



2025 Formulary (List of Covered Drugs or “Drug List”)

This formulary applies to the following plans:

Arizona:

- eternalHealth Horizon (HMO)
- eternalHealth Grand Give Back (HMO)

Massachusetts:

- eternalHealth Forever (HMO)
- eternalHealth Freedom (PPO)
- eternalHealth Give Back (PPO)

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

HPMS Approved Formulary File Submission ID: 25380, Version Number 11

This formulary was updated on 03/03/2025. For more recent information or other questions, please contact eternalHealth Pharmacy Member Service at 1-800-891-6989 (TTY users should call 711), 24 hours/7 days a week, or visit www.eternalHealth.com.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means eternalHealth. When it refers to “plan” or “our plan,” it means eternalHealth Forever (HMO), eternalHealth Freedom (PPO), eternalHealth Give Back (PPO), eternalHealth Horizon (HMO), and eternalHealth Grand Give Back (HMO).

This document includes the Drug List (formulary) for our plan which is current as of 04/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

What is the eternalHealth formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by eternalHealth 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. eternalHealth will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an eternalHealth 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.eternalHealth.com/pharmacy

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we

will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the eternalHealth's Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 eternalHealth Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2025. To get updated information about the drugs covered by eternalHealth please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted online monthly with all applicable changes. In the event of mid-year non-maintenance formulary change, you will be notified.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page table 9. 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 9. 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 73. 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?

eternalHealth 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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:** eternalHealth requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from eternalHealth before you fill your prescriptions. If you don't get approval, eternalHealth may not cover the drug.
- **Quantity Limits:** For certain drugs, eternalHealth limits the amount of the drug that eternalHealth will cover. For example, eternalHealth provides 60 per prescription for pantoprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, eternalHealth 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, eternalHealth may not cover Drug B unless you try Drug A first. If Drug A does not work for you, eternalHealth 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask eternalHealth 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 eternalHealth's formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, eternalHealth 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.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier

Generally, eternalHealth will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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.

If you are a current member and have a change to a different level of care, for example being admitted or discharged from a long-term care facility, you may be prescribed medications not on our formulary or with certain restrictions of coverage. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can use the plan's exception process. We will not cover drugs that Medicare Part D does not normally cover.

For more information

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

If you have questions about eternalHealth, 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>.

eternalHealth Formulary

The formulary below provides coverage information about the drugs covered by eternalHealth. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

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

B/D = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. Information may need to be provided that describes the use and setting of the drug to determine coverage. These drugs may require prior authorization to determine coverage under Part B or Part D.

PA = Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescription. If you don't get approval, you may use the appeals process.

PA NSO = Prior Authorization for New Starts Only. The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

QL = Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 tablets per 30 days per prescription for pantoprazole.

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

ST NSO = Step Therapy for New Starts Only. The Step Therapy restriction only applies if you are a new member or have not taken this drug before.

Drug Tiers

You can identify which tier your drug is on by looking at the “Drug Tier” column. The chart below describes what types of drugs are included in each tier and shows how costs may change with each tier. Please call our Pharmacy Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Drug Tier	Includes
Tier 1 (Preferred Generic Drugs)	Tier 1 is the lowest copay tier and includes preferred generic drugs.
Tier 2 (Generic Drugs)	Tier 2 includes generic drugs and some brand drugs other than those considered preferred generic drugs covered at a higher generic copay.
Tier 3 (Preferred Brand Drugs)	Tier 3 includes preferred brand and non-preferred generic drugs at a lowest brand copay.
Tier 4 (Non-Preferred Drugs)	Tier 4 includes brand drugs and certain generic drugs other than those considered preferred brand drugs at the highest brand copay.
Tier 5 (Specialty Tier)	Tier 5 is the highest tier. It contains high-cost brand and generic drugs.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	4	PA
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	3	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine</i>	4	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	
<i>methadone hcl tablet</i>	2	
<i>methadone hcl solution</i>	3	
<i>methadone hydrochloride intensol</i>	3	
<i>methadone hydrochloride concentrate</i>	3	
<i>morphine sulfate er tablet extended release</i>	3	
XTAMPZA ER	3	
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine</i>	2	
<i>endocet tablet 325mg; 5mg</i>	2	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	
<i>hydromorphone hcl tablet 8mg</i>	4	
<i>hydromorphone hydrochloride dosette</i>	4	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	
<i>lorcet</i>	2	
<i>lorcet hd</i>	2	
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	
<i>morphine sulfate oral solution, tablet</i>	3	
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	
<i>oxycodone hydrochloride solution</i>	3	
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	
<i>tramadol hydrochloride/acetaminophen</i>	2	
<i>tramadol hydrochloride tablet 50mg</i>	1	
<i>vicodin hp tablet 300mg; 10mg</i>	4	
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
OPVEE	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE	5	PA
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	3	
<i>meropenem injection 1gm, 500mg</i>	3	
<i>meropenem injection 2gm</i>	4	
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr tablet delayed release</i>	4	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	5	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>mondoxylene nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt tablet disintegrating 200mg</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
<i>levetiracetam tablet disintegrating soluble</i>	4	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA NSO
<i>vigadrone</i>	5	PA NSO
VIGAFYDE	3	PA NSO

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>vigpoder</i>	5	PA NSO
ZTALMY	5	PA NSO
<i>Sodium Channel Agents</i>		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine suspension, tablet</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
ZONISADE	4	ST NSO
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
<i>memantine/donepezil hydrochloride er</i>	3	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	1	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate solution</i>	3	
FETZIMA	4	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
<i>ABELCET</i>	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream</i>	2	QL(90 GM per 30 days)
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
<i>JUBLIA</i>	5	
<i>ketoconazole shampoo, tablet</i>	2	
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
<i>AIMOVIG INJECTION 140MG/ML</i>	3	QL(1 ML per 28 days); PA
<i>AIMOVIG INJECTION 70MG/ML</i>	3	QL(2 ML per 28 days); PA
<i>EMGALITY INJECTION 120MG/ML</i>	3	QL(2 ML per 28 days); PA
<i>EMGALITY INJECTION 100MG/ML</i>	5	QL(3 ML per 28 days); PA
<i>QULIPTA</i>	5	QL(30 EA per 30 days); PA
<i>UBRELVY</i>	5	QL(16 EA per 30 days); PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	4	
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
Antiangiogenic Agents		
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO
REVLIMID	5	PA NSO
THALOMID	5	PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU	5	PA NSO
SOLTAMOX	5	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
AKEEGA	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
INREBIC	5	PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
IWILFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
<i>leucovorin calcium tablet</i>	3	
LONSURF	5	PA NSO
LYSODREN	5	
OGSIVEO	5	PA NSO
OJEMDA	5	PA NSO
ONUREG	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
REVUFORJ	5	PA NSO
SYNRIBO	5	
TRUSELTIQ	5	PA NSO
VONJO	5	PA NSO
ZOLINZA	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
Molecular Target Inhibitors		

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AUGTYRO	5	PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX TABLET 40MG, 60MG	5	PA NSO
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
DANZITEN	5	PA NSO
<i>dasatinib</i>	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	
FOTIVDA	5	PA NSO
FRUZAQLA	5	PA NSO
GAVRETO	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
GOMEKLI	5	PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	3	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE, SUSPENSION	5	PA NSO

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TABLET 420MG, 560MG	5	PA NSO
IMKELDI	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
KRAZATI	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
LORBRENA	5	PA NSO
LUMAKRAS	5	PA NSO
LYNPARZA TABLET	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
NINLARO	5	PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
QINLOCK	5	PA NSO
RETEVMO CAPSULE	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); 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
TABRECTA	5	QL(120 EA per 30 days); PA NSO
TAFINLAR	5	PA NSO
TAGRISSE TABLET 80MG	5	PA NSO
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TAZVERIK	5	PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
<i>torpenz</i>	5	QL(30 EA per 30 days); PA NSO
TRUQAP	5	PA NSO
TUKYSA	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	4	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA	5	PA NSO
Retinoids		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNA TABLET	5	
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	3	
<i>atovaquone/proguanil hydrochloride</i>	3	
<i>benznidazole</i>	3	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hydrochloride</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hydrochloride</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	3	
<i>pimozide</i>	4	
<i>thioridazine hydrochloride</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(16 EA per 365 days); ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
PREVYMIS PACKET 20MG	4	
PREVYMIS PACKET 120MG	5	
<i>valganciclovir tablet 450mg</i>	3	
<i>valganciclovir hydrochloride solution 50mg/ml</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	5	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<i>Anti-hepatitis C (HCV) Agents</i>		

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>efavirenz tablet</i>	4	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	4	QL(90 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	QL(60 EA per 30 days)
<i>nevirapine tablet</i>	2	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	3	QL(1200 ML per 30 days)
PIFELTRO	5	QL(30 EA per 30 days)
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
<i>abacavir tablet</i>	3	QL(60 EA per 30 days)
<i>abacavir solution</i>	4	QL(960 ML per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	QL(850 ML per 30 days)
<i>lamivudine/zidovudine</i>	3	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	QL(960 ML per 30 days)
<i>lamivudine tablet 150mg</i>	2	QL(60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days)
ODEFSEY	5	QL(30 EA per 30 days)
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
<i>zidovudine capsule</i>	3	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	3	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
RUKOBIA	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA INJECTION	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days)
TYBOST	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	5	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	5	QL(60 EA per 30 days)
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	QL(120 EA per 30 days)
LEXIVA SUSPENSION	4	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	QL(360 EA per 30 days)
NORVIR SOLUTION	4	QL(480 ML per 30 days)
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET	5	QL(180 EA per 30 days)
<i>ritonavir</i>	3	QL(360 EA per 30 days)
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
VYJUVEK	5	PA
Antiviral, Coronavirus Agents		

