrochloride</i>	11	<i>tramadol hcl er</i>	2
TIBSOVO	23	<i>tramadol hydrochloride</i>	3
TICE BCG	21	<i>tramadol hydrochloride er</i>	2
TICOVAC	66	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>tigecycline</i>	6	<i>trandolapril</i>	38
<i>tilia fe</i>	59	<i>trandolapril/verapamil hcl er</i>	38
<i>timolol maleate</i>	16	<i>tranexamic acid</i>	36
<i>timolol maleate</i>	70	<i>tranylcypromine sulfate</i>	12
<i>timolol maleate ophthalmic gel forming</i>	70	TRAVASOL	69
<i>tinidazole</i>	26	<i>travoprost</i>	71
<i>tiopronin</i>	53	TRAZIMERA	25
<i>tiopronin dr</i>	53	<i>trazodone hydrochloride</i>	13
TIOTROPIUM BROMIDE	72	TREANDA	17
TIROSINT	60	TRECATOR	17
<i>tis-u-sol</i>	69	TRELEGY ELLIPTA	74
TIVDAK	25	TRELSTAR MIXJECT	61
TIVICAY	29	<i>treprostinil</i>	73
TIVICAY PD	29	TRESIBA	35
<i>tizanidine hcl</i>	28	TRESIBA FLEXTOUCH	35

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Drug Name	Page #	Drug Name	Page #
<i>tretinoin</i>	25	TRULICITY	34
<i>tretinoin</i>	45	TRUMENBA	66
<i>tretinoin microsphere</i>	45	TRUQAP	24
<i>tretinoin microsphere pump</i>	45	TRUSELTIQ	21
<i>tri femynor</i>	59	TRUXIMA	25
<i>triamcinolone acetonide</i>	54	TUDORZA PRESSAIR	72
<i>triamcinolone acetonide dental paste</i>	45	TUKYSA	21
<i>triamterene</i>	41	TURALIO	24
<i>triamterene/hydrochlorothiazide</i>	41	<i>turqoz</i>	59
<i>triazolam</i>	32	TWINRIX	66
<i>triderm</i>	54	TWIRLA	59
<i>trientine hydrochloride</i>	48	TYBLUME	59
<i>tri-estarylla</i>	59	TYBOST	31
<i>trifluoperazine hcl</i>	27	<i>tydemy</i>	59
<i>trifluoperazine hydrochloride</i>	27	TYENNE	63
<i>trifluridine</i>	31	TYPHIM VI	66
<i>trihexyphenidyl hydrochloride</i>	26	TYSABRI	44
TRIJARDY XR	34	TYVASO	73
TRIKAFTA	73	TYVASO DPI INSTITUTIONAL KIT	73
<i>tri-legest fe</i>	59	TYVASO DPI MAINTENANCE KIT	73
<i>tri-linyah</i>	59	TYVASO DPI TITRATION KIT	73
<i>tri-lo-estarylla</i>	59	TYVASO REFILL KIT	74
<i>tri-lo-marzia</i>	59	TYVASO STARTER KIT	74
<i>tri-lo-mili</i>	59	UDENYCA	36
<i>tri-lo-sprintec</i>	59	UDENYCA ONBODY	36
<i>trimethoprim</i>	6	ULTOMIRIS	63
<i>trimethoprim sulfate/polymyxin b sulfate</i>	70	<i>unithroid</i>	60
<i>tri-mili</i>	59	UPTRAVI	74
<i>trimipramine maleate</i>	13	UPTRAVI TITRATION PACK	74
TRINTELLIX	13	<i>ursodiol</i>	50
<i>tri-nymyo</i>	59	VABYSMO	70
TRISENOX	21	<i>valacyclovir hydrochloride</i>	31
<i>tri-sprintec</i>	59	VALCHLOR	17
TRIUMEQ	30	<i>valganciclovir</i>	29
TRIUMEQ PD	30	<i>valganciclovir hydrochloride</i>	29
<i>trivora-28</i>	59	<i>valproate sodium</i>	11
<i>tri-vylibra</i>	59	<i>valproic acid</i>	11
<i>tri-vylibra lo</i>	59	<i>valrubicin</i>	21
TRIZIVIR	30	<i>valsartan</i>	37
TRODELVY	25	<i>valsartan/hydrochlorothiazide</i>	37
TROGARZO	31	VALSTAR	21
TROPHAMINE	69	VALTOCO 10 MG DOSE	11
<i>tropium chloride</i>	52	VALTOCO 15 MG DOSE	11
<i>tropium chloride er</i>	52	VALTOCO 20 MG DOSE	11

