



Clear Spring Health Essential (PPO)

2025 Formulary
(List of Covered Drugs)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID 00025494, Version Number 13

This formulary was updated on 06/02/2025. For more recent information or if you have questions, please call Member Services at 1-877-364-4566, (TTY: 711) or visit our website at www.clearspringhealthcare.com.

We are open from October 1 – March 31, seven days a week, 8:00 am – 8:00 pm from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday, and Federal Holidays).

Important Message About What You Pay for Vaccines | Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 Clear Spring Health. When it refers to “plan” or “our plan,” it means Clear Spring Health Essential (PPO).

This document includes list of the drugs (formulary) for our plan which is current as of 07/01/2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Clear Spring Health Essential (PPO) Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clear Spring Health Essential Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clear Spring Health Essential 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 07/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all 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?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as

having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Clear Spring Health before you fill your prescriptions. If you do not get approval, Clear Spring Health may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for Rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **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, our plan 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online 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 our plan 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 our plan formulary?” on page 4 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. For more information, 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 learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See next page for information about how to request an exception.

How do I request an exception to the Clear Spring Health's Formulary?

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

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception.

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

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

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

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

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

If you experience a level of care change (i.e., are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 30- day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception. For more information

For more information

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

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

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

Clear Spring Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NDS: Non-extended Day Supply Drug. This prescription drug is not available for an extended days' supply.

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

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 Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the 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 Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX	4	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
<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	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>morphine sulfate er tablet extended release</i>	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	2	NDS
<i>acetaminophen/codeine solution</i>	2	NDS

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral solution, tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
Local Anesthetics		
<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		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hydrochloride tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	2	
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	3	
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	
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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 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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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	
<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>mondoxyne nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
<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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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
<i>vigpoder</i>	5	PA NSO
ZTALMY	5	PA NSO
Sodium Channel Agents		
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>eslicarbazepine acetate</i>	4	
<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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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>		
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<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	
<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	
RALDESY	5	
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet</i>	2	
<i>promethazine hydrochloride suppository 25mg</i>	4	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
<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		
Antifungals		
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	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)
<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		
Antigout Agents		
<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		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
<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)
Prophylactic		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
Serotonin (5-HT) Receptor Agonist		
<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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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		
Parasympathomimetics		
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
<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	
TRECTOR	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>abirtega</i>	4	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
EULEXIN	4	
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
Antiangiogenic Agents		

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO
REVLIMID	5	PA NSO
THALOMID	5	PA NSO
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
ORSERDU	5	PA NSO
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
<i>mercaptopurine suspension</i>	5	
PURIXAN	5	
TABLOID	5	
<i>Antineoplastics, Other</i>		
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
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK	5	PA NSO
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
Molecular Target Inhibitors		
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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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
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
<i>nilotinib</i>	5	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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
REZLIDHIA	5	PA NSO
ROMVIMZA	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: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	4	PA

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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)
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
Treatment-Resistant		
<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		
Antispasticity Agents		
<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		
Anti-cytomegalovirus (CMV) Agents		
<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	
Anti-hepatitis B (HBV) Agents		
<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	
Anti-hepatitis C (HCV) Agents		
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
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
EDURANT PED	5	QL(180 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>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	5	QL(30 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)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025
Last Updated: 06/02/2025

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>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	5	QL(24 EA per 168 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)
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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
Antitherpetic 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		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(11 EA per 5 days)
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		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	4	
Benzodiazepines		
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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>exenatide injection 10mcg/0.04ml</i>	4	QL(2.4 ML per 28 days); PA
<i>exenatide injection 5mcg/0.02ml</i>	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	
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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	
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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
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 2.5MG	3	QL(360 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>anagrelide hydrochloride</i>	3	
<i>eltrombopag olamine</i>	5	PA
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	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<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		
Alpha-adrenergic Agonists		
<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 hydrochloride</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet</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 hydrochloride</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<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 hydrochloride capsule 150mg</i>	3	
<i>mexiletine hydrochloride capsule 200mg, 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 tablet 120mg, 160mg, 240mg</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 tablet 10mg, 5mg</i>	2	
<i>carvedilol</i>	1	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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 tablet 40mg</i>	2	
<i>propranolol hydrochloride er</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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)
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>metyrosine</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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<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 hydrochloride tablet</i>	3	
<i>colestipol hydrochloride 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
TRYNGOLZA	5	QL(0.8 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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tablet 10mg, 25mg, 50mg</i>	1	
<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)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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
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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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 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 tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnestem</i>	4	
<i>azelaic acid</i>	4	QL(100 GM per 30 days)
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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	
Dermatological Agents, Other		
<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	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<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	
<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		
Electrolyte/Mineral Replacement		

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
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
Phosphate Binders		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	
VELPHORO	5	
Potassium Binders		
<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	
Vitamins		
<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)
MOTTEGRITY	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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hydrochloride 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
LIVMARLI TABLET 30MG	5	QL(30 EA per 30 days); PA
LIVMARLI TABLET 10MG, 15MG, 20MG	5	QL(60 EA 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	
<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
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucrafate tablet</i>	2	
<i>sucrafate suspension</i>	4	
Proton Pump Inhibitors		
<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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
Benign Prostatic Hypertrophy Agents		
<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
<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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tablet</i>	3	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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)		
Androgens		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<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 tablet 35mcg; 0</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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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	
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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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	
<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>lutra</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-linyah</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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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	
<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>rosyrah</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-linyah</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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>xulane</i>	3	
<i>yuvafem</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: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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	
RENTHYROID	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>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
Immunoglobulins		
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
Immunological Agents, Other		
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
STEQEYMA INJECTION 45MG/0.5ML	4	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
VEOPOZ	5	PA
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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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
<i>adalimumab-aaty cd/uc/hs starter</i>	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UEVITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UEVITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M 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
<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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
<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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
VIMKUNYA	1	
VIVOTIF	1	
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	
<i>mesalamine er</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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 560MCG/2.24ML	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)
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)
EASY COMFORT PEN NEEDLES 29GX4MM	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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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 hydrochloride</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	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
XDEMVY	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatory		
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanamide 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	
<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		
Anti-inflammatories, Inhaled Corticosteroids		
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)
Antihistamines		
<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	

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>hydroxyzine pamoate capsule</i>	4	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
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)
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)

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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>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
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
Pulmonary Fibrosis Agents		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
Respiratory Tract Agents, Other		
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

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

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
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	
<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: 25494, Version: 13, Effective Date: 07/01/2025
Last Updated: 06/02/2025

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 #
			ADTHYZA	47
			ADV AIR HFA	59
			<i>afirmelle</i>	43
			AIMOVIG	12
			AIRSUPRA	59
			AKEEGA	14
			ALA-CORT	36
			<i>albendazole</i>	18
			<i>albuterol sulfate</i>	58
			<i>albuterol sulfate hfa</i>	58
			<i>alclometasone dipropionate</i>	36
			ALCOHOL PREP PADS	54
			ALECENSA	15
			<i>alendronate sodium</i>	54
			<i>alfuzosin hcl er</i>	42
			ALINIA	18
			<i>aliskiren</i>	30
			<i>allopurinol</i>	12
			<i>alose tron hydrochloride</i>	39
			<i>alprazolam</i>	24
			<i>altavera</i>	43
			ALUNBRIG	15
			<i>alyacen 1/35</i>	43
			<i>alyacen 7/7/7</i>	43
			<i>alyq</i>	59
			<i>amabelz</i>	43
			<i>amantadine hcl</i>	24
			<i>ambrisentan</i>	59
			<i>amethia</i>	43
			<i>amethia lo</i>	43
			<i>amethyst</i>	43
			<i>amikacin sulfate</i>	3
			<i>amiloride hcl</i>	31
			<i>amiloride/hydrochlorothiazide</i>	30
			AMINOSYN II	38
			AMINOSYN-PF	38
			<i>amiodarone hydrochloride</i>	29
			<i>amitriptyline hcl</i>	10
			<i>amitriptyline hydrochloride</i>	10
			<i>amlodipine besylate</i>	30
			<i>amlodipine besylate/benazepril</i>	30
			<i>hydrochloride</i>	
			<i>amlodipine besylate/valsartan</i>	30
			<i>amlodipine/olmesartan medoxomil</i>	30
			<i>ammonium lactate</i>	36
			<i>amnestem</i>	35
	Drug Name	Page #		
	<i>abacavir</i>	22		
	<i>abacavir sulfate/lamivudine</i>	22		
	<i>abacavir sulfate/lamivudine/zidovudine</i>	22		
	ABELCET	11		
	ABILIFY MAINTENA	19		
	<i>abiraterone acetate</i>	13		
	<i>abirtega</i>	13		
	ABRYSVO	52		
	<i>acamprosate calcium dr</i>	2		
	<i>acarbose</i>	25		
	ACCUTANE	35		
	<i>acebutolol hcl</i>	29		
	<i>acebutolol hydrochloride</i>	29		
	<i>acetaminophen/codeine</i>	1		
	<i>acetaminophen/codeine phosphate</i>	1		
	<i>acetazolamide</i>	57		
	<i>acetazolamide er</i>	57		
	<i>acetic acid</i>	57		
	<i>acetic acid 0.25%</i>	42		
	<i>acitretin</i>	35		
	ACTHIB	52		
	ACTIMMUNE	50		
	<i>acyclovir</i>	24		
	<i>acyclovir</i>	37		
	<i>acyclovir sodium</i>	24		
	ADACEL	52		
	ADALIMUMAB-AATY 1-PEN KIT	50		
	ADALIMUMAB-AATY 2-PEN KIT	50		
	ADALIMUMAB-AATY 2-SYRINGE KIT	50		
	<i>adalimumab-aaty cd/uc/hs starter</i>	50		
	ADALIMUMAB-ADBM	50		
	ADALIMUMAB-ADBM CROHNS/UC/HS	50		
	STARTER			
	ADALIMUMAB-ADBM	50		
	PSORIASIS/UEVITIS STARTER			
	ADALIMUMAB-ADBM STARTER	50		
	PACKAGE FOR CROHNS			
	DISEASE/UC/HS			
	ADALIMUMAB-ADBM STARTER	50		
	PACKAGE FOR PSORIASIS/UEVITIS			
	ADBRY	36		
	<i>adefovir dipivoxil</i>	21		
	ADEMPAS	59		