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>buspirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<i>Benzodiazepines</i>		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, solution</i>	2	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI	4	PA NSO
<i>Mood Stabilizers</i>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 4MG, 7MG, 9MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 1.5MG, 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
<i>glucagon emergency kit</i>	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
<i>Hemostasis Agents</i>		
<i>tranexamic acid tablet</i>	3	
<i>Platelet Modifying Agents</i>		
<i>aspirin/dipyridamole</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTelet	5	PA
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	
METHYLDOPA TABLET 250MG, 500MG	4	
<i>midodrine hcl</i>	2	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>prazosin hydrochloride capsule</i>	2	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<i>Antiarrhythmics</i>		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg</i>	4	
<i>mexiletine hydrochloride capsule 250mg</i>	4	
MULTAQ	3	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine sulfate tablet</i>	4	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metirosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	3	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hydrochloride tablet 10mg, 25mg, 50mg</i>	1	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
COBENFY	5	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO
INGREZZA CAPSULE THERAPY PACK	5	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
VEOZAH	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
acitretin	4	
amnesteam	4	
azelaic acid	4	QL(100 GM per 30 days)
claravis	4	
erythromycin/benzoyl peroxide	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream 0.1%</i>	4	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY	5	QL(6 ML per 28 days); PA
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	3	QL(60 GM per 30 days)
<i>fluocinonide solution</i>	3	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 1%, 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	4	
<i>selenium sulfide</i>	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	QL(48 EA per 30 days)
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetonide ointment</i>	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days)
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er</i>	2	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
<i>penicillamine tablet</i>	5	
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<i>Phosphate Binders</i>		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	
VELPHORO	5	
<i>Potassium Binders</i>		
<i>kionex suspension</i>	3	
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder, suspension</i>	3	
SPS	3	
VELTASSA	4	
<i>Vitamins</i>		

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025
Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal tablet 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>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
<i>pegylax</i>	2	
<i>prucalopride</i>	3	QL(30 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.4mg/2ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hydrochloride tablet</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
<i>Protectants</i>		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	
<i>Proton Pump Inhibitors</i>		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
EVRYSDI SOLUTION RECONSTITUTED	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
<i>l-glutamine</i>	5	PA

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	
ONPATTRO	5	PA
PROLASTIN-C	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
SUCRAID	5	PA
TEGSEDI	5	PA
WELIREG	5	PA NSO
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 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>		
GELNIQUE GEL 10%	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	4	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
Estrogens		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol patch weekly</i>	3	
<i>estradiol patch twice weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>feirza 1.5/30</i>	3	
<i>feirza 1/20</i>	3	
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutura</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-lynyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-lynyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>valtya 1/50</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>xulane</i>	3	
<i>yuvaferm</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>gallifrey</i>	2	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
LILETTA	3	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
NEXPLANON	3	
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	1	
<i>tulana</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	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 TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
UNITHROID	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN	3	PA
HIZENTRA	5	PA
HYPERHEP B	4	B/D
PRIVIGEN	5	PA
<i>Immunological Agents, Other</i>		
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(30 ML per 365 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
VEOPOZ	5	PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1.5 ML per 84 days); PA

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
WEZLANA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA NSO
BESREMI	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
<i>Immunosuppressants</i>		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(1 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBIM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM PSORIASIS/VEITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM STARTER PACKAGE FOR PSORIASIS/VEITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	5	PA NSO
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025
Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET	4	B/D
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	PA NSO
Vaccines		
ABRYSVO	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL	1	
AREXVY	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX INJECTION 1440ELU/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	1	
PENTACEL	3	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	1	
STAMARIL	1	
TDVAX	1	
TENIVAC	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX	1	
VAXCHORA	1	
VAXELIS	3	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine er</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
Glucocorticoids		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
ELLA	3	
NUTRILIPID	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	2	
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
ZOKINVY	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	1	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
XDEMVI	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDHALER	3	QL(21.2 GM per 30 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule</i>	4	
<i>levocetirizine dihydrochloride tablet</i>	2	
<i>Antileukotrienes</i>		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	4	QL(30 EA per 30 days)

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
OPSUMIT	5	QL(30 EA per 30 days); PA

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
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 TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
ADVAIR HFA	3	QL(24 GM per 30 days)
AIRSUPRA	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
<i>breyna</i>	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	4	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025
Last Updated: 03/03/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	32	ADTHYZA	58
<i>abacavir sulfate/lamivudine</i>	31	ADV AIR HFA	71
<i>abacavir sulfate/lamivudine/zidovudine</i>	32	<i>afirmelle</i>	54
ABELCET	20	AIMOVIG	21
ABILIFY MAINTENA	29	AIRSUPRA	71
<i>abiraterone acetate</i>	22	AKEEGA	23
ABRYSVO	63	ALA-CORT	46
<i>acamprosate calcium dr</i>	10	<i>albendazole</i>	27
<i>acarbose</i>	34	<i>albuterol sulfate</i>	70
ACCUTANE	45	<i>albuterol sulfate hfa</i>	70
<i>acebutolol hcl</i>	39	<i>alclometasone dipropionate</i>	46
<i>acebutolol hydrochloride</i>	39	ALCOHOL PREP PADS	65
<i>acetaminophen/codeine</i>	9	ALECENSA	24
<i>acetazolamide</i>	68	<i>alendronate sodium</i>	65
<i>acetazolamide er</i>	68	<i>alfuzosin hcl er</i>	52
<i>acetic acid</i>	68	ALINIA	27
<i>acetic acid 0.25%</i>	53	<i>aliskiren</i>	40
<i>acitretin</i>	45	<i>allopurinol</i>	21
ACTHIB	63	<i>alosetron hydrochloride</i>	50
ACTIMMUNE	61	<i>alprazolam</i>	34
<i>acyclovir</i>	33	<i>altavera</i>	54
<i>acyclovir</i>	47	ALUNBRIG	24
<i>acyclovir sodium</i>	33	<i>alyacen 1/35</i>	54
ADACEL	63	<i>alyacen 7/7/7</i>	54
ADALIMUMAB-AATY 1-PEN KIT	61	<i>alyq</i>	70
ADALIMUMAB-AATY 2-PEN KIT	61	<i>amabelz</i>	54
ADALIMUMAB-AATY 2-SYRINGE KIT	61	<i>amantadine hcl</i>	33
ADALIMUMAB-ADB	61	<i>ambrisentan</i>	70
ADALIMUMAB-ADB CROHNS/UC/HS	61	<i>amethia</i>	54
STARTER		<i>amethia lo</i>	54
ADALIMUMAB-ADB	61	<i>amethyst</i>	54
PSORIASIS/UEITIS STARTER		<i>amikacin sulfate</i>	11
ADALIMUMAB-ADB STARTER	61	<i>amiloride hcl</i>	41
PACKAGE FOR CROHNS		<i>amiloride/hydrochlorothiazide</i>	40
DISEASE/UC/HS		AMINOSYN II	48
ADALIMUMAB-ADB STARTER	61	AMINOSYN-PF	48
PACKAGE FOR PSORIASIS/UEITIS		<i>amiodarone hydrochloride</i>	38
ADBRY	46	<i>amitriptyline hcl</i>	19
<i>adefovir dipivoxil</i>	30	<i>amitriptyline hydrochloride</i>	19
ADEMPAS	70	<i>amlodipine besylate</i>	40
		<i>amlodipine besylate/benazepril</i>	40
		<i>hydrochloride</i>	
		<i>amlodipine besylate/valsartan</i>	40
		<i>amlodipine/olmesartan medoxomil</i>	40

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
<i>ammonium lactate</i>	46	<i>atazanavir sulfate</i>	33
<i>amnestem</i>	45	<i>atenolol</i>	39
<i>amoxapine</i>	19	<i>atenolol/chlorthalidone</i>	40
<i>amoxicillin</i>	13	<i>atomoxetine</i>	43
<i>amoxicillin/clavulanate potassium</i>	13	<i>atomoxetine hydrochloride</i>	43
<i>amoxicillin/clavulanate potassium er</i>	13	<i>atorvastatin calcium</i>	41
<i>amphetamine/dextroamphetamine</i>	43	<i>atovaquone</i>	27
<i>amphotericin b</i>	20	<i>atovaquone/proguanil hcl</i>	27
<i>amphotericin b liposome</i>	20	<i>atovaquone/proguanil hydrochloride</i>	27
<i>ampicillin</i>	13	<i>atropine sulfate</i>	66
<i>ampicillin sodium</i>	13	ATROVENT HFA	69
<i>ampicillin/sulbactam</i>	13	<i>aubra eq</i>	54
<i>ampicillin-sulbactam</i>	13	AUGMENTIN	13
<i>anagrelide hydrochloride</i>	37	AUGTYRO	24
<i>anastrozole</i>	23	<i>aurovela 1.5/30</i>	54
ANORO ELLIPTA	71	<i>aurovela 1/20</i>	54
<i>aprepitant</i>	20	<i>aurovela fe 1.5/30</i>	54
APTOM	17	<i>aurovela fe 1/20</i>	54
APTIVUS	33	AUSTEDO	44
AREXVY	63	AUSTEDO XR	44
<i>arformoterol tartrate</i>	70	AUSTEDO XR PATIENT TITRATION	44
ARIKAYCE	11	KIT	
<i>aripiprazole</i>	29	AUVELITY	18
<i>aripiprazole odt</i>	29	<i>aviane</i>	54
ARISTADA	29	AVONEX	44
ARISTADA INITIO	29	AVONEX PEN	44
<i>armodafinil</i>	72	<i>ayuna</i>	54
ARMOUR THYROID	58	AYVAKIT	24
ARNUTY ELLIPTA	69	<i>azathioprine</i>	61
<i>asenapine maleate sl</i>	29	<i>azelaic acid</i>	45
<i>ashlyna</i>	54	<i>azelastine hcl</i>	67
ASMANEX HFA	69	<i>azelastine hcl</i>	69
ASMANEX TWISTHALER 120	69	<i>azelastine hydrochloride</i>	69
METERED DOSES		<i>azithromycin</i>	14
ASMANEX TWISTHALER 14 METERED	69	<i>aztreonam</i>	11
DOSES		<i>azurette</i>	54
ASMANEX TWISTHALER 30 METERED	69	<i>bacitracin</i>	67
DOSES		<i>bacitracin/polymyxin b</i>	66
ASMANEX TWISTHALER 60 METERED	69	<i>baclofen</i>	30
DOSES		<i>balsalazide disodium</i>	64
<i>aspirin/dipyridamole</i>	37	BALVERSA	24
<i>aspirin/dipyridamole er</i>	38	<i>balziva</i>	54
ASTAGRAF XL	61	BAQSIMI ONE PACK	35
<i>atazanavir</i>	33	BAQSIMI TWO PACK	35