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Drug Name	Page #	Drug Name	Page #
VALTOCO 5 MG DOSE	11	<i>vienva</i>	59
<i>vancomycin</i>	6	<i>vigabatrin</i>	11
<i>vancomycin hcl</i>	6	<i>vigadrone</i>	11
<i>vancomycin hydrochloride</i>	6	VIGAFYDE	11
<i>vancomycin hydrochloride/dextrose</i>	6	<i>vigpoder</i>	11
VANFLYTA	21	VIIBRYD STARTER PACK	13
VAQTA	66	<i>vilazodone hydrochloride</i>	13
<i>varenicline starting month</i>	4	VIMIZIM	52
<i>varenicline tartrate</i>	4	VIMPAT	11
<i>varenicline tartrate continuing month</i>	4	<i>vinblastine sulfate</i>	21
VARIVAX	66	<i>vincasar pfs</i>	21
VARIZIG	66	<i>vincristine sulfate</i>	21
VASCEPA	42	<i>vinorelbine tartrate</i>	21
<i>vasopressin</i>	54	<i>viorele</i>	59
<i>vasopressin + rfid</i>	54	VIRACEPT	31
<i>vasostrict</i>	54	VIREAD	30
VAXELIS	66	VISTOGARD	69
VECTIBIX	25	VITRAKVI	21
VEGZELMA	25	VIVITROL	4
VEKLURY	69	VIZIMPRO	24
VELCADE	21	VOCABRIA	30
VELIVET	59	<i>volnea</i>	59
VELTASSA	48	VONJO	22
VELTASSA	49	VORANIGO	24
VEMLIDY	29	<i>voriconazole</i>	15
VENCLEXTA	24	VOTRIENT	24
VENCLEXTA STARTING PACK	24	VPRIV	52
VENLAFAXINE BESYLATE ER	13	VRAYLAR	28
<i>venlafaxine hydrochloride</i>	13	VUMERITY	44
<i>venlafaxine hydrochloride er</i>	13	VYEPTI	16
VENTAVIS	74	<i>vyfemla</i>	59
<i>ventolin hfa</i>	73	<i>vylibra</i>	59
<i>verapamil hcl</i>	40	VYNDAMAX	41
<i>verapamil hcl er</i>	40	VYNDAQEL	41
<i>verapamil hcl sr</i>	40	VYXEOS	19
<i>verapamil hydrochloride</i>	40	VYZULTA	71
<i>verapamil hydrochloride er</i>	40	<i>warfarin sodium</i>	35
VEREGEN	46	WELIREG	24
VERQUVO	42	<i>wera</i>	59
VERSACLOZ	28	WINRHO SDF	62
VERZENIO	21	<i>wixela inhub</i>	71
<i>vestura</i>	59	<i>wymzya fe</i>	59
VIBERZI	49	XALKORI	24
VIBRAMYCIN	9	XARELTO	35

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Drug Name	Page #	Drug Name	Page #
XARELTO STARTER PACK	35	ZEPOSIA	44
XATMEP	65	ZEPOSIA 7-DAY STARTER PACK	44
XCOPRI	10	ZEPOSIA STARTER KIT	44
XELJANZ	63	ZEPZELCA	18
XELJANZ XR	63	ZERBAXA	7
XELPROS	71	<i>zidovudine</i>	30
XEMBIFY	62	ZIEXTENZO	36
XEOMIN	29	<i>ziprasidone hcl</i>	28
XERAVA	9	<i>ziprasidone mesylate</i>	28
XERMELO	49	ZIRGAN	29
XGEVA	67	ZOLADEX	61
XIAFLEX	52	<i>zoledronic acid</i>	67
XIFAXAN	6	ZOLINZA	22
XIGDUO XR	34	<i>zolmitriptan</i>	16
XIIDRA	70	<i>zolmitriptan odt</i>	16
XOFLUZA	31	<i>zolpidem tartrate</i>	75
XOLAIR	74	ZONISADE	10
XOSPATA	24	<i>zonisamide</i>	10
XPOVIO	22	<i>zovia 1/35</i>	59
XPOVIO 60 MG TWICE WEEKLY	22	ZTALMY	43
XPOVIO 80 MG TWICE WEEKLY	22	<i>zumandimine</i>	59
XTANDI	18	ZURZUVAE	12
<i>xulane</i>	59	ZYDELIG	22
XULTOPHY 100/3.6	35	ZYKADIA	24
XURIDEN	52	ZYNLONTA	25
XYREM	75	ZYNYZ	25
<i>yargesa</i>	52	ZYPREXA RELPREVV	28
YERVOY	25		
YF-VAX	66		
YONDELIS	18		
YONSA	18		
YUVAFEM	59		
<i>zafemy</i>	59		
<i>zafirlukast</i>	72		
ZALTRAP	22		
ZANOSAR	18		
ZEJULA	24		
ZELAPAR	27		
ZELBORAF	24		
ZEMAIRA	74		
ZEMDRI	5		
<i>zenatane</i>	45		
ZENPEP	52		
ZEPATIER	29		

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Multi-Language Insert

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (877) 210-9167 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (877) 210-9167 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (877) 210-9167 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 (877) 210-9167 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (877) 210-9167 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (877) 210-9167 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi (877) 210-9167 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher

erreichen Sie unter (877) 210-9167 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (877) 210-9167 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (877) 210-9167 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (877-210-9167) TTY: 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (877) 210-9167 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (877) 210-9167 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (877) 210-9167 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (877) 210-9167 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub

dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (877) 210-9167 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、(877) 210-9167 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Form CMS-10802
(Expires 12/31/25)

Discrimination is Against the Law

FirstCarolinaCare Insurance Company complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

FirstCarolinaCare Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

FirstCarolinaCare Insurance Company provides free aids and services to people with disabilities to communicate effectively with us, such as:

Qualified sign language interpreters.

Written information in other formats (large print, audio, accessible electronic formats, other formats).

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

Qualified interpreters.

Information written in other languages.

If you need these services, contact Customer Service. If you believe that FirstCarolinaCare Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity), you can file a grievance with: FirstCarolinaCare Insurance Company, Customer Service, 3310 Fields South Drive, Champaign, Illinois 61822, telephone: (800) 481-1092, fax: (217) 902-9705, CustomerService@FirstCarolinaCare.com.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service is available to help you.

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

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact FirstCarolinaCare Member Services, at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA).



(855) 291-9336, TTY/TDD 711
[FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA)

Last Updated 12/01/2024