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

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Drug Name	Page #	Drug Name	Page #
<i>amoxapine</i>	10	<i>atomoxetine hydrochloride</i>	33
<i>amoxicillin</i>	5	<i>atorvastatin calcium</i>	32
<i>amoxicillin/clavulanate potassium</i>	5	<i>atovaquone</i>	18
<i>amoxicillin/clavulanate potassium er</i>	5	<i>atovaquone/proguanil hcl</i>	18
<i>amphetamine/dextroamphetamine</i>	33	<i>atovaquone/proguanil hydrochloride</i>	18
<i>amphotericin b</i>	11	<i>atropine sulfate</i>	55
<i>amphotericin b liposome</i>	11	ATROVENT HFA	58
<i>ampicillin</i>	5	<i>aubra eq</i>	43
<i>ampicillin sodium</i>	5	AUGMENTIN	5
<i>ampicillin/sulbactam</i>	5	AUGTYRO	15
<i>ampicillin-sulbactam</i>	5	<i>aurovela 1.5/30</i>	43
<i>anagrelide hydrochloride</i>	28	<i>aurovela 1/20</i>	43
<i>anastrozole</i>	14	<i>aurovela fe 1.5/30</i>	43
ANORO ELLIPTA	59	<i>aurovela fe 1/20</i>	43
<i>aprepitant</i>	11	AUSTEDO	34
APTIOM	8	AUSTEDO XR	34
APTIVUS	23	AUSTEDO XR PATIENT TITRATION	34
AREXVY	52	KIT	
<i>arformoterol tartrate</i>	58	AUVELITY	9
ARIKAYCE	3	<i>aviane</i>	43
<i>aripiprazole</i>	19	AVMAPKI FAKZYNJA CO-PACK	15
<i>aripiprazole odt</i>	19	AVONEX	34
ARISTADA	20	AVONEX PEN	34
ARISTADA INITIO	20	<i>ayuna</i>	43
<i>armodafinil</i>	60	AYVAKIT	15
ARMOUR THYROID	47	<i>azathioprine</i>	50
ARNUITY ELLIPTA	57	<i>azelaic acid</i>	35
<i>asenapine maleate sl</i>	20	<i>azelastine hcl</i>	56
<i>ashlyna</i>	43	<i>azelastine hcl</i>	57
ASMANEX HFA	57	<i>azelastine hydrochloride</i>	57
ASMANEX TWISTHALER 120	57	<i>azithromycin</i>	5
METERED DOSES		<i>aztreonam</i>	3
ASMANEX TWISTHALER 14 METERED	57	<i>azurette</i>	43
DOSES		<i>bacitracin</i>	56
ASMANEX TWISTHALER 30 METERED	57	<i>bacitracin/polymyxin b</i>	55
DOSES		<i>baclofen</i>	21
ASMANEX TWISTHALER 60 METERED	57	<i>balsalazide disodium</i>	53
DOSES		BALVERSA	15
<i>aspirin/dipyridamole</i>	28	<i>balziva</i>	43
<i>aspirin/dipyridamole er</i>	28	BAQSIMI ONE PACK	26
ASTAGRAF XL	50	BAQSIMI TWO PACK	26
<i>atazanavir</i>	23	BARACLUDE	21
<i>atazanavir sulfate</i>	23	<i>bcg vaccine</i>	52
<i>atenolol</i>	29	BD INSULIN SYRINGE	54
<i>atenolol/chlorthalidone</i>	30	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine</i>	33		

Drug Name	Page #	Drug Name	Page #
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	54	BRIMONIDINE TARTRATE	57
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	54	<i>brimonidine tartrate/timolol maleate</i>	55
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	54	<i>brinzolamide</i>	57
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	54	BRIVIACT	6
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	54	<i>bromfenac sodium</i>	56
<i>bekyree</i>	43	<i>bromocriptine mesylate</i>	19
BELSOMRA	60	BRONCHITOL	59
<i>benazepril hydrochloride</i>	29	BRUKINSA	15
<i>benazepril</i>	31	<i>budesonide</i>	53
<i>hydrochloride/hydrochlorothiazide</i>		<i>budesonide</i>	57
BENLYSTA	49	<i>budesonide er</i>	53
<i>benznidazole</i>	18	<i>bumetanide</i>	31
<i>benztropine mesylate</i>	18	<i>buprenorphine</i>	1
BESIVANCE	56	<i>buprenorphine hcl</i>	3
BESREMI	50	<i>buprenorphine hcl/naloxone hcl</i>	3
<i>betaine anhydrous</i>	41	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3
<i>betamethasone dipropionate</i>	36	<i>bupropion hydrochloride</i>	9
<i>betamethasone dipropionate augmented</i>	36	<i>bupropion hydrochloride er (sr)</i>	3
<i>betamethasone valerate</i>	36	<i>bupropion hydrochloride er (sr)</i>	9
BETASERON	34	<i>bupropion hydrochloride er (xl)</i>	9
<i>betaxolol hcl</i>	29	<i>bupirone hcl</i>	24
<i>betaxolol hcl</i>	56	<i>bupirone hydrochloride</i>	24
<i>bethanechol chloride</i>	42	<i>butalbital/acetaminophen/caffeine</i>	34
<i>bexarotene</i>	18	BYDUREON BCISE	25
BEXSERO	52	BYETTA	25
<i>bicalutamide</i>	13	CABENUVA	21
BICILLIN L-A	5	<i>cabergoline</i>	48
BIKTARVY	21	CABLIVI	28
<i>bisoprolol fumarate</i>	29	CABOMETYX	15
<i>bisoprolol fumarate/hydrochlorothiazide</i>	31	<i>calcipotriene</i>	37
BIVIGAM	49	<i>calcitonin-salmon</i>	54
<i>blisovi fe 1.5/30</i>	43	<i>calcitriol</i>	54
<i>blisovi fe 1/20</i>	43	<i>calcium acetate</i>	39
BOOSTRIX	52	CALQUENCE	15
BOSULIF	15	<i>camila</i>	47
BRAFTOVI	15	<i>camrese</i>	43
BREO ELLIPTA	59	<i>camrese lo</i>	43
<i>breyna</i>	59	<i>candesartan cilexetil</i>	28
BREZTRI AEROSPHERE	59	<i>candesartan cilexetil/hydrochlorothiazide</i>	31
<i>briellyn</i>	43	CAPLYTA	20
BRILINTA	28	CAPRELSA	15
		<i>captopril</i>	29
		<i>captopril/hydrochlorothiazide</i>	31
		<i>carbamazepine</i>	8
		<i>carbamazepine er</i>	8