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025
Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
BARACLUDE	30	BOSULIF	24
<i>bcg vaccine</i>	63	BRAFTOVI	24
BD INSULIN SYRINGE	65	BREO ELLIPTA	71
SAFETYGLIDE/1ML/29G X 1/2"		<i>breyana</i>	71
B-D INSULIN SYRINGE ULTRAFINE	65	BREZTRI AEROSPHERE	71
II/0.3ML/31G X 5/16"		<i>brielllyn</i>	54
BD INSULIN SYRINGE ULTRA-	65	BRILINTA	38
FINE/0.5ML/30G X 12.7MM		BRIMONIDINE TARTRATE	68
BD INSULIN SYRINGE ULTRA-	65	<i>brimonidine tartrate/timolol maleate</i>	66
FINE/1ML/31G X 8MM		<i>brinzolamide</i>	68
BD PEN NEEDLE/ORIGINAL/ULTRA-	66	BRIVIACT	15
FINE/29G X 12.7MM		<i>bromfenac sodium</i>	68
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x</i>	66	<i>bromocriptine mesylate</i>	28
<i>6mm</i>		BRONCHITOL	71
<i>bekyree</i>	54	BRUKINSA	24
BELSOMRA	72	<i>budesonide</i>	65
<i>benazepril hcl</i>	38	<i>budesonide</i>	69
<i>benazepril hydrochloride</i>	38	<i>budesonide er</i>	65
<i>benazepril</i>	40	<i>bumetanide</i>	41
<i>hydrochloride/hydrochlorothiazide</i>		<i>buprenorphine</i>	9
BENLYSTA	60	<i>buprenorphine hcl</i>	11
<i>benznidazole</i>	27	<i>buprenorphine hcl/naloxone hcl</i>	11
<i>benztropine mesylate</i>	27	<i>buprenorphine hydrochloride/naloxone</i>	11
BESIVANCE	67	<i>hydrochloride</i>	
BESREMI	61	<i>bupropion hydrochloride</i>	18
<i>betaine anhydrous</i>	51	<i>bupropion hydrochloride er (sr)</i>	11
<i>betamethasone dipropionate</i>	46	<i>bupropion hydrochloride er (sr)</i>	18
<i>betamethasone dipropionate augmented</i>	46	<i>bupropion hydrochloride er (xl)</i>	18
<i>betamethasone valerate</i>	46	<i>buspirone hcl</i>	34
BETASERON	44	<i>buspirone hydrochloride</i>	34
<i>betaxolol hcl</i>	39	<i>butalbital/acetaminophen/caffeine</i>	44
<i>betaxolol hcl</i>	68	BYDUREON BCISE	34
<i>bethanechol chloride</i>	53	BYETTA	34
<i>bexarotene</i>	27	CABENUVA	31
BEXSERO	63	<i>cabergoline</i>	59
<i>bicalutamide</i>	22	CABLIVI	38
BICILLIN L-A	13	CABOMETYX	24
BIKTARVY	31	<i>calcipotriene</i>	47
<i>bisoprolol fumarate</i>	39	<i>calcitonin-salmon</i>	65
<i>bisoprolol fumarate/hydrochlorothiazide</i>	40	<i>calcitriol</i>	65
BIVIGAM	60	<i>calcium acetate</i>	49
<i>blisovi fe 1.5/30</i>	54	CALQUENCE	24
<i>blisovi fe 1/20</i>	54	<i>camila</i>	58
BOOSTRIX	63	<i>camrese</i>	54

Drug Name	Page #
<i>camrese lo</i>	54
<i>candesartan cilexetil</i>	38
<i>candesartan cilexetil/hydrochlorothiazide</i>	40
CAPLYTA	29
CAPRELSA	24
<i>captopril</i>	38
<i>captopril/hydrochlorothiazide</i>	40
<i>carbamazepine</i>	17
<i>carbamazepine er</i>	17
<i>carbidopa</i>	28
<i>carbidopa/levodopa</i>	28
<i>carbidopa/levodopa er</i>	28
<i>carbidopa/levodopa odt</i>	28
<i>carglumic acid</i>	48
<i>carteolol hcl</i>	68
<i>cartia xt</i>	40
<i>carvedilol</i>	39
<i>caspofungin acetate</i>	20
CAYSTON	70
<i>cefaclor</i>	12
<i>cefadroxil</i>	12
CEFAZOLIN	12
<i>cefazolin sodium</i>	12
<i>cefdinir</i>	12
<i>cefepime</i>	12
<i>cefepime hydrochloride</i>	12
<i>cefixime</i>	12
<i>cefotaxime sodium</i>	13
<i>cefotetan</i>	13
<i>cefoxitin sodium</i>	13
<i>cefpodoxime proxetil</i>	13
<i>cefprozil</i>	13
<i>ceftazidime</i>	13
<i>ceftazidime/dextrose</i>	13
<i>ceftriaxone sodium</i>	13
<i>cefuroxime axetil</i>	13
<i>cefuroxime sodium</i>	13
<i>celecoxib</i>	9
<i>cephalexin</i>	13
CERDELGA	51
<i>chateal</i>	54
<i>chateal eq</i>	54
CHEMET	49
<i>chlorhexidine gluconate</i>	45

Drug Name	Page #
<i>chloroquine phosphate</i>	27
<i>chlorpromazine hcl</i>	28
<i>chlorpromazine hydrochloride</i>	28
<i>chlorthalidone</i>	41
CHOLBAM	51
<i>cholestyramine</i>	42
<i>cholestyramine light</i>	42
<i>ciclodan</i>	47
<i>ciclopirox</i>	48
<i>ciclopirox nail lacquer</i>	47
<i>ciclopirox olamine</i>	47
<i>cilostazol</i>	38
CIMDUO	32
<i>cinacalcet hydrochloride</i>	65
CINRYZE	60
<i>ciprofloxacin</i>	14
<i>ciprofloxacin hcl</i>	14
<i>ciprofloxacin hydrochloride</i>	14
<i>ciprofloxacin hydrochloride</i>	67
<i>ciprofloxacin i.v.-in d5w</i>	14
<i>ciprofloxacin/dexamethasone</i>	68
<i>cisplatin</i>	22
<i>citalopram hydrobromide</i>	18
<i>claravis</i>	45
<i>clarithromycin</i>	14
<i>clarithromycin er</i>	14
CLENPIQ	50
CLIMARA PRO	54
<i>clindacin etz pledgets</i>	11
<i>clindamycin hcl</i>	11
<i>clindamycin hydrochloride</i>	12
<i>clindamycin palmitate hydrochloride</i>	12
<i>clindamycin phosphate</i>	12
<i>clindamycin phosphate</i>	48
<i>clobazam</i>	16
<i>clobetasol propionate</i>	46
<i>clobetasol propionate e</i>	46
<i>clomipramine hydrochloride</i>	19
<i>clonazepam</i>	16
<i>clonazepam odt</i>	16
<i>clonidine</i>	38
<i>clonidine hydrochloride</i>	38
<i>clopidogrel</i>	38
<i>clorazepate dipotassium</i>	34

Drug Name	Page #	Drug Name	Page #
<i>clotrimazole</i>	20	<i>danazol</i>	53
<i>clotrimazole/betamethasone dipropionate</i>	47	<i>dantrolene sodium</i>	30
CLOVIQUE	49	DANZITEN	24
<i>clozapine</i>	30	<i>dapsone</i>	21
<i>clozapine odt</i>	30	DAPTACEL	63
COARTEM	27	<i>daptomycin</i>	12
COBENFY	44	DAPTOMYCIN/SODIUM CHLORIDE	12
COBENFY STARTER PACK	44	<i>darunavir</i>	33
<i>colchicine</i>	21	<i>dasatinib</i>	24
<i>colesevelam hydrochloride</i>	42	<i>dasetta 1/35</i>	54
<i>colestipol hcl</i>	42	<i>dasetta 7/7/7</i>	54
<i>colistimethate sodium</i>	12	DAURISMO	24
<i>colocort</i>	65	<i>daysee</i>	54
COMBIGAN	67	<i>deblitane</i>	58
COMBIVENT RESPIMAT	71	<i>deferasirox</i>	49
COMETRIQ	24	DELSTRIGO	31
COMPLERA	31	<i>delyla</i>	54
<i>compro</i>	19	<i>demeclocycline hcl</i>	14
<i>constulose</i>	50	<i>demeclocycline hydrochloride</i>	14
COPIKTRA	24	DENG VAXIA	63
<i>cortisone acetate</i>	53	DEPO-SUBQ PROVERA 104	58
COSENTYX	60	DESCOVY	32
COSENTYX SENSOREADY PEN	60	<i>desipramine hydrochloride</i>	19
COSENTYX UNOREADY	60	<i>desmopressin acetate</i>	53
COTELLIC	24	<i>desogestrel/ethinyl estradiol</i>	54
CREON	51	<i>desonide</i>	46
<i>cromolyn sodium</i>	51	<i>desoximetasone</i>	46
<i>cromolyn sodium</i>	67	<i>desvenlafaxine er</i>	18
<i>cromolyn sodium</i>	70	<i>dexamethasone</i>	53
<i>cryselle-28</i>	54	<i>dexamethasone sodium phosphate</i>	68
CURITY GAUZE PADS 2"X2" 12 PLY	66	<i>dextroamphetamine sulfate</i>	43
CUVITRU	60	<i>dextroamphetamine sulfate er</i>	43
<i>cyclafem 1/35</i>	54	<i>dextrose 5%</i>	48
<i>cyclafem 7/7/7</i>	54	<i>dextrose 5%/sodium chloride 0.45%</i>	48
<i>cyclobenzaprine hydrochloride</i>	71	<i>dextrose 5%/sodium chloride 0.9%</i>	48
<i>cyclophosphamide</i>	22	DIACOMIT	16
<i>cycloserine</i>	22	<i>diazepam</i>	34
<i>cyclosporine</i>	62	<i>diazepam intensol</i>	34
<i>cyclosporine</i>	67	<i>diazepam rectal gel</i>	16
<i>cyclosporine modified</i>	61	<i>diazoxide</i>	35
<i>cyproheptadine hydrochloride</i>	69	<i>diclofenac potassium</i>	9
CYSTAGON	51	<i>diclofenac sodium</i>	9
CYSTARAN	67	<i>diclofenac sodium</i>	47
<i>dalfampridine er</i>	44	<i>diclofenac sodium</i>	68

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
<i>diclofenac sodium dr</i>	9	<i>doxycycline monohydrate</i>	15
<i>diclofenac sodium er</i>	9	DRIZALMA SPRINKLE	18
<i>dicloxacillin sodium</i>	13	<i>dronabinol</i>	20
<i>dicyclomine hcl</i>	50	DROXIA	23
<i>dicyclomine hydrochloride</i>	50	<i>droxidopa</i>	38
DIFICID	14	DULERA	71
<i>diflunisal</i>	9	<i>duloxetine hydrochloride</i>	18
<i>digitek</i>	39	DUPIXENT	60
<i>digox</i>	39	<i>dutasteride</i>	52
<i>digoxin</i>	39	EASY COMFORT INSULIN	66
<i>dihydroergotamine mesylate</i>	21	SYRINGE/0.3ML/31G X 1/2"	
DILANTIN	17	<i>ec-naproxen</i>	9
<i>diltiazem hcl</i>	40	<i>econazole nitrate</i>	20
<i>diltiazem hcl cd</i>	40	EDARBI	38
<i>diltiazem hcl er</i>	40	EDARBYCLOR	40
<i>diltiazem hydrochloride</i>	40	EDURANT	31
<i>diltiazem hydrochloride er</i>	40	<i>efavirenz</i>	31
<i>dilt-xr</i>	40	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	31
<i>dimethyl fumarate</i>	44	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>dimethyl fumarate starterpack</i>	44	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>diphenhydramine hydrochloride</i>	69	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>diphenoxylate hydrochloride/atropine sulfate</i>	50	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	63	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>disulfiram</i>	10	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>divalproex sodium dr</i>	16	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>divalproex sodium er</i>	16	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>dofetilide</i>	39	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>dolishale</i>	54	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>donepezil hcl</i>	17	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>donepezil hydrochloride</i>	17	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
DOPTELET	38	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>dorzolamide hcl/timolol maleate</i>	67	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>dorzolamide hydrochloride</i>	68	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
DOTTI	55	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
DOVATO	31	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>doxazosin mesylate</i>	52	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>doxepin hcl</i>	19	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>doxepin hydrochloride</i>	19	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>doxy 100</i>	15	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>doxycycline</i>	15	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>doxycycline hyclate</i>	15	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31
<i>doxycycline hyclate</i>	45	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31

Drug Name	Page #	Drug Name	Page #
ENGERIX-B	63	EVOTAZ	33
<i>enilloring</i>	55	EVRYSDI	51
<i>enoxaparin sodium</i>	37	<i>exemestane</i>	23
<i>enpresse-28</i>	55	EXKIVITY	24
<i>entacapone</i>	27	<i>ezetimibe</i>	42
<i>entecavir</i>	30	<i>ezetimibe/simvastatin</i>	42
ENTRESTO	40	FABRAZYME	51
<i>enulose</i>	50	<i>falmina</i>	55
ENVARUS XR	62	<i>famciclovir</i>	33
EPIDIOLEX	15	<i>famotidine</i>	51
<i>epinephrine</i>	70	FANAPT	29
<i>epitol</i>	17	FANAPT TITRATION PACK	29
<i>eplerenone</i>	42	FARXIGA	42
EPRONTIA	15	FARYDAK	24
<i>ergoloid mesylates</i>	17	FASENRA	71
<i>ergotamine tartrate/caffeine</i>	21	FASENRA PEN	71
ERIVEDGE	24	<i>fayosim</i>	55
ERLEADA	22	<i>febuxostat</i>	21
<i>erlotinib hydrochloride</i>	24	<i>feirza 1.5/30</i>	55
<i>errin</i>	58	<i>feirza 1/20</i>	55
<i>ertapenem</i>	14	<i>felbamate</i>	15
<i>ertapenem sodium</i>	14	<i>felodipine er</i>	40
<i>ery</i>	48	<i>femynor</i>	55
<i>erythromycin</i>	48	<i>fenofibrate</i>	41
<i>erythromycin</i>	67	<i>fenofibrate micronized</i>	41
<i>erythromycin dr</i>	14	<i>fenofibric acid dr</i>	41
<i>erythromycin/benzoyl peroxide</i>	45	<i>fentanyl</i>	9
<i>escitalopram oxalate</i>	18	<i>fentanyl citrate oral transmucosal</i>	10
<i>esomeprazole magnesium</i>	51	FETZIMA	19
<i>estarylla</i>	55	FETZIMA TITRATION PACK	19
<i>estradiol</i>	55	FINACEA	45
<i>estradiol/norethindrone acetate</i>	55	<i>finasteride</i>	52
ESTRING	55	<i>fingolimod hydrochloride</i>	44
<i>eszopiclone</i>	72	FINTEPLA	15
<i>ethambutol hydrochloride</i>	22	FIRMAGON	59
<i>ethosuximide</i>	16	FLAREX	68
<i>ethynodiol diacetate/ethinyl estradiol</i>	55	<i>flecainide acetate</i>	39
<i>etodolac</i>	9	<i>fluconazole</i>	20
<i>etonogestrel/ethinyl estradiol</i>	55	<i>fluconazole in sodium chloride</i>	20
<i>etravirine</i>	31	<i>flucytosine</i>	20
EUCRISA	46	<i>fludrocortisone acetate</i>	53
EUTHYROX	59	<i>flunisolide</i>	69
<i>everolimus</i>	24	<i>fluocinolone acetonide</i>	46
<i>everolimus</i>	62	<i>fluocinolone acetonide body</i>	46

Drug Name	Page #	Drug Name	Page #
<i>fluocinolone acetonide scalp</i>	46	GAVRETO	24
<i>fluocinolone acetonide topical</i>	46	<i>gefitinib</i>	24
<i>fluocinonide</i>	46	GELNIQUE	52
<i>fluorometholone</i>	68	<i>gemfibrozil</i>	41
<i>fluorouracil</i>	47	GEMTESA	52
<i>fluoxetine hydrochloride</i>	19	<i>generlac</i>	50
<i>fluphenazine decanoate</i>	28	<i>gengraf</i>	62
<i>fluphenazine hcl</i>	28	GENOTROPIN	53
<i>fluphenazine hydrochloride</i>	28	GENOTROPIN MINIQUICK	53
<i>flurbiprofen</i>	9	<i>gentak</i>	67
<i>flurbiprofen sodium</i>	68	<i>gentamicin sulfate</i>	11
<i>flutamide</i>	22	<i>gentamicin sulfate</i>	67
<i>fluticasone propionate</i>	46	<i>gentamicin sulfate pediatric</i>	11
<i>fluticasone propionate</i>	69	GENVOYA	31
<i>fluticasone propionate/salmeterol</i>	71	GILOTRIF	24
<i>fluticasone propionate/salmeterol diskus</i>	71	<i>glatiramer acetate</i>	44
<i>fluvastatin</i>	41	GLEOSTINE	22
<i>fluvastatin sodium er</i>	41	<i>glimepiride</i>	34
<i>fluvoxamine maleate</i>	19	<i>glipizide</i>	34
<i>fondaparinux sodium</i>	37	<i>glipizide er</i>	34
<i>formoterol fumarate</i>	70	<i>glipizide xl</i>	34
FORTEO	65	<i>glipizide/metformin hydrochloride</i>	34
<i>fosamprenavir calcium</i>	33	<i>glucagon emergency kit</i>	35
<i>fosinopril sodium</i>	38	<i>glucagon emergency kit for low blood sugar</i>	35
<i>fosinopril sodium/hydrochlorothiazide</i>	41	<i>glyburide</i>	35
FOTIVDA	24	<i>glyburide/metformin hydrochloride</i>	34
FRAGMIN	37	<i>glycopyrrolate</i>	50
FRUZAQLA	24	GLYXAMBI	35
<i>furosemide</i>	41	GOMEKLI	24
FUZEON	32	<i>griseofulvin microsize</i>	20
FYAVOLV	55	<i>griseofulvin ultramicrosize</i>	20
FYCOMPA	15	<i>guanfacine hydrochloride</i>	38
<i>gabapentin</i>	16	<i>guanfacine hydrochloride er</i>	43
<i>galantamine hydrobromide</i>	17	GVOKE HYPOPEN 1-PACK	35
<i>galantamine hydrobromide er</i>	17	GVOKE HYPOPEN 2-PACK	35
<i>gallifrey</i>	58	GVOKE KIT	35
GAMASTAN	60	GVOKE PFS	35
<i>ganciclovir</i>	30	<i>hailey 1.5/30</i>	55
GARDASIL 9	63	<i>hailey fe 1.5/30</i>	55
<i>gatifloxacin</i>	67	<i>hailey fe 1/20</i>	55
<i>gavilyte-c</i>	50	<i>halobetasol propionate</i>	46
<i>gavilyte-g</i>	50	<i>haloette</i>	55
<i>gavilyte-h</i>	50	<i>haloperidol</i>	28
<i>gavilyte-n/flavor pack</i>	50	<i>haloperidol decanoate</i>	28