Drug Name	Page #	Drug Name	Page #
<i>carbidopa</i>	19	<i>cilostazol</i>	28
<i>carbidopa/levodopa</i>	19	CIMDUO	22
<i>carbidopa/levodopa er</i>	19	<i>cinacalcet hydrochloride</i>	54
<i>carbidopa/levodopa odt</i>	19	CINRYZE	49
<i>carglumic acid</i>	38	<i>ciprofloxacin</i>	6
<i>carteolol hcl</i>	56	<i>ciprofloxacin hcl</i>	6
<i>cartia xt</i>	30	<i>ciprofloxacin hydrochloride</i>	6
<i>carvedilol</i>	29	<i>ciprofloxacin hydrochloride</i>	56
<i>casprofungin acetate</i>	11	<i>ciprofloxacin i.v.-in d5w</i>	6
CAYSTON	58	<i>ciprofloxacin/dexamethasone</i>	57
<i>cefaclor</i>	4	<i>cisplatin</i>	13
<i>cefadroxil</i>	4	<i>citalopram hydrobromide</i>	10
CEFAZOLIN	4	<i>claravis</i>	35
<i>cefazolin sodium</i>	4	<i>clarithromycin</i>	6
<i>cefdinir</i>	4	<i>clarithromycin er</i>	6
<i>cefepime</i>	4	CLENPIQ	40
<i>cefepime hydrochloride</i>	4	CLIMARA PRO	44
<i>cefixime</i>	4	<i>clindacin etz pledgets</i>	3
<i>cefotaxime sodium</i>	4	<i>clindamycin hcl</i>	3
<i>cefotetan</i>	4	<i>clindamycin hydrochloride</i>	3
<i>cefoxitin sodium</i>	4	<i>clindamycin palmitate hydrochloride</i>	3
<i>cefpodoxime proxetil</i>	4	<i>clindamycin phosphate</i>	3
<i>cefprozil</i>	4	<i>clindamycin phosphate</i>	37
<i>ceftazidime</i>	4	<i>clobazam</i>	7
<i>ceftazidime/dextrose</i>	4	<i>clobetasol propionate</i>	36
<i>ceftriaxone sodium</i>	4	<i>clobetasol propionate e</i>	36
<i>cefuroxime axetil</i>	4	<i>clomipramine hydrochloride</i>	10
<i>cefuroxime sodium</i>	5	<i>clonazepam</i>	7
<i>celecoxib</i>	1	<i>clonazepam odt</i>	7
<i>cephalexin</i>	5	<i>clonidine</i>	28
CERDELGA	41	<i>clonidine hydrochloride</i>	28
<i>chateal</i>	43	<i>clopidogrel</i>	28
<i>chateal eq</i>	44	<i>clorazepate dipotassium</i>	24
CHEMET	39	<i>clotrimazole</i>	11
<i>chlorhexidine gluconate</i>	35	<i>clotrimazole/betamethasone dipropionate</i>	37
<i>chloroquine phosphate</i>	18	CLOVIQUE	39
<i>chlorpromazine hcl</i>	19	<i>clozapine</i>	21
<i>chlorpromazine hydrochloride</i>	19	<i>clozapine odt</i>	21
<i>chlorthalidone</i>	31	COARTEM	18
CHOLBAM	41	COBENFY	34
<i>cholestyramine</i>	32	COBENFY STARTER PACK	34
<i>cholestyramine light</i>	32	<i>colchicine</i>	12
<i>ciclodan</i>	37	<i>colesevelam hydrochloride</i>	32
<i>ciclopirox</i>	37	<i>colestipol hydrochloride</i>	32
<i>ciclopirox nail lacquer</i>	37	<i>colistimethate sodium</i>	3
<i>ciclopirox olamine</i>	37	<i>colocort</i>	53

Drug Name	Page #	Drug Name	Page #
COMBIGAN	55	DELSTRIGO	22
COMBIVENT RESPIMAT	59	<i>delyla</i>	44
COMETRIQ	15	<i>demeclocycline hcl</i>	6
COMPLERA	22	<i>demeclocycline hydrochloride</i>	6
<i>compro</i>	11	DENGVAXIA	52
<i>constulose</i>	39	DEPO-SUBQ PROVERA 104	47
COPIKTRA	15	DESCOVY	22
<i>cortisone acetate</i>	42	<i>desipramine hydrochloride</i>	10
COSENTYX	49	<i>desmopressin acetate</i>	42
COSENTYX SENSOREADY PEN	49	<i>desogestrel/ethinyl estradiol</i>	44
COSENTYX UNOREADY	49	<i>desonide</i>	36
COTELLIC	15	<i>desoximetasone</i>	36
CREON	41	<i>desvenlafaxine er</i>	10
<i>cromolyn sodium</i>	41	<i>dexamethasone</i>	42
<i>cromolyn sodium</i>	56	<i>dexamethasone sodium phosphate</i>	56
<i>cromolyn sodium</i>	59	<i>dextroamphetamine sulfate</i>	33
<i>cryselle-28</i>	44	<i>dextroamphetamine sulfate er</i>	33
CURITY GAUZE PADS 2"X2" 12 PLY	54	<i>dextrose 5%</i>	38
CUVITRU	49	<i>dextrose 5%/sodium chloride 0.45%</i>	38
<i>cyclafem 1/35</i>	44	<i>dextrose 5%/sodium chloride 0.9%</i>	38
<i>cyclafem 7/7/7</i>	44	DIACOMIT	7
<i>cyclobenzaprine hydrochloride</i>	60	<i>diazepam</i>	25
<i>cyclophosphamide</i>	13	<i>diazepam intensol</i>	24
<i>cycloserine</i>	13	<i>diazepam rectal gel</i>	7
<i>cyclosporine</i>	50	<i>diazoxide</i>	26
<i>cyclosporine</i>	55	<i>diclofenac potassium</i>	1
<i>cyclosporine modified</i>	50	<i>diclofenac sodium</i>	1
<i>cyproheptadine hydrochloride</i>	57	<i>diclofenac sodium</i>	37
CYSTAGON	41	<i>diclofenac sodium</i>	56
CYSTARAN	55	<i>diclofenac sodium dr</i>	1
<i>dalfampridine er</i>	34	<i>diclofenac sodium er</i>	1
<i>danazol</i>	43	<i>dicloxacillin sodium</i>	5
<i>dantrolene sodium</i>	21	<i>dicyclomine hcl</i>	40
DANZITEN	15	<i>dicyclomine hydrochloride</i>	40
<i>dapsone</i>	13	DIFICID	6
DAPTACEL	52	<i>diflunisal</i>	1
<i>daptomycin</i>	4	<i>digitek</i>	29
DAPTOMYCIN/SODIUM CHLORIDE	4	<i>digox</i>	29
<i>darunavir</i>	23	<i>digoxin</i>	29
<i>dasatinib</i>	15	<i>dihydroergotamine mesylate</i>	12
<i>dasetta 1/35</i>	44	DILANTIN	8
<i>dasetta 7/7/7</i>	44	<i>diltiazem hcl</i>	30
DAURISMO	15	<i>diltiazem hcl cd</i>	30
<i>daysee</i>	44	<i>diltiazem hcl er</i>	30
<i>deblitane</i>	47	<i>diltiazem hydrochloride</i>	30
<i>deferasirox</i>	39	<i>diltiazem hydrochloride er</i>	30

Drug Name	Page #	Drug Name	Page #
<i>dilt-xr</i>	30	<i>efavirenz</i>	22
<i>dimethyl fumarate</i>	34	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	22
<i>dimethyl fumarate starterpack</i>	34		
<i>diphenhydramine hydrochloride</i>	57	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	22
<i>diphenoxylate hydrochloride/atropine sulfate</i>	40	<i>effe-r-k</i>	38
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	52	<i>elinest</i>	44
<i>disulfiram</i>	2	ELIQUIS	27
<i>divalproex sodium dr</i>	7	ELIQUIS STARTER PACK	27
<i>divalproex sodium er</i>	7	ELLA	54
<i>dofetilide</i>	29	ELMIRON	42
<i>dolishale</i>	44	<i>eltrombopag olamine</i>	28
<i>donepezil hcl</i>	9	<i>eluryng</i>	44
<i>donepezil hydrochloride</i>	9	EMCYT	14
DOPTELET	28	EMGALITY	12
<i>dorzolamide hcl/timolol maleate</i>	55	EMPAVELI	49
<i>dorzolamide hydrochloride</i>	57	EMSAM	9
DOTTI	44	<i>emtricitabine</i>	22
DOVATO	21	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	22
<i>doxazosin mesylate</i>	42	<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	22
<i>doxepin hcl</i>	10	<i>emtricitabine/tenofovir disoproxil fumarate</i>	22
<i>doxepin hydrochloride</i>	11	EMTRIVA	23
<i>doxy 100</i>	6	<i>emzahh</i>	47
<i>doxycycline</i>	6	<i>enalapril maleate</i>	29
<i>doxycycline hyclate</i>	6	<i>enalapril maleate/hydrochlorothiazide</i>	31
<i>doxycycline hyclate</i>	35	ENBREL	50
<i>doxycycline monohydrate</i>	6	ENBREL MINI	50
DRIZALMA SPRINKLE	10	ENBREL SURECLICK	50
<i>dronabinol</i>	11	<i>endocet</i>	2
DROXIA	14	ENGERIX-B	52
<i>droxidopa</i>	28	<i>enilloring</i>	44
DULERA	59	<i>enoxaparin sodium</i>	27
<i>duloxetine hydrochloride</i>	10	<i>enpresse-28</i>	44
DUPIXENT	49	<i>entacapone</i>	18
<i>dutasteride</i>	42	<i>entecavir</i>	21
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	54	ENTRESTO	31
EASY COMFORT PEN NEEDLES 29GX4MM	54	<i>enulose</i>	39
<i>ec-naproxen</i>	1	ENVARUSUS XR	51
<i>econazole nitrate</i>	11	EPIDIOLEX	6
EDARBI	28	<i>epinephrine</i>	58
EDARBYCLOR	31	<i>epitol</i>	8
EDURANT	22	<i>eplerenone</i>	32
EDURANT PED	22	EPRONTIA	7
		<i>ergoloid mesylates</i>	9