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
<i>haloperidol lactate</i>	28	<i>hydroxyzine hcl</i>	69
HAVRIX	63	<i>hydroxyzine hydrochloride</i>	69
<i>heather</i>	58	<i>hydroxyzine pamoate</i>	69
<i>heparin sodium</i>	37	HYPERHEP B	60
HEPLISAV-B	63	<i>ibandronate sodium</i>	65
HIBERIX	63	IBRANCE	23
HIZENTRA	60	IBRANCE	24
HUMALOG	35	<i>ibu</i>	9
HUMALOG JUNIOR KWIKPEN	35	<i>ibuprofen</i>	9
HUMALOG KWIKPEN	35	<i>icatibant acetate</i>	60
HUMALOG MIX 50/50	36	<i>iclevia</i>	55
HUMALOG MIX 50/50 KWIKPEN	36	ICLUSIG	24
HUMALOG MIX 75/25	36	<i>icosapent ethyl</i>	42
HUMALOG MIX 75/25 KWIKPEN	36	IDHIFA	24
HUMATIN	11	IGALMI	34
HUMIRA	62	ILEVRO	68
HUMIRA PEDIATRIC CROHNS	62	<i>imatinib mesylate</i>	24
DISEASE STARTER PACK		IMBRUVICA	24
HUMIRA PEN	62	<i>imipenem/cilastatin</i>	14
HUMIRA PEN-CD/UC/HS STARTER	62	<i>imipramine hcl</i>	19
HUMIRA PEN-PEDIATRIC UC	62	<i>imipramine hydrochloride</i>	19
STARTER PACK		<i>imiquimod</i>	47
HUMIRA PEN-PS/UV STARTER	62	IMKELDI	25
HUMULIN 70/30	36	IMOVAX RABIES (H.D.C.V.)	63
HUMULIN 70/30 KWIKPEN	36	IMPAVIDO	12
HUMULIN N	36	INBRIJA	28
HUMULIN N KWIKPEN	36	<i>incassia</i>	58
HUMULIN R	36	INCRELEX	53
HUMULIN R U-500 (CONCENTRATED)	36	INCRUSE ELLIPTA	69
HUMULIN R U-500 KWIKPEN	36	<i>indapamide</i>	41
<i>hydralazine hydrochloride</i>	42	<i>indomethacin</i>	9
<i>hydrochlorothiazide</i>	41	<i>indomethacin er</i>	9
<i>hydrocodone bitartrate/acetaminophen</i>	10	INFANRIX	63
<i>hydrocodone/acetaminophen</i>	10	INFLECTRA	62
<i>hydrocortisone</i>	47	INFLIXIMAB	62
<i>hydrocortisone</i>	53	INGREZZA	44
<i>hydrocortisone</i>	65	INLYTA	25
<i>hydrocortisone valerate</i>	47	INQOVI	25
<i>hydrocortisone/acetic acid</i>	69	INREBIC	23
<i>hydromorphone hcl</i>	10	<i>insulin lispro</i>	36
<i>hydromorphone hydrochloride</i>	10	INTELENCE	31
<i>hydromorphone hydrochloride dosette</i>	10	<i>introvale</i>	55
<i>hydroxychloroquine sulfate</i>	27	INVEGA HAFYERA	29
<i>hydroxyurea</i>	23	INVEGA SUSTENNA	29

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
INVEGA TRINZA	29	JYNNEOS	63
IPOL INACTIVATED IPV	63	KALYDECO	70
<i>ipratropium bromide</i>	69	<i>kariva</i>	55
<i>ipratropium bromide/albuterol sulfate</i>	71	<i>kelnor 1/35</i>	55
<i>irbesartan</i>	38	<i>kelnor 1/50</i>	55
<i>irbesartan/hydrochlorothiazide</i>	41	KERENDIA	42
ISENTRESS	31	KESIMPTA	44
ISENTRESS HD	31	<i>ketoconazole</i>	20
ISONIAZID	22	<i>ketorolac tromethamine</i>	9
<i>isosorbide dinitrate</i>	42	<i>ketorolac tromethamine</i>	68
<i>isosorbide dinitrate/hydralazine</i>	41	<i>kimidess</i>	55
<i>hydrochloride</i>		KINERET	60
<i>isosorbide mononitrate</i>	42	KINRIX	63
<i>isosorbide mononitrate er</i>	42	<i>kionex</i>	49
<i>isotretinoin</i>	45	KISQALI	25
<i>isradipine</i>	40	KISQALI FEMARA 200 DOSE	23
ISTURISA	53	KISQALI FEMARA 400 DOSE	23
ITOVEBI	23	KISQALI FEMARA 600 DOSE	23
<i>itraconazole</i>	20	<i>klayesta</i>	20
<i>ivabradine hydrochloride</i>	41	<i>klor-con</i>	49
<i>ivermectin</i>	27	<i>klor-con 10</i>	49
IWILFIN	23	<i>klor-con 8</i>	49
IXCHIQ	63	<i>klor-con m10</i>	49
IXIARO	63	<i>klor-con m15</i>	49
<i>jaimiess</i>	55	<i>klor-con m20</i>	49
JAKAFI	25	<i>klor-con sprinkle</i>	49
<i>jantoven</i>	37	<i>klor-con/ef</i>	49
JANUMET	35	KOSELUGO	25
JANUMET XR	35	<i>kourzeq</i>	45
JANUVIA	35	KRAZATI	25
JARDIANCE	42	<i>kurvelo</i>	55
JAYPIRCA	25	<i>labetalol hydrochloride</i>	39
<i>jencycla</i>	58	<i>lacosamide</i>	17
JENTADUETO	35	<i>lactulose</i>	50
JENTADUETO XR	35	<i>lamivudine</i>	30
<i>jinteli</i>	55	<i>lamivudine</i>	32
<i>jolessa</i>	55	<i>lamivudine/zidovudine</i>	32
JUBLIA	20	<i>lamotrigine</i>	15
JULUCA	31	<i>lamotrigine er</i>	15
<i>junel 1.5/30</i>	55	<i>lamotrigine odt</i>	15
<i>junel 1/20</i>	55	<i>lamotrigine starter kit/blue</i>	15
<i>junel fe 1.5/30</i>	55	<i>lamotrigine starter kit/green</i>	15
<i>junel fe 1/20</i>	55	<i>lamotrigine starter kit/orange</i>	15
JYLAMVO	62	<i>lansoprazole</i>	51

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
LANTUS	36	<i>l-glutamine</i>	51
LANTUS SOLOSTAR	36	LIBERVANT	16
<i>lapatinib ditosylate</i>	25	<i>lidocaine</i>	10
<i>larin 1.5/30</i>	55	<i>lidocaine hydrochloride viscous</i>	45
<i>larin 1/20</i>	55	<i>lidocaine viscous</i>	45
<i>larin fe 1.5/30</i>	56	<i>lidocaine/prilocaine</i>	10
<i>larin fe 1/20</i>	56	<i>lidocaine-prilocaine-cream base</i>	10
<i>larissia</i>	56	LILETTA	58
<i>latanoprost</i>	68	<i>lillow</i>	56
LAZCLUZE	23	<i>linezolid</i>	12
<i>leflunomide</i>	62	LINZESS	50
<i>lenalidomide</i>	22	<i>liothyronine sodium</i>	59
LENVIMA 10 MG DAILY DOSE	25	<i>lisinopril</i>	38
LENVIMA 12MG DAILY DOSE	25	<i>lisinopril/hydrochlorothiazide</i>	41
LENVIMA 14 MG DAILY DOSE	25	<i>lithium</i>	34
LENVIMA 18 MG DAILY DOSE	25	<i>lithium carbonate</i>	34
LENVIMA 20 MG DAILY DOSE	25	<i>lithium carbonate er</i>	34
LENVIMA 24 MG DAILY DOSE	25	LIVMARLI	50
LENVIMA 4 MG DAILY DOSE	25	LIVTENCITY	30
LENVIMA 8 MG DAILY DOSE	25	<i>lojaimiess</i>	56
<i>lessina</i>	56	LOKELMA	49
<i>letrozole</i>	23	LONSURF	23
<i>leucovorin calcium</i>	23	<i>loperamide hcl</i>	50
LEUKERAN	22	<i>lopinavir/ritonavir</i>	33
<i>leuprolide acetate</i>	59	<i>lopreeza</i>	56
<i>levalbuterol</i>	70	<i>lorazepam</i>	34
<i>levalbuterol hcl</i>	70	<i>lorazepam intensol</i>	34
<i>levalbuterol hydrochloride</i>	70	LORBRENA	25
<i>levalbuterol tartrate hfa</i>	70	<i>lorcet</i>	10
<i>levetiracetam</i>	15	<i>lorcet hd</i>	10
<i>levetiracetam er</i>	15	<i>lorcet plus</i>	10
<i>levobunolol hcl</i>	68	<i>losartan potassium</i>	38
<i>levocetirizine dihydrochloride</i>	69	<i>losartan potassium/hydrochlorothiazide</i>	41
<i>levofloxacin</i>	14	LOTEMAX SM	68
<i>levofloxacin</i>	67	<i>lovastatin</i>	42
<i>levofloxacin in d5w</i>	14	<i>low-ogestrel</i>	56
<i>levonest</i>	56	<i>loxapine</i>	28
<i>levonorgestrel and ethinyl estradiol</i>	56	<i>lubiprostone</i>	50
<i>levonorgestrel/ethinyl estradiol</i>	56	LUMAKRAS	25
<i>levora 0.15/30-28</i>	56	LUMIGAN	68
LEVO-T	59	LUPRON DEPOT (1-MONTH)	59
<i>levothyroxine sodium</i>	59	LUPRON DEPOT (3-MONTH)	59
LEVOXYL	59	LUPRON DEPOT (4-MONTH)	59
LEXIVA	33	LUPRON DEPOT (6-MONTH)	59

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
LUPRON DEPOT-PED (1-MONTH)	59	MESNEX	27
LUPRON DEPOT-PED (3-MONTH)	59	metformin hydrochloride	35
lurasidone hydrochloride	29	metformin hydrochloride er	35
luteal	56	methadone hcl	9
LYBALVI	29	methadone hydrochloride	9
lyleq	58	methadone hydrochloride intensol	9
lyllana	56	methazolamide	68
LYNPARZA	25	methenamine hippurate	12
LYSODREN	23	methimazole	60
LYTGOBI	25	methocarbamol	71
LYUMJEV	36	methotrexate	63
LYUMJEV KWIKPEN	36	methotrexate sodium	62
lyza	58	methsuximide	16
magnesium sulfate	49	METHYLDOPA	38
malathion	47	methylphenidate hydrochloride	43
maraviroc	32	methylphenidate hydrochloride er	43
marlissa	56	methylprednisolone	53
MARPLAN	18	methylprednisolone dose pack	53
MATULANE	22	metoclopramide hcl	50
matzim la	40	metoclopramide hydrochloride	50
MAVYRET	31	metolazone	41
MAYZENT	45	metoprolol succinate er	39
MAYZENT STARTER PACK	45	metoprolol tartrate	39
meclizine hcl	19	metronidazole	12
medroxyprogesterone acetate	58	metronidazole	45
mefloquine hydrochloride	27	metronidazole vaginal	12
megestrol acetate	58	metirosine	41
MEKINIST	25	mexiletine hcl	39
MEKTOVI	25	mexiletine hydrochloride	39
meloxicam	9	microgestin 1.5/30	56
memantine hcl titration pak	18	microgestin 1/20	56
memantine hydrochloride	18	microgestin fe 1.5/30	56
memantine hydrochloride er	18	microgestin fe 1/20	56
memantine/donepezil hydrochloride er	17	midodrine hcl	38
MENACTRA	64	mifepristone	59
MENEST	56	miglustat	52
MENQUADFI	64	mili	56
MENVEO	64	mimvey	56
mercaptopurine	23	mimvey lo	56
meropenem	14	minocycline hcl	15
mesalamine	65	minocycline hydrochloride	15
mesalamine dr	64	minoxidil	43
mesalamine er	65	mirtazapine	18
MESNA	27	mirtazapine odt	18

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
<i>misoprostol</i>	51	<i>necon 7/7/7</i>	56
M-M-R II	64	<i>nefazodone hydrochloride</i>	19
<i>modafinil</i>	72	<i>neomycin sulfate</i>	11
<i>moexipril hcl</i>	38	<i>neomycin/bacitracin/polymyxin</i>	67
<i>molindone hydrochloride</i>	28	<i>neomycin/polymyxin/bacitracin</i>	67
<i>mometasone furoate</i>	47	<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	67
<i>mometasone furoate</i>	69	<i>neomycin/polymyxin/dexamethasone</i>	67
<i>mondoxyne nl</i>	15	<i>neomycin/polymyxin/gramicidin</i>	67
<i>mono-lynyah</i>	56	<i>neomycin/polymyxin/hc</i>	69
<i>mononessa</i>	56	<i>neomycin/polymyxin/hydrocortisone</i>	69
<i>montelukast sodium</i>	69	<i>neo-polycin</i>	67
<i>morgidox 1x100mg</i>	15	<i>neo-polycin hc</i>	67
<i>morgidox 2x100mg</i>	15	NERLYNX	25
<i>morphine sulfate</i>	10	NEULASTA	37
<i>morphine sulfate er</i>	9	NEULASTA ONPRO KIT	37
MOTEGRITY	50	<i>nevirapine</i>	31
MOUNJARO	35	<i>nevirapine er</i>	31
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	14	NEXLETOL	42
<i>moxifloxacin hydrochloride</i>	14	NEXLIZET	42
<i>moxifloxacin hydrochloride</i>	67	NEXPLANON	58
MRESVIA	64	<i>niacin er</i>	42
MULTAQ	39	NICOTROL NS	11
<i>mupirocin</i>	48	<i>nifedipine er</i>	40
<i>mycophenolate mofetil</i>	63	<i>nilutamide</i>	22
<i>mycophenolic acid dr</i>	63	<i>nimodipine</i>	40
<i>myorisan</i>	46	NINLARO	25
MYRBETRIQ	52	<i>nitazoxanide</i>	27
<i>nabumetone</i>	9	<i>nitisinone</i>	52
<i>nadolol</i>	39	NITRO-BID	42
<i>naftcillin sodium</i>	13	<i>nitrofurantoin macrocrystals</i>	12
<i>naloxone hcl</i>	11	<i>nitrofurantoin monohydrate</i>	12
<i>naloxone hydrochloride</i>	11	<i>nitrofurantoin monohydrate/macrocrystals</i>	12
<i>naltrexone hcl</i>	11	<i>nitroglycerin</i>	42
NAMZARIC	17	<i>nitroglycerin</i>	50
<i>naproxen</i>	9	<i>nitroglycerin transdermal</i>	42
<i>naproxen dr</i>	9	NIVA THYROID	59
<i>naproxen sodium</i>	9	<i>nizatidine</i>	51
<i>naratriptan hcl</i>	21	<i>nora-be</i>	58
NATACYN	67	<i>norelgestromin/ethinyl estradiol</i>	56
<i>nateglinide</i>	35	<i>norethindrone</i>	58
NAYZILAM	15	<i>norethindrone acetate</i>	58
<i>nebivolol hydrochloride</i>	39	<i>norethindrone acetate/ethinyl estradiol</i>	56
<i>necon 0.5/35-28</i>	56		

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
<i>norethindrone acetate/ethinyl</i>	56	<i>nyamyc</i>	20
<i>estradiol/ferrous fumarate</i>		<i>nylia 1/35</i>	57
<i>norgestimate/ethinyl estradiol</i>	56	<i>nylia 7/7/7</i>	57
<i>norlyda</i>	58	<i>nymyo</i>	57
<i>norlyroc</i>	58	<i>nystatin</i>	20
<i>nortrel 0.5/35 (28)</i>	56	<i>nystatin/triamcinolone</i>	47
<i>nortrel 1/35</i>	56	<i>nystatin/triamcinolone acetonide</i>	47
<i>nortrel 7/7/7</i>	56	<i>nystop</i>	20
<i>nortriptyline hcl</i>	19	<i>octreotide acetate</i>	59
<i>nortriptyline hydrochloride</i>	19	ODEFSEY	32
NORVIR	33	ODOMZO	25
NOVOLIN 70/30	36	OFEV	71
NOVOLIN 70/30 FLEXPEN	36	<i>ofloxacin</i>	67
NOVOLIN 70/30 FLEXPEN RELION	36	<i>ofloxacin</i>	69
NOVOLIN 70/30 RELION	36	OGSIVEO	23
NOVOLIN N	36	OJEMDA	23
NOVOLIN N FLEXPEN	36	OJJAARA	25
NOVOLIN N FLEXPEN RELION	36	<i>olanzapine</i>	29
NOVOLIN N RELION	36	<i>olanzapine odt</i>	29
NOVOLIN R	36	<i>olmesartan medoxomil</i>	38
NOVOLIN R FLEXPEN	36	<i>olmesartan medoxomil/hydrochlorothiazide</i>	41
NOVOLIN R FLEXPEN RELION	36	<i>olopatadine hcl</i>	67
NOVOLIN R RELION	36	<i>olopatadine hydrochloride</i>	67
NOVOLOG	36	<i>omega-3-acid ethyl esters</i>	42
NOVOLOG FLEXPEN	36	<i>omeprazole</i>	51
NOVOLOG FLEXPEN RELION	36	<i>omeprazole dr</i>	51
NOVOLOG MIX 70/30	36	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	66
NOVOLOG MIX 70/30 PREFILLED	36	(GEN 5)	
FLEXPEN		OMNIPOD 5 DEXCOM G7G6 PODS	66
NOVOLOG MIX 70/30 PREFILLED	36	(GEN 5)	
FLEXPEN RELION		OMNIPOD 5 G7 INTRO KIT (GEN 5)	66
NOVOLOG MIX 70/30 RELION	36	OMNIPOD 5 G7 PODS (GEN 5)	66
NOVOLOG PENFILL	36	OMNIPOD 5 LIBRE2 PLUS G6	66
NOVOLOG RELION	36	OMNIPOD 5 LIBRE2 PLUS G6 PODS	66
<i>np thyroid 120</i>	59	OMNIPOD CLASSIC PDM STARTER	66
<i>np thyroid 15</i>	59	KIT (GEN 3)	
<i>np thyroid 30</i>	59	OMNIPOD CLASSIC PODS (GEN 3)	66
<i>np thyroid 60</i>	59	OMNIPOD DASH INTRO KIT (GEN 4)	66
<i>np thyroid 90</i>	59	OMNIPOD DASH PDM KIT (GEN 4)	66
NUBEQA	22	OMNIPOD DASH PODS (GEN 4)	66
NUCALA	71	OMNIPOD GO 10 UNITS/DAY	66
NUEDEXTA	44	OMNIPOD GO 15 UNITS/DAY	66
NUPLAZID	29	OMNIPOD GO 20 UNITS/DAY	66
NUTRILIPID	66	OMNIPOD GO 25 UNITS/DAY	66

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
OMNIPOD GO 30 UNITS/DAY	66	<i>paricalcitol</i>	65
OMNIPOD GO 35 UNITS/DAY	66	<i>paroex</i>	45
OMNIPOD GO 40 UNITS/DAY	66	<i>paromomycin sulfate</i>	11
<i>ondansetron hcl</i>	20	<i>paroxetine hcl</i>	19
<i>ondansetron hydrochloride</i>	20	<i>paroxetine hydrochloride</i>	19
<i>ondansetron odt</i>	20	PASER	22
ONPATTRO	52	PAXLOVID	34
ONUREG	23	<i>pazopanib hydrochloride</i>	25
OPIPZA	29	PEDIARIX	64
OPSUMIT	70	PEDVAX HIB	64
OPVEE	11	<i>peg 3350/electrolytes</i>	50
<i>oralone dental paste</i>	45	<i>peg-3350/electrolytes</i>	50
ORENCIA	60	<i>peg-3350/nacl/na bicarbonate/kcl</i>	51
ORENCIA	63	PEGASYS	61
ORENCIA CLICKJECT	60	PEGASYS	63
ORENITRAM	71	<i>pegylax</i>	50
ORENITRAM TITRATION KIT MONTH 1	71	PEMAZYRE	25
ORENITRAM TITRATION KIT MONTH 2	71	PENBRAYA	64
ORENITRAM TITRATION KIT MONTH 3	71	<i>penicillamine</i>	49
ORGOVYX	59	<i>penicillin g sodium</i>	13
ORKAMBI	70	<i>penicillin v potassium</i>	14
<i>orphenadrine citrate er</i>	72	PENTACEL	64
ORSERDU	22	<i>pentamidine isethionate</i>	27
<i>orsythia</i>	57	<i>pentoxifylline er</i>	41
<i>oseltamivir phosphate</i>	33	<i>perindopril erbumine</i>	38
OSMOLEX ER	28	<i>periogard</i>	45
OSPHENA	58	<i>permethrin</i>	47
OTEZLA	47	<i>perphenazine</i>	28
OTEZLA	60	PERSERIS	29
<i>oxacillin sodium</i>	13	<i>phenadoz</i>	19
<i>oxaprozin</i>	9	<i>phenelzine sulfate</i>	18
<i>oxcarbazepine</i>	17	<i>phenobarbital</i>	16
<i>oxybutynin chloride</i>	52	PHENYTEK	17
<i>oxybutynin chloride er</i>	52	<i>phenytoin</i>	17
<i>oxycodone hydrochloride</i>	10	<i>phenytoin infatabs</i>	17
<i>oxycodone/acetaminophen</i>	10	<i>phenytoin sodium extended</i>	17
OZEMPIC	35	PHESGO	23
PACERONE	39	<i>philith</i>	57
<i>paliperidone er</i>	29	PIFELTRO	31
PANRETIN	27	<i>pilocarpine hcl</i>	68
<i>pantoprazole sodium</i>	51	<i>pilocarpine hydrochloride</i>	45
		<i>pimecrolimus</i>	47
		<i>pimozide</i>	28
		<i>pimtrea</i>	57