Drug Name	Page #	Drug Name	Page #
<i>ergotamine tartrate/caffeine</i>	12	FASENRA PEN	59
ERIVEDGE	15	<i>fayosim</i>	44
ERLEADA	13	<i>febuxostat</i>	12
<i>erlotinib hydrochloride</i>	15	<i>feirza 1.5/30</i>	44
<i>errin</i>	47	<i>feirza 1/20</i>	44
<i>ertapenem sodium</i>	5	<i>felbamate</i>	7
<i>ery</i>	37	<i>felodipine er</i>	30
<i>erythromycin</i>	37	<i>femynor</i>	44
<i>erythromycin</i>	56	<i>fenofibrate</i>	31
<i>erythromycin dr</i>	6	<i>fenofibrate micronized</i>	31
<i>erythromycin/benzoyl peroxide</i>	35	<i>fenofibric acid dr</i>	31
<i>escitalopram oxalate</i>	10	<i>fentanyl</i>	1
<i>eslicarbazepine acetate</i>	8	<i>fentanyl citrate oral transmucosal</i>	2
<i>esomeprazole magnesium</i>	40	FETZIMA	10
<i>estarylla</i>	44	FETZIMA TITRATION PACK	10
<i>estradiol</i>	44	FINACEA	35
<i>estradiol/norethindrone acetate</i>	44	<i>finasteride</i>	42
ESTRING	44	<i>fingolimod hydrochloride</i>	34
<i>eszopiclone</i>	60	FINTEPLA	7
<i>ethambutol hydrochloride</i>	13	FIRMAGON	48
<i>ethosuximide</i>	7	FLAREX	56
<i>ethynodiol diacetate/ethinyl estradiol</i>	44	<i>flecainide acetate</i>	29
<i>etodolac</i>	1	<i>fluconazole</i>	11
<i>etonogestrel/ethinyl estradiol</i>	44	<i>fluconazole in sodium chloride</i>	11
<i>etravirine</i>	22	<i>flucytosine</i>	11
EUCRISA	36	<i>fludrocortisone acetate</i>	42
EULEXIN	13	<i>flunisolide</i>	57
EUTHYROX	48	<i>fluocinolone acetonide</i>	36
<i>everolimus</i>	15	<i>fluocinolone acetonide body</i>	36
<i>everolimus</i>	51	<i>fluocinolone acetonide scalp</i>	36
EVOTAZ	23	<i>fluocinolone acetonide topical</i>	36
EVRYSOI	41	<i>fluocinonide</i>	36
<i>exemestane</i>	15	<i>fluorometholone</i>	56
<i>exenatide</i>	25	<i>fluorouracil</i>	37
EXKIVITY	15	<i>fluoxetine hydrochloride</i>	10
<i>ezetimibe</i>	32	<i>fluphenazine decanoate</i>	19
<i>ezetimibe/simvastatin</i>	32	<i>fluphenazine hcl</i>	19
FABRAZYME	41	<i>fluphenazine hydrochloride</i>	19
<i>falmina</i>	44	<i>flurbiprofen</i>	1
<i>famciclovir</i>	24	<i>flurbiprofen sodium</i>	56
<i>famotidine</i>	40	<i>flutamide</i>	13
FANAPT	20	<i>fluticasone propionate</i>	36
FANAPT TITRATION PACK	20	<i>fluticasone propionate</i>	57
FARXIGA	32	<i>fluticasone propionate/salmeterol</i>	59
FARYDAK	15	<i>fluticasone propionate/salmeterol diskus</i>	59
FASENRA	59	<i>fluvastatin</i>	32

Drug Name	Page #	Drug Name	Page #
<i>fluvastatin sodium er</i>	32	<i>glipizide er</i>	25
<i>fluvoxamine maleate</i>	10	<i>glipizide xl</i>	25
<i>fondaparinux sodium</i>	27	<i>glipizide/metformin hydrochloride</i>	25
<i>formoterol fumarate</i>	58	<i>glucagon emergency kit</i>	26
FORTEO	54	<i>glucagon emergency kit for low blood sugar</i>	26
<i>fosamprenavir calcium</i>	23	<i>glyburide</i>	25
<i>fosinopril sodium</i>	29	<i>glyburide/metformin hydrochloride</i>	25
<i>fosinopril sodium/hydrochlorothiazide</i>	31	<i>glycopyrrolate</i>	40
FOTIVDA	15	GLYXAMBI	25
FRAGMIN	27	GOMEKLI	15
FRUZAQLA	15	<i>griseofulvin microsize</i>	12
<i>furosemide</i>	31	<i>griseofulvin ultramicrosize</i>	12
FUZEON	23	<i>guanfacine hydrochloride</i>	28
FYAVOLV	44	<i>guanfacine hydrochloride er</i>	33
FYCOMPA	7	GVOKE HYPOPEN 1-PACK	26
<i>gabapentin</i>	7	GVOKE HYPOPEN 2-PACK	26
<i>galantamine hydrobromide</i>	9	GVOKE KIT	26
<i>galantamine hydrobromide er</i>	9	GVOKE PFS	26
<i>gallifrey</i>	47	<i>hailey 1.5/30</i>	44
GAMASTAN	49	<i>hailey fe 1.5/30</i>	44
<i>ganciclovir</i>	21	<i>hailey fe 1/20</i>	44
GARDASIL 9	52	<i>halobetasol propionate</i>	36
<i>gatifloxacin</i>	56	<i>haloette</i>	44
<i>gavilyte-c</i>	40	<i>haloperidol</i>	19
<i>gavilyte-g</i>	40	<i>haloperidol decanoate</i>	19
<i>gavilyte-h</i>	40	<i>haloperidol lactate</i>	19
<i>gavilyte-n/flavor pack</i>	40	HAVRIX	52
GAVRETO	15	<i>heather</i>	47
<i>gefitinib</i>	15	<i>heparin sodium</i>	27
GELNIQUE	41	HEPLISAV-B	52
<i>gemfibrozil</i>	31	HIBERIX	52
GEMTESA	42	HIZENTRA	49
<i>generlac</i>	39	HUMALOG	26
<i>gengraf</i>	51	HUMALOG JUNIOR KWIKPEN	26
GENOTROPIN	43	HUMALOG KWIKPEN	26
GENOTROPIN MINIQUICK	43	HUMALOG MIX 50/50	26
<i>gentak</i>	56	HUMALOG MIX 50/50 KWIKPEN	26
<i>gentamicin sulfate</i>	3	HUMALOG MIX 75/25	26
<i>gentamicin sulfate</i>	56	HUMALOG MIX 75/25 KWIKPEN	26
<i>gentamicin sulfate pediatric</i>	3	HUMATIN	3
GENVOYA	21	HUMIRA	51
GILOTRIF	15	HUMIRA PEDIATRIC CROHNS	51
<i>glatiramer acetate</i>	34	DISEASE STARTER PACK	
GLEOSTINE	13	HUMIRA PEN	51
<i>glimepiride</i>	25	HUMIRA PEN-CD/UC/HS STARTER	51
<i>glipizide</i>	25		