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
<i>pindolol</i>	39	PREVYMIS	30
<i>pioglitazone hcl</i>	35	PREZCOBIX	33
<i>pioglitazone hcl/metformin hcl</i>	35	PREZISTA	33
<i>pioglitazone hydrochloride</i>	35	PRIFTIN	22
<i>piperacillin sodium/tazobactam sodium</i>	14	<i>primaquine phosphate</i>	27
PIQRAY 200MG DAILY DOSE	25	<i>primidone</i>	16
PIQRAY 250MG DAILY DOSE	25	PRIORIX	64
PIQRAY 300MG DAILY DOSE	25	PRIVIGEN	60
<i>pirfenidone</i>	71	PROAIR RESPICLICK	70
<i>pirmella 1/35</i>	57	<i>probenecid</i>	21
<i>pirmella 7/7/7</i>	57	<i>probenecid/colchicine</i>	21
<i>piroxicam</i>	9	<i>prochlorperazine</i>	20
<i>pitavastatin calcium</i>	42	<i>prochlorperazine maleate</i>	20
PLENAMINE	49	PROCRIT	37
<i>podofilox</i>	47	<i>procto-med hc</i>	65
<i>polycin</i>	67	<i>proctosol hc</i>	65
<i>polymyxin b sulfate/trimethoprim sulfate</i>	67	<i>proctozone-hc</i>	65
POMALYST	22	<i>progesterone</i>	58
<i>portia-28</i>	57	PROGRAF	63
<i>posaconazole</i>	21	PROLASTIN-C	52
<i>posaconazole dr</i>	21	PROLIA	65
<i>potassium chloride</i>	49	PROMACTA	37
<i>potassium chloride er</i>	49	<i>promethazine hcl</i>	20
<i>potassium chloride sr</i>	49	<i>promethazine hydrochloride</i>	20
<i>potassium citrate er</i>	49	<i>promethazine hydrochloride plain</i>	20
PRALUENT	42	<i>promethegan</i>	20
<i>pramipexole dihydrochloride</i>	28	<i>propafenone hcl</i>	39
<i>prasugrel hydrochloride</i>	38	<i>propafenone hydrochloride</i>	39
<i>pravastatin sodium</i>	42	<i>propafenone hydrochloride er</i>	39
<i>praziquantel</i>	27	<i>propranolol hcl</i>	39
<i>prazosin hydrochloride</i>	38	<i>propranolol hcl er</i>	39
<i>prednisolone</i>	53	<i>propranolol hydrochloride</i>	39
<i>prednisolone acetate</i>	68	<i>propranolol hydrochloride er</i>	39
<i>prednisolone sodium phosphate</i>	53	<i>propylthiouracil</i>	60
<i>prednisone</i>	53	PROQUAD	64
<i>pregabalin</i>	16	<i>protriptyline hcl</i>	19
PREHEVBRIO	64	<i>prucalopride</i>	50
PREMARIN	57	PULMOZYME	70
<i>premium lidocaine</i>	10	PURIXAN	23
PREMPHASE	57	<i>pyrazinamide</i>	22
PREMPRO	57	<i>pyridostigmine bromide</i>	21
<i>prenatal</i>	50	<i>pyrimethamine</i>	27
<i>prevalite</i>	42	PYRUKYND	52
<i>previfem</i>	57	PYRUKYND TAPER PACK	52

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
QINLOCK	25	<i>rifampin</i>	22
QUADRACEL	64	<i>riluzole</i>	44
<i>quetiapine fumarate</i>	29	RINVOQ	60
<i>quetiapine fumarate er</i>	29	RINVOQ LQ	60
<i>quinapril hydrochloride</i>	38	<i>risedronate sodium</i>	65
<i>quinapril/hydrochlorothiazide</i>	41	<i>risperidone</i>	30
<i>quinidine sulfate</i>	39	<i>risperidone er</i>	29
<i>quinine sulfate</i>	27	<i>risperidone odt</i>	29
QULIPTA	21	<i>ritonavir</i>	33
QVAR REDIHALER	69	<i>rivastigmine tartrate</i>	17
RABAVERT	64	<i>rivastigmine transdermal system</i>	17
<i>rabeprazole sodium</i>	51	<i>rivelsa</i>	57
<i>raloxifene hydrochloride</i>	58	RIVFLOZA	66
<i>ramelteon</i>	72	<i>rizatriptan benzoate</i>	21
<i>ramipril</i>	38	<i>rizatriptan benzoate odt</i>	21
<i>ranolazine er</i>	41	ROCKLATAN	67
<i>rasagiline mesylate</i>	28	<i>roflumilast</i>	70
RAYALDEE	65	ROLVEDON	37
REBIF	45	<i>ropinirole er</i>	28
REBIF REBIDOSE	45	<i>ropinirole hcl</i>	28
REBIF REBIDOSE TITRATION PACK	45	<i>ropinirole hydrochloride</i>	28
REBIF TITRATION PACK	45	<i>rosadan</i>	46
RECOMBIVAX HB	64	<i>rosuvastatin calcium</i>	42
RELENZA DISKHALER	33	ROTARIX	64
RELISTOR	50	ROTATEQ	64
RENFLEXIS	63	<i>roweepra</i>	15
<i>repaglinide</i>	35	<i>roweepra xr</i>	15
REPATHA	42	ROZLYTREK	26
REPATHA PUSHTRONEX SYSTEM	42	RUBRACA	26
REPATHA SURECLICK	42	<i>rufinamide</i>	17
RESTASIS	67	RUKOBIA	32
RESTASIS MULTIDOSE	67	RYBELSUS	35
RETACRIT	37	RYDAPT	26
RETEVMO	25	RYTARY	28
REVCovi	52	<i>sajazir</i>	60
REVLIMID	22	SANDIMMUNE	63
REVUFORJ	23	SANTYL	47
REXULTI	29	<i>sapropterin dihydrochloride</i>	52
REYATAZ	33	SAVELLA	44
REZLIDHIA	26	SAVELLA TITRATION PACK	44
REZUROCK	63	SCEMBLIX	26
RHOPRESSA	68	<i>scopolamine</i>	20
<i>ribavirin</i>	31	SECUADO	30
<i>rifabutin</i>	22	<i>selegiline hcl</i>	28

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
<i>selenium sulfide</i>	47	SPIRIVA RESPIMAT	69
SELZENTRY	32	<i>spironolactone</i>	42
SEREVENT DISKUS	70	<i>spironolactone/hydrochlorothiazide</i>	41
<i>sertraline hcl</i>	19	SPRAVATO 56MG DOSE	18
<i>sertraline hydrochloride</i>	19	SPRAVATO 84MG DOSE	18
<i>setlakin</i>	57	<i>sprintec 28</i>	57
<i>sevelamer carbonate</i>	49	SPRITAM	15
SFROWASA	65	SPRYCEL	26
<i>sharobel</i>	58	SPS	49
SHINGRIX	64	<i>sronyx</i>	57
SIGNIFOR	59	<i>ssd</i>	47
<i>sildenafil citrate</i>	71	STAMARIL	64
<i>silodosin</i>	52	<i>stavudine</i>	32
<i>silver sulfadiazine</i>	47	STIOLTO RESPIMAT	71
SIMBRINZA	67	STIVARGA	26
<i>simliya</i>	57	<i>streptomycin sulfate</i>	11
<i>simpesse</i>	57	STRIBILD	31
<i>simvastatin</i>	42	<i>subvenite</i>	15
<i>sirolimus</i>	63	<i>subvenite starter kit/blue</i>	15
SIRTURO	22	<i>subvenite starter kit/green</i>	15
SKYCLARYS	66	<i>subvenite starter kit/orange</i>	15
SKYRIZI	60	SUCRAID	52
SKYRIZI PEN	60	<i>sucrafate</i>	51
<i>sodium chloride</i>	49	<i>sulfacetamide sodium</i>	68
<i>sodium chloride 0.45%</i>	49	<i>sulfacetamide sodium/prednisolone sodium</i>	67
<i>sodium chloride 0.9%</i>	66	<i>phosphate</i>	
<i>sodium oxybate</i>	72	<i>sulfadiazine</i>	14
<i>sodium phenylbutyrate</i>	52	<i>sulfamethoxazole/trimethoprim</i>	14
<i>sodium polystyrene sulfonate</i>	49	<i>sulfamethoxazole/trimethoprim ds</i>	14
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	51	<i>sulfasalazine</i>	65
<i>sofosbuvir/velpatasvir</i>	31	<i>sulindac</i>	9
<i>solifenacin succinate</i>	52	<i>sumatriptan</i>	21
SOLQUA 100/33	35	<i>sumatriptan succinate</i>	21
SOLTAMOX	22	<i>sunitinib malate</i>	26
SOMAVERT	59	SUNLENCA	32
<i>sorafenib</i>	26	SUTAB	51
<i>sorafenib tosylate</i>	26	SYMPAZAN	16
<i>sorine</i>	39	SYMTUZA	33
<i>sotalol hcl</i>	39	SYNJARDY	35
<i>sotalol hydrochloride</i>	39	SYNJARDY XR	35
<i>sotalol hydrochloride (af)</i>	39	SYNRIBO	23
SOTYKTU	47	SYNTHROID	59
SPEVIGO	47	TABLOID	23
		TABRECTA	26