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

Drug Name	Page #	Drug Name	Page #
HUMIRA PEN-PEDIATRIC UC	51	IMKELDI	16
STARTER PACK		IMOVAX RABIES (H.D.C.V.)	52
HUMIRA PEN-PS/UV STARTER	51	IMPAVIDO	4
HUMULIN 70/30	26	INBRIJA	19
HUMULIN 70/30 KWIKPEN	26	<i>incassia</i>	47
HUMULIN N	26	INCRELEX	43
HUMULIN N KWIKPEN	26	INCRUSE ELLIPTA	58
HUMULIN R	26	<i>indapamide</i>	31
HUMULIN R U-500 (CONCENTRATED)	26	<i>indomethacin</i>	1
HUMULIN R U-500 KWIKPEN	26	<i>indomethacin er</i>	1
<i>hydralazine hydrochloride</i>	33	INFANRIX	52
<i>hydrochlorothiazide</i>	31	INFLECTRA	51
<i>hydrocodone bitartrate/acetaminophen</i>	2	INFLIXIMAB	51
<i>hydrocodone/acetaminophen</i>	2	INGREZZA	34
<i>hydrocortisone</i>	36	INLYTA	16
<i>hydrocortisone</i>	42	INQOVI	16
<i>hydrocortisone</i>	53	INREBIC	14
<i>hydrocortisone valerate</i>	36	<i>insulin lispro</i>	26
<i>hydrocortisone/acetic acid</i>	57	INTELENCE	22
<i>hydromorphone hcl</i>	2	<i>introvale</i>	44
<i>hydromorphone hydrochloride</i>	2	INVEGA HAFYERA	20
<i>hydromorphone hydrochloride dosette</i>	2	INVEGA SUSTENNA	20
<i>hydroxychloroquine sulfate</i>	18	INVEGA TRINZA	20
<i>hydroxyurea</i>	14	IPOL INACTIVATED IPV	52
<i>hydroxyzine hcl</i>	57	<i>ipratropium bromide</i>	58
<i>hydroxyzine hydrochloride</i>	57	<i>ipratropium bromide/albuterol sulfate</i>	59
<i>hydroxyzine pamoate</i>	58	<i>irbesartan</i>	28
HYPERHEP B	49	<i>irbesartan/hydrochlorothiazide</i>	31
<i>ibandronate sodium</i>	54	ISENTRESS	21
IBRANCE	14	ISENTRESS HD	21
IBRANCE	15	ISONIAZID	13
<i>ibu</i>	1	<i>isosorbide dinitrate</i>	32
<i>ibuprofen</i>	1	<i>isosorbide dinitrate/hydralazine</i>	31
<i>icatibant acetate</i>	49	<i>hydrochloride</i>	
<i>iclevia</i>	44	<i>isosorbide mononitrate</i>	32
ICLUSIG	15	<i>isosorbide mononitrate er</i>	32
<i>icosapent ethyl</i>	32	<i>isotretinoin</i>	35
IDHIFA	16	<i>isradipine</i>	30
IGALMI	25	ISTURISA	43
ILEVRO	56	ITOVEBI	14
<i>imatinib mesylate</i>	16	<i>itraconazole</i>	12
IMBRUVICA	16	<i>ivabradine hydrochloride</i>	31
<i>imipenem/cilastatin</i>	5	<i>ivermectin</i>	18
<i>imipramine hcl</i>	11	IWILFIN	14
<i>imipramine hydrochloride</i>	11	IXCHIQ	52
<i>imiquimod</i>	37	IXIARO	52

Formulary ID: 25494, Version: 13, Effective Date: 07/01/2025

Last Updated: 06/02/2025

Drug Name	Page #	Drug Name	Page #
<i>jaimiess</i>	44	<i>klor-con sprinkle</i>	38
JAKAFI	16	<i>klor-con/ef</i>	38
<i>jantoven</i>	27	KOSELUGO	16
JANUMET	25	<i>kourzeq</i>	35
JANUMET XR	25	KRAZATI	16
JANUVIA	25	<i>kurvelo</i>	45
JARDIANCE	32	<i>labetalol hydrochloride</i>	30
JAYPIRCA	16	<i>lacosamide</i>	8
<i>jencycla</i>	47	<i>lactulose</i>	39
JENTADUETO	25	LAGEVRIO	24
JENTADUETO XR	25	<i>lamivudine</i>	21
<i>jinteli</i>	44	<i>lamivudine</i>	23
<i>jolessa</i>	44	<i>lamivudine/zidovudine</i>	23
JOURNAVX	1	<i>lamotrigine</i>	7
JUBLIA	12	<i>lamotrigine er</i>	7
JULUCA	22	<i>lamotrigine odt</i>	7
<i>junel 1.5/30</i>	44	<i>lamotrigine starter kit/blue</i>	7
<i>junel 1/20</i>	44	<i>lamotrigine starter kit/green</i>	7
<i>junel fe 1.5/30</i>	44	<i>lamotrigine starter kit/orange</i>	7
<i>junel fe 1/20</i>	45	<i>lansoprazole</i>	40
JYLAMVO	51	LANTUS	26
JYNNEOS	52	LANTUS SOLOSTAR	26
KALYDECO	58	<i>lapatinib ditosylate</i>	16
<i>kariva</i>	45	<i>larin 1.5/30</i>	45
<i>kelnor 1/35</i>	45	<i>larin 1/20</i>	45
<i>kelnor 1/50</i>	45	<i>larin fe 1.5/30</i>	45
KERENDIA	32	<i>larin fe 1/20</i>	45
KESIMPTA	34	<i>larissia</i>	45
<i>ketoconazole</i>	12	<i>latanoprost</i>	57
<i>ketorolac tromethamine</i>	1	LAZCLUZE	14
<i>ketorolac tromethamine</i>	56	<i>leflunomide</i>	51
<i>kimidess</i>	45	<i>lenalidomide</i>	14
KINERET	49	LENVIMA 10 MG DAILY DOSE	16
KINRIX	52	LENVIMA 12MG DAILY DOSE	16
<i>kionex</i>	39	LENVIMA 14 MG DAILY DOSE	16
KISQALI	16	LENVIMA 18 MG DAILY DOSE	16
KISQALI FEMARA 200 DOSE	14	LENVIMA 20 MG DAILY DOSE	16
KISQALI FEMARA 400 DOSE	14	LENVIMA 24 MG DAILY DOSE	16
KISQALI FEMARA 600 DOSE	14	LENVIMA 4 MG DAILY DOSE	16
<i>klayesta</i>	12	LENVIMA 8 MG DAILY DOSE	16
<i>klor-con</i>	38	<i>lessina</i>	45
<i>klor-con 10</i>	38	<i>letrozole</i>	15
<i>klor-con 8</i>	38	<i>leucovorin calcium</i>	14
<i>klor-con m10</i>	38	LEUKERAN	13
<i>klor-con m15</i>	38	<i>leuprolide acetate</i>	48
<i>klor-con m20</i>	38	<i>levabuterol</i>	58

Drug Name	Page #	Drug Name	Page #
<i>levalbuterol hcl</i>	58	<i>lorcet</i>	2
<i>levalbuterol hydrochloride</i>	58	<i>lorcet hd</i>	2
<i>levalbuterol tartrate hfa</i>	58	<i>lorcet plus</i>	2
<i>levetiracetam</i>	7	<i>losartan potassium</i>	28
<i>levetiracetam er</i>	7	<i>losartan potassium/hydrochlorothiazide</i>	31
<i>levobunolol hcl</i>	56	LOTEMAX SM	56
<i>levocetirizine dihydrochloride</i>	58	<i>lovastatin</i>	32
<i>levofloxacin</i>	6	<i>low-ogestrel</i>	45
<i>levofloxacin</i>	56	<i>loxapine</i>	19
<i>levofloxacin in d5w</i>	6	<i>lubiprostone</i>	39
<i>levonest</i>	45	LUMAKRAS	16
<i>levonorgestrel and ethinyl estradiol</i>	45	LUMIGAN	57
<i>levonorgestrel/ethinyl estradiol</i>	45	LUPRON DEPOT (1-MONTH)	48
<i>levora 0.15/30-28</i>	45	LUPRON DEPOT (3-MONTH)	48
LEVO-T	48	LUPRON DEPOT (4-MONTH)	48
<i>levothyroxine sodium</i>	48	LUPRON DEPOT (6-MONTH)	48
LEVOXYL	48	LUPRON DEPOT-PED (1-MONTH)	48
LEXIVA	23	LUPRON DEPOT-PED (3-MONTH)	48
<i>l-glutamine</i>	41	<i>lurasidone hydrochloride</i>	20
LIBERVANT	8	<i>lutera</i>	45
<i>lidocaine</i>	2	LYBALVI	20
<i>lidocaine hydrochloride viscous</i>	35	<i>lyleq</i>	47
<i>lidocaine viscous</i>	35	<i>lyllana</i>	45
<i>lidocaine/prilocaine</i>	2	LYNPARZA	16
<i>lidocaine-prilocaine-cream base</i>	2	LYSODREN	14
LILETTA	47	LYTGOBI	16
<i>lillow</i>	45	LYUMJEV	26
<i>linezolid</i>	4	LYUMJEV KWIKPEN	26
LINZESS	39	<i>lyza</i>	47
<i>liothyronine sodium</i>	48	<i>magnesium sulfate</i>	38
<i>lisinopril</i>	29	<i>malathion</i>	37
<i>lisinopril/hydrochlorothiazide</i>	31	<i>maraviroc</i>	23
<i>lithium</i>	25	<i>marlissa</i>	45
<i>lithium carbonate</i>	25	MARPLAN	9
<i>lithium carbonate er</i>	25	MATULANE	13
LIVMARLI	40	<i>matzim la</i>	30
LIVTENCITY	21	MAVYRET	21
<i>lojaimiess</i>	45	MAYZENT	35
LOKELMA	39	MAYZENT STARTER PACK	34
LONSURF	14	<i>meclizine hcl</i>	11
<i>loperamide hydrochloride</i>	40	<i>medroxyprogesterone acetate</i>	47
<i>lopinavir/ritonavir</i>	23	<i>mefloquine hydrochloride</i>	18
<i>lopreeza</i>	45	<i>megestrol acetate</i>	47
<i>lorazepam</i>	25	MEKINIST	16
<i>lorazepam intensol</i>	25	MEKTOVI	16
LORBRENA	16	<i>meloxicam</i>	1

Drug Name	Page #	Drug Name	Page #
<i>memantine hcl titration pak</i>	9	<i>midodrine hydrochloride</i>	28
<i>memantine hydrochloride</i>	9	<i>mifepristone</i>	48
<i>memantine hydrochloride er</i>	9	<i>miglustat</i>	41
<i>memantine/donepezil hydrochloride er</i>	9	<i>mili</i>	45
MENACTRA	52	<i>mimvey</i>	45
MENEST	45	<i>mimvey lo</i>	45
MENQUADFI	52	<i>minocycline hcl</i>	6
MENVEO	52	<i>minocycline hydrochloride</i>	6
<i>mercaptapurine</i>	14	<i>minoxidil</i>	33
<i>meropenem</i>	5	<i>mirtazapine</i>	9
<i>mesalamine</i>	53	<i>mirtazapine odt</i>	9
<i>mesalamine dr</i>	53	<i>misoprostol</i>	40
<i>mesalamine er</i>	53	M-M-R II	52
MESNA	18	<i>modafinil</i>	60
MESNEX	18	<i>moexipril hydrochloride</i>	29
<i>metformin hydrochloride</i>	25	<i>molindone hydrochloride</i>	19
<i>metformin hydrochloride er</i>	25	<i>mometasone furoate</i>	36
<i>methadone hcl</i>	1	<i>mometasone furoate</i>	57
<i>methadone hydrochloride</i>	1	<i>mondoxyne nl</i>	6
<i>methadone hydrochloride intensol</i>	1	<i>mono-lynyah</i>	45
<i>methazolamide</i>	57	<i>mononessa</i>	45
<i>methenamine hippurate</i>	4	<i>montelukast sodium</i>	58
<i>methimazole</i>	48	<i>morgidox 1x100mg</i>	6
<i>methocarbamol</i>	60	<i>morgidox 2x100mg</i>	6
<i>methotrexate</i>	51	<i>morphine sulfate</i>	2
<i>methotrexate sodium</i>	51	<i>morphine sulfate er</i>	1
<i>methsuximide</i>	7	MOTEGRITY	39
METHYLDOPA	28	MOUNJARO	25
<i>methylphenidate hydrochloride</i>	33	<i>moxifloxacin hydrochloride/sodium</i>	6
<i>methylphenidate hydrochloride er</i>	33	<i>hydrochloride</i>	
<i>methylprednisolone</i>	42	<i>moxifloxacin hydrochloride</i>	6
<i>methylprednisolone dose pack</i>	42	<i>moxifloxacin hydrochloride</i>	56
<i>metoclopramide hcl</i>	40	MRESVIA	52
<i>metoclopramide hydrochloride</i>	40	MULTAQ	29
<i>metolazone</i>	31	<i>mupirocin</i>	37
<i>metoprolol succinate er</i>	30	<i>mycophenolate mofetil</i>	51
<i>metoprolol tartrate</i>	30	<i>mycophenolic acid dr</i>	51
<i>metronidazole</i>	4	<i>myorisan</i>	35
<i>metronidazole</i>	35	MYRBETRIQ	42
<i>metronidazole vaginal</i>	4	<i>nabumetone</i>	1
<i>metyrosine</i>	31	<i>nadolol</i>	30
<i>mexiletine hydrochloride</i>	29	<i>nafcillin sodium</i>	5
<i>microgestin 1.5/30</i>	45	<i>naloxone hcl</i>	3
<i>microgestin 1/20</i>	45	<i>naloxone hydrochloride</i>	3
<i>microgestin fe 1.5/30</i>	45	<i>naltrexone hydrochloride</i>	3
<i>microgestin fe 1/20</i>	45	NAMZARIC	9

Drug Name	Page #	Drug Name	Page #
<i>naproxen</i>	1	NIVA THYROID	48
<i>naproxen dr</i>	1	<i>nizatidine</i>	40
<i>naproxen sodium</i>	1	<i>nora-be</i>	47
<i>naratriptan hcl</i>	12	<i>norelgestromin/ethinyl estradiol</i>	45
NATACYN	56	<i>norethindrone</i>	47
<i>nateglinide</i>	25	<i>norethindrone acetate</i>	47
NAYZILAM	7	<i>norethindrone acetate/ethinyl estradiol</i>	45
<i>nebivolol hydrochloride</i>	30	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	45
<i>necon 0.5/35-28</i>	45	<i>norgestimate/ethinyl estradiol</i>	46
<i>necon 7/7/7</i>	45	<i>norlyda</i>	47
<i>nefazodone hydrochloride</i>	10	<i>norlyroc</i>	47
<i>neomycin sulfate</i>	3	<i>nortrel 0.5/35 (28)</i>	46
<i>neomycin/bacitracin/polymyxin</i>	55	<i>nortrel 1/35</i>	46
<i>neomycin/polymyxin/bacitracin</i>	55	<i>nortrel 7/7/7</i>	46
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	55	<i>nortriptyline hcl</i>	11
<i>neomycin/polymyxin/dexamethasone</i>	55	<i>nortriptyline hydrochloride</i>	11
<i>neomycin/polymyxin/gramicidin</i>	55	NORVIR	23
<i>neomycin/polymyxin/hc</i>	57	NOVOLIN 70/30	26
<i>neomycin/polymyxin/hydrocortisone</i>	57	NOVOLIN 70/30 FLEXPEN	26
<i>neo-polycin</i>	55	NOVOLIN 70/30 FLEXPEN RELION	26
<i>neo-polycin hc</i>	55	NOVOLIN 70/30 RELION	27
NERLYNX	16	NOVOLIN N	27
NEULASTA	28	NOVOLIN N FLEXPEN	27
NEULASTA ONPRO KIT	28	NOVOLIN N FLEXPEN RELION	27
<i>nevirapine</i>	22	NOVOLIN N RELION	27
<i>nevirapine er</i>	22	NOVOLIN R	27
NEXLETOL	32	NOVOLIN R FLEXPEN	27
NEXLIZET	32	NOVOLIN R FLEXPEN RELION	27
NEXPLANON	47	NOVOLIN R RELION	27
<i>niacin er</i>	32	NOVOLOG	27
NICOTROL NS	3	NOVOLOG FLEXPEN	27
<i>nifedipine er</i>	30	NOVOLOG FLEXPEN RELION	27
<i>nilotinib</i>	16	NOVOLOG MIX 70/30	27
<i>nilutamide</i>	13	NOVOLOG MIX 70/30 PREFILLED	27
<i>nimodipine</i>	30	FLEXPEN	
NINLARO	16	NOVOLOG MIX 70/30 PREFILLED	27
<i>nitazoxanide</i>	18	FLEXPEN RELION	
<i>nitisinone</i>	41	NOVOLOG MIX 70/30 RELION	27
NITRO-BID	32	NOVOLOG PENFILL	27
<i>nitrofurantoin macrocrystals</i>	4	NOVOLOG RELION	27
<i>nitrofurantoin monohydrate</i>	4	<i>np thyroid 120</i>	48
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	<i>np thyroid 15</i>	48
<i>nitroglycerin</i>	32	<i>np thyroid 30</i>	48
<i>nitroglycerin</i>	40	<i>np thyroid 60</i>	48
<i>nitroglycerin transdermal</i>	32	<i>np thyroid 90</i>	48