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
<i>tacrolimus</i>	47	<i>thiothixene</i>	28
<i>tacrolimus</i>	63	THYROID	59
<i>tadalafil</i>	52	<i>tiadylt er</i>	40
<i>tadalafil</i>	71	<i>tiagabine hydrochloride</i>	16
TAFINLAR	26	TIBSOVO	26
TAGRISSE	26	TICOVAC	64
TALZENNA	26	<i>tigecycline</i>	12
<i>tamoxifen citrate</i>	23	<i>timolol maleate</i>	21
<i>tamsulosin hydrochloride</i>	53	<i>timolol maleate</i>	68
<i>tarina fe 1/20</i>	57	<i>tinidazole</i>	12
<i>tarina fe 1/20 eq</i>	57	<i>tiotropium bromide</i>	69
TASIGNA	26	TIVICAY	31
TAVNEOS	60	TIVICAY PD	31
<i>tazarotene</i>	46	<i>tizanidine hcl</i>	30
TAZICEF	13	<i>tizanidine hydrochloride</i>	30
<i>taztia xt</i>	40	TOBI PODHALER	70
TAZVERIK	26	TOBRADEX	67
TDVAX	64	TOBRADEX ST	67
TEFLARO	13	<i>tobramycin</i>	68
TEGSEDI	52	<i>tobramycin</i>	70
<i>telmisartan</i>	38	<i>tobramycin sulfate</i>	11
<i>telmisartan/hydrochlorothiazide</i>	41	<i>tobramycin/dexamethasone</i>	67
<i>temazepam</i>	72	<i>tolterodine tartrate</i>	52
TEMIXYS	32	<i>tolterodine tartrate er</i>	52
TENIVAC	64	<i>topiramate</i>	16
<i>tenofovir disoproxil fumarate</i>	32	<i>topotecan hcl</i>	23
TEPMETKO	26	<i>topotecan hydrochloride</i>	23
<i>terazosin hcl</i>	53	<i>toremifene citrate</i>	23
<i>terazosin hydrochloride</i>	53	<i>torpenz</i>	26
<i>terbinafine hcl</i>	21	<i>torsemid</i>	41
<i>terconazole</i>	21	TOUJEO MAX SOLOSTAR	36
<i>teriparatide</i>	65	TOUJEO SOLOSTAR	36
<i>testosterone</i>	54	TRADJENTA	35
<i>testosterone cypionate</i>	53	<i>tramadol hydrochloride</i>	10
<i>testosterone enanthate</i>	54	<i>tramadol hydrochloride/acetaminophen</i>	10
<i>testosterone pump</i>	54	<i>trandolapril</i>	38
TETANUS/DIPHTheria TOXOIDS- ADSORBED ADULT	64	<i>trandolapril/verapamil hcl er</i>	41
<i>tetrabenazine</i>	44	<i>tranexamic acid</i>	37
<i>tetracycline hydrochloride</i>	15	<i>tranylcypromine sulfate</i>	18
TEVIMBRA	27	<i>trazodone hydrochloride</i>	19
THALOMID	22	TRECATOR	22
<i>theophylline er</i>	70	TRELEGY ELLIPTA	71
<i>thioridazine hydrochloride</i>	28	TRELSTAR MIXJECT	59
		TRESIBA	36

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #	Drug Name	Page #
TRESIBA FLEXTOUCH	36	TYBOST	33
<i>tretinoin</i>	27	TYMLOS	65
<i>tretinoin</i>	46	TYPHIM VI	64
<i>tri femynor</i>	57	TYRVAYA	11
<i>triamcinolone acetonide</i>	47	UBRELVY	21
<i>triamcinolone acetonide</i>	53	UDENYCA	37
<i>triamcinolone acetonide dental paste</i>	45	UDENYCA ONBODY	37
<i>triamterene</i>	41	<i>ulticare micro pen needles/32g x 5/32"</i>	66
<i>triamterene/hydrochlorothiazide</i>	41	<i>unifine pentips 32gx6mm</i>	66
<i>triderm</i>	47	UNITHROID	59
<i>trientine hydrochloride</i>	49	<i>urea</i>	47
<i>tri-estarylla</i>	57	<i>ursodiol</i>	51
<i>trifluoperazine hcl</i>	28	<i>valacyclovir hydrochloride</i>	33
<i>trifluoperazine hydrochloride</i>	28	VALCHLOR	22
<i>trifluridine</i>	68	<i>valganciclovir tablet 450mg</i>	30
<i>trihexyphenidyl hydrochloride</i>	27	<i>valganciclovir hydrochloride solution</i>	30
TRIJARDY XR	35	<i>50mg/ml</i>	
TRIKAFTA	70	<i>valproic acid</i>	16
<i>tri-lynyah</i>	57	<i>valsartan</i>	38
<i>trilyte</i>	51	<i>valsartan/hydrochlorothiazide</i>	41
<i>trimethoprim</i>	12	VALTOCO 10 MG DOSE	16
<i>tri-mili</i>	57	VALTOCO 15 MG DOSE	16
<i>trimipramine maleate</i>	19	VALTOCO 20 MG DOSE	16
<i>trinessa</i>	57	VALTOCO 5 MG DOSE	16
TRINTELLIX	19	<i>valtya 1/50</i>	57
<i>tri-nymyo</i>	57	<i>vancomycin hcl</i>	12
<i>tri-previfem</i>	57	<i>vancomycin hydrochloride</i>	12
<i>tri-sprintec</i>	57	VANFLYTA	26
TRIUMEQ	32	VAQTA	64
TRIUMEQ PD	32	<i>varenicline starting month</i>	11
<i>trivora-28</i>	57	<i>varenicline tartrate</i>	11
<i>tri-vylibra</i>	57	VARIVAX	64
TRIZIVIR	32	VAXCHORA	64
<i>trospium chloride</i>	52	VAXELIS	64
<i>trospium chloride er</i>	52	VELPHORO	49
TRULICITY	35	VELTASSA	49
TRUMENBA	64	VENCLEXTA	26
TRUQAP	26	VENCLEXTA STARTING PACK	26
TRUSELTIQ	23	<i>venlafaxine hydrochloride</i>	19
TUKYSA	26	<i>venlafaxine hydrochloride er</i>	19
<i>tulana</i>	58	VENTAVIS	71
TURALIO	26	VEOPOZ	60
<i>turqoz</i>	57	VEOZAH	44
TWINRIX	64	<i>verapamil hcl</i>	40

Drug Name	Page #	Drug Name	Page #
<i>verapamil hcl er</i>	40	XARELTO	37
<i>verapamil hcl sr</i>	40	XARELTO STARTER PACK	37
<i>verapamil hydrochloride</i>	40	XATMEP	63
<i>verapamil hydrochloride er</i>	40	XCOPRI	17
VERQUVO	42	XDEMVY	68
VERSACLOZ	30	XELJANZ	61
VERZENIO	26	XELJANZ XR	61
V-GO 20	66	XERMELO	50
V-GO 30	66	XGEVA	65
V-GO 40	66	XIFAXAN	51
<i>vicodin hp</i>	10	XIGDUO XR	35
<i>vienva</i>	57	XIIDRA	67
<i>vigabatrin</i>	16	XOFLUZA	33
<i>vigadrone</i>	16	XOLAIR	61
VIGAFYDE	16	XOLREMDI	37
<i>vigpoder</i>	17	XOSPATA	26
<i>vilazodone hydrochloride</i>	19	XPOVIO	26
<i>violele</i>	57	XPOVIO 60 MG TWICE WEEKLY	26
VIRACEPT	33	XPOVIO 80 MG TWICE WEEKLY	26
VIREAD	32	XTAMPZA ER	9
VISTOGARD	66	XTANDI	22
VITRAKVI	26	<i>xulane</i>	58
VIVITROL	11	<i>yargesa</i>	52
VIZIMPRO	26	YF-VAX	64
VOCABRIA	31	YUPELRI	70
<i>volnea</i>	57	<i>yuvaferm</i>	58
VONJO	23	<i>zafemy</i>	58
VORANIGO	27	<i>zafirlukast</i>	69
<i>voriconazole</i>	21	<i>zaleplon</i>	72
VOSEVI	31	ZARXIO	37
VOWST	51	ZEJULA	26
VRAYLAR	30	ZELBORAF	27
VUMERITY	45	<i>zenatane</i>	46
<i>vyfemla</i>	57	ZENPEP	52
VYJUVEK	33	ZEPOSIA	45
<i>vylibra</i>	57	ZEPOSIA 7-DAY STARTER PACK	45
VYNDAMAX	41	ZEPOSIA STARTER KIT	45
VYZULTA	68	<i>zidovudine</i>	32
<i>warfarin sodium</i>	37	<i>ziprasidone hcl</i>	30
WELIREG	52	<i>ziprasidone mesylate</i>	30
<i>wera</i>	57	ZIRGAN	68
WEZLANA	60	ZOKINVY	66
<i>wixela inhub</i>	71	ZOLINZA	23
XALKORI	26	<i>zolmitriptan</i>	21

Formulary ID: 25380, Version: 11, Effective Date: 04/01/2025

Last Updated: 03/03/2025

Drug Name	Page #
<i>zolpidem tartrate</i>	72
<i>zolpidem tartrate er</i>	72
ZONISADE	17
<i>zonisamide</i>	17
<i>zovia 1/35</i>	58
<i>zovia 1/35e</i>	58
ZTALMY	17
ZURZUVAE	18
ZYDELIG	27
ZYKADIA	27
ZYLET	67
ZYPREXA RELPREVV	30

Notice of Non-Discrimination: Discrimination is Against the Law

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

eternalHealth:

- 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 eternalHealth Member Services at **1-800-680-4568 (TTY 711)**

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

eternalHealth (Mail)

eternalHealth, Inc.
eH Privacy Officer
C/O Appeals & Grievances
PO Box 1377
Westborough, MA 01581

eternalHealth (Phone/Fax)

Local Phone Number: 617-684-2348 (TTY 711)
Toll Free Phone Number: 1-800-680-4568 (TTY 711)
Fax: 1-866-326-1073

eternalHealth (In Person)

eternalHealth, Inc.
31 St. James Ave, Suite 950
Boston, MA 02116

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, eternalHealth Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1 (800) 891-6989 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1 (800) 891-6989 (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 1 (800) 891-6989 (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 1 (800) 891-6989 (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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1 (800) 891-6989 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1 (800) 891-6989 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1 (800) 891-6989 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1 (800) 891-6989 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1 (800) 891-6989 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1 (800) 891-6989 (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 1-800-891-6989, TTY:711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية 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 1 (800) 891-6989 (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 1 (800) 891-6989 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1 (800) 891-6989 (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 1 (800) 891-6989 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1 (800) 891-6989 (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、
1 (800) 891-6989 (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。



This formulary was updated on 03/03/2025. For more recent information or other questions, please contact eternalHealth Member Services at 1-800-891-6989 (TTY users should call 711), 24 hours/7 days a week, or visit www.eternalhealth.com.