Drug Name	Page #	Drug Name	Page #
NUBEQA	13	OMNIPOD GO 20 UNITS/DAY	55
NUCALA	60	OMNIPOD GO 25 UNITS/DAY	55
NUEDEXTA	34	OMNIPOD GO 30 UNITS/DAY	55
NUPLAZID	20	OMNIPOD GO 35 UNITS/DAY	55
NUTRILIPID	54	OMNIPOD GO 40 UNITS/DAY	55
<i>nyamyc</i>	12	<i>ondansetron hcl</i>	11
<i>nylia 1/35</i>	46	<i>ondansetron hydrochloride</i>	11
<i>nylia 7/7/7</i>	46	<i>ondansetron odt</i>	11
<i>nymyo</i>	46	ONPATTRO	41
<i>nystatin</i>	12	ONUREG	14
<i>nystatin/triamcinolone</i>	37	OPIPZA	20
<i>nystatin/triamcinolone acetonide</i>	37	OPSUMIT	59
<i>nystop</i>	12	OPVEE	3
<i>octreotide acetate</i>	48	<i>oralone dental paste</i>	35
ODEFSEY	23	ORENCIA	49
ODOMZO	16	ORENCIA	51
OFEV	59	ORENCIA CLICKJECT	49
<i>ofloxacin</i>	56	ORENITRAM	59
<i>ofloxacin</i>	57	ORENITRAM TITRATION KIT MONTH	59
OGSIVEO	14	1	
OJEMDA	14	ORENITRAM TITRATION KIT MONTH	59
OJJAARA	16	2	
<i>olanzapine</i>	20	ORENITRAM TITRATION KIT MONTH	59
<i>olanzapine odt</i>	20	3	
<i>olmesartan medoxomil</i>	29	ORGOVYX	48
<i>olmesartan medoxomil/hydrochlorothiazide</i>	31	ORKAMBI	58
<i>olopatadine hydrochloride</i>	56	<i>orphenadrine citrate er</i>	60
<i>omega-3-acid ethyl esters</i>	32	ORSERDU	14
<i>omeprazole</i>	41	<i>orsythia</i>	46
<i>omeprazole dr</i>	40	<i>oseltamivir phosphate</i>	24
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	54	OSMOLEX ER	18
(GEN 5)		OSPHERA	47
OMNIPOD 5 DEXCOM G7G6 PODS	54	OTEZLA	37
(GEN 5)		OTEZLA	49
OMNIPOD 5 G7 INTRO KIT (GEN 5)	54	<i>oxacillin sodium</i>	5
OMNIPOD 5 G7 PODS (GEN 5)	54	<i>oxaprozin</i>	1
OMNIPOD 5 LIBRE2 PLUS G6	54	<i>oxcarbazepine</i>	8
OMNIPOD 5 LIBRE2 PLUS G6 PODS	54	<i>oxybutynin chloride</i>	42
OMNIPOD CLASSIC PDM STARTER	54	<i>oxybutynin chloride er</i>	42
KIT (GEN 3)		<i>oxycodone hydrochloride</i>	2
OMNIPOD CLASSIC PODS (GEN 3)	54	<i>oxycodone/acetaminophen</i>	2
OMNIPOD DASH INTRO KIT (GEN 4)	54	OZEMPIC	25
OMNIPOD DASH PDM KIT (GEN 4)	55	PACERONE	29
OMNIPOD DASH PODS (GEN 4)	55	<i>paliperidone er</i>	20
OMNIPOD GO 10 UNITS/DAY	55	PANRETIN	18
OMNIPOD GO 15 UNITS/DAY	55	<i>pantoprazole sodium</i>	41

Drug Name	Page #	Drug Name	Page #
<i>paricalcitol</i>	54	<i>pioglitazone hcl</i>	25
<i>paroex</i>	35	<i>pioglitazone hcl/metformin hcl</i>	25
<i>paromomycin sulfate</i>	3	<i>pioglitazone hydrochloride</i>	26
<i>paroxetine hcl</i>	10	<i>piperacillin sodium/tazobactam sodium</i>	5
<i>paroxetine hydrochloride</i>	10	PIQRAY 200MG DAILY DOSE	16
PASER	13	PIQRAY 250MG DAILY DOSE	16
PAXLOVID	24	PIQRAY 300MG DAILY DOSE	16
<i>pazopanib hydrochloride</i>	16	<i>pirfenidone</i>	59
PEDIARIX	52	<i>pirmella 1/35</i>	46
PEDVAX HIB	52	<i>pirmella 7/7/7</i>	46
<i>peg 3350/electrolytes</i>	40	<i>piroxicam</i>	1
<i>peg-3350/electrolytes</i>	40	<i>pitavastatin calcium</i>	32
<i>peg-3350/nacl/na bicarbonate/kcl</i>	40	PLENAMINE	38
PEGASYS	50	<i>podofilox</i>	37
PEGASYS	51	<i>polycin</i>	55
<i>pegylax</i>	39	<i>polymyxin b sulfate/trimethoprim sulfate</i>	55
PEMAZYRE	16	POMALYST	14
PENBRAYA	52	<i>portia-28</i>	46
<i>penicillamine</i>	39	<i>posaconazole</i>	12
<i>penicillin g sodium</i>	5	<i>posaconazole dr</i>	12
<i>penicillin v potassium</i>	5	<i>potassium chloride</i>	38
PENTACEL	52	<i>potassium chloride er</i>	38
<i>pentamidine isethionate</i>	18	<i>potassium chloride sr</i>	38
<i>pentoxifylline er</i>	31	<i>potassium citrate er</i>	38
<i>perindopril erbumine</i>	29	PRALUENT	32
<i>periogard</i>	35	<i>pramipexole dihydrochloride</i>	19
<i>permethrin</i>	37	<i>prasugrel hydrochloride</i>	28
<i>perphenazine</i>	19	<i>pravastatin sodium</i>	32
PERSERIS	20	<i>praziquantel</i>	18
<i>phenadoz</i>	11	<i>prazosin hydrochloride</i>	28
<i>phenelzine sulfate</i>	9	<i>prednisolone</i>	42
<i>phenobarbital</i>	8	<i>prednisolone acetate</i>	56
PHENYTEK	8	<i>prednisolone sodium phosphate</i>	42
<i>phenytoin</i>	8	<i>prednisone</i>	42
<i>phenytoin infatabs</i>	8	<i>pregabalin</i>	8
<i>phenytoin sodium extended</i>	8	PREHEVBRIO	52
PHESGO	14	PREMARIN	46
<i>philith</i>	46	<i>premium lidocaine</i>	2
PIFELTRO	22	PREMPHASE	46
<i>pilocarpine hcl</i>	57	PREMPRO	46
<i>pilocarpine hydrochloride</i>	35	<i>prenatal</i>	39
<i>pilocarpine hydrochloride</i>	57	<i>prevalite</i>	32
<i>pimecrolimus</i>	36	<i>previfem</i>	46
<i>pimozide</i>	19	PREVYMIS	21
<i>pimtrea</i>	46	PREZCOBIX	24
<i>pindolol</i>	30	PREZISTA	24

Drug Name	Page #	Drug Name	Page #
PRIFTIN	13	<i>quinidine sulfate</i>	29
<i>primaquine phosphate</i>	18	<i>quinine sulfate</i>	18
<i>primidone</i>	8	QULIPTA	12
PRIORIX	52	QVAR REDIHALER	57
PRIVIGEN	49	RABAVERT	53
PROAIR RESPICLICK	58	<i>rabeprazole sodium</i>	41
<i>probenecid</i>	12	RALDESY	10
<i>probenecid/colchicine</i>	12	<i>raloxifene hydrochloride</i>	47
<i>prochlorperazine</i>	11	<i>ramelteon</i>	60
<i>prochlorperazine maleate</i>	11	<i>ramipril</i>	29
PROCRIT	28	<i>ranolazine er</i>	31
<i>procto-med hc</i>	53	<i>rasagiline mesylate</i>	19
<i>proctosol hc</i>	53	RAYALDEE	54
<i>proctozone-hc</i>	53	REBIF	35
<i>progesterone</i>	47	REBIF REBIDOSE	35
PROGRAF	51	REBIF REBIDOSE TITRATION PACK	35
PROLASTIN-C	41	REBIF TITRATION PACK	35
PROLIA	54	RECOMBIVAX HB	53
PROMACTA	28	RELENZA DISKHALER	24
<i>promethazine hcl</i>	11	RELISTOR	39
<i>promethazine hydrochloride</i>	11	RENFLXIS	52
<i>promethazine hydrochloride plain</i>	11	RENTHYROID	48
<i>promethegan</i>	11	<i>repaglinide</i>	26
<i>propafenone hcl</i>	29	REPATHA	32
<i>propafenone hydrochloride</i>	29	REPATHA PUSHTRONEX SYSTEM	32
<i>propafenone hydrochloride er</i>	29	REPATHA SURECLICK	32
<i>propranolol hcl</i>	30	RESTASIS	55
<i>propranolol hydrochloride</i>	30	RESTASIS MULTIDOSE	55
<i>propranolol hydrochloride er</i>	30	RETACRIT	28
<i>propylthiouracil</i>	48	RETEVMO	16
PROQUAD	53	REVCOVI	41
<i>protriptyline hcl</i>	11	REVLIMID	14
<i>prucalopride</i>	39	REVUFORJ	14
PULMOZYME	58	REXULTI	20
PURIXAN	14	REYATAZ	24
<i>pyrazinamide</i>	13	REZLIDHIA	17
<i>pyridostigmine bromide</i>	13	REZUROCK	52
<i>pyrimethamine</i>	18	RHOPRESSA	57
PYRUKYND	41	<i>ribavirin</i>	21
PYRUKYND TAPER PACK	41	<i>rifabutin</i>	13
QINLOCK	16	<i>rifampin</i>	13
QUADRACEL	53	<i>riluzole</i>	34
<i>quetiapine fumarate</i>	20	RINVOQ	49
<i>quetiapine fumarate er</i>	20	RINVOQ LQ	49
<i>quinapril hydrochloride</i>	29	<i>risedronate sodium</i>	54
<i>quinapril/hydrochlorothiazide</i>	31	<i>risperidone</i>	20

Drug Name	Page #	Drug Name	Page #
<i>risperidone er</i>	20	<i>sevelamer carbonate</i>	39
<i>risperidone odt</i>	20	SFROWASA	53
<i>ritonavir</i>	24	<i>sharobel</i>	47
<i>rivastigmine tartrate</i>	9	SHINGRIX	53
<i>rivastigmine transdermal system</i>	9	SIGNIFOR	48
<i>rivelsa</i>	46	<i>sildenafil citrate</i>	59
RIVFLOZA	55	<i>silodosin</i>	42
<i>rizatriptan benzoate</i>	12	<i>silver sulfadiazine</i>	37
<i>rizatriptan benzoate odt</i>	12	SIMBRINZA	55
ROCKLATAN	55	<i>simliya</i>	46
<i>roflumilast</i>	59	<i>simpesse</i>	46
ROLVEDON	28	<i>simvastatin</i>	32
ROMVIMZA	17	<i>sirolimus</i>	52
<i>ropinirole er</i>	19	SIRTURO	13
<i>ropinirole hcl</i>	19	SKYCLARYS	55
<i>ropinirole hydrochloride</i>	19	SKYRIZI	49
<i>rosadan</i>	35	SKYRIZI PEN	49
<i>rosuvastatin calcium</i>	32	<i>sodium chloride</i>	39
<i>rosyrah</i>	46	<i>sodium chloride 0.45%</i>	39
ROTARIX	53	<i>sodium chloride 0.9%</i>	55
ROTATEQ	53	<i>sodium oxybate</i>	60
<i>roweepira</i>	7	<i>sodium phenylbutyrate</i>	41
<i>roweepira xr</i>	7	<i>sodium polystyrene sulfonate</i>	39
ROZLYTREK	17	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	40
RUBRACA	17	<i>sofosbuvir/velpatasvir</i>	21
<i>rufinamide</i>	8	<i>solifenacin succinate</i>	42
RUKOBIA	23	SOLQUA 100/33	26
RYBELSUS	26	SOLTAMOX	14
RYDAPT	17	SOMAVERT	48
RYTARY	19	<i>sorafenib</i>	17
<i>sajazir</i>	49	<i>sorafenib tosylate</i>	17
SANDIMMUNE	52	<i>sorine</i>	29
SANTYL	37	<i>sotalol hcl</i>	29
<i>sapropterin dihydrochloride</i>	41	<i>sotalol hydrochloride</i>	29
SAVELLA	34	<i>sotalol hydrochloride (af)</i>	29
SAVELLA TITRATION PACK	34	SOTYKTU	37
SCEMBLIX	17	SPEVIGO	36
<i>scopolamine</i>	11	SPIRIVA RESPIMAT	58
SECUADO	20	<i>spironolactone</i>	32
<i>selegiline hcl</i>	19	<i>spironolactone/hydrochlorothiazide</i>	31
<i>selenium sulfide</i>	36	SPRAVATO 56MG DOSE	9
SELZENTRY	23	SPRAVATO 84MG DOSE	9
SEREVENT DISKUS	58	<i>sprintec 28</i>	46
<i>sertraline hcl</i>	10	SPRITAM	7
<i>sertraline hydrochloride</i>	10	SPRYCEL	17
<i>setlakin</i>	46		

Drug Name	Page #	Drug Name	Page #
SPS	39	<i>tarina fe 1/20</i>	46
<i>sronyx</i>	46	<i>tarina fe 1/20 eq</i>	46
<i>ssd</i>	37	TASIGNA	17
STAMARIL	53	TAVNEOS	49
<i>stavudine</i>	23	<i>tazarotene</i>	35
STEQEYMA	49	TAZICEF	5
STIOLTO RESPIMAT	60	<i>taztia xt</i>	30
STIVARGA	17	TAZVERIK	17
<i>streptomycin sulfate</i>	3	TDVAX	53
STRIBILD	22	TEFLARO	5
<i>subvenite</i>	7	TEGSEDI	41
<i>subvenite starter kit/blue</i>	7	<i>telmisartan</i>	29
<i>subvenite starter kit/green</i>	7	<i>telmisartan/hydrochlorothiazide</i>	31
<i>subvenite starter kit/orange</i>	7	<i>temazepam</i>	60
SUCRAID	41	TEMIXYS	23
<i>sucralfate</i>	40	TENIVAC	53
<i>sulfacetamide sodium</i>	56	<i>tenofovir disoproxil fumarate</i>	23
<i>sulfacetamide sodium/prednisolone sodium</i>	55	TEPMETKO	17
<i>phosphate</i>		<i>terazosin hcl</i>	42
<i>sulfadiazine</i>	6	<i>terazosin hydrochloride</i>	42
<i>sulfamethoxazole/trimethoprim</i>	6	<i>terbinafine hcl</i>	12
<i>sulfamethoxazole/trimethoprim ds</i>	6	<i>terconazole</i>	12
<i>sulfasalazine</i>	53	<i>teriparatide</i>	54
<i>sulindac</i>	1	<i>testosterone</i>	43
<i>sumatriptan</i>	13	<i>testosterone cypionate</i>	43
<i>sumatriptan succinate</i>	12	<i>testosterone enanthate</i>	43
<i>sunitinib malate</i>	17	<i>testosterone pump</i>	43
SUNLENCA	23	TETANUS/DIPHTHERIA TOXOIDS-	53
SUTAB	40	ADSORBED ADULT	
SYMPAZAN	8	<i>tetrabenazine</i>	34
SYMTUZA	24	<i>tetracycline hydrochloride</i>	6
SYNJARDY	26	TEVIMBRA	18
SYNJARDY XR	26	THALOMID	14
SYNRIBO	14	<i>theophylline er</i>	59
SYNTHROID	48	<i>thioridazine hydrochloride</i>	19
TABLOID	14	<i>thiothixene</i>	19
TABRECTA	17	THYROID	48
<i>tacrolimus</i>	37	<i>tiadylt er</i>	30
<i>tacrolimus</i>	52	<i>tiagabine hydrochloride</i>	8
<i>tadalafil</i>	42	TIBSOVO	17
<i>tadalafil</i>	59	TICOVAC	53
TAFINLAR	17	<i>tigecycline</i>	4
TAGRISSO	17	<i>timolol maleate</i>	12
TALZENNA	17	<i>timolol maleate</i>	56
<i>tamoxifen citrate</i>	14	<i>tinidazole</i>	4
<i>tamsulosin hydrochloride</i>	42	<i>tiotropium bromide</i>	58

Drug Name	Page #	Drug Name	Page #
TIVICAY	22	<i>trifluoperazine hydrochloride</i>	19
TIVICAY PD	22	<i>trifluridine</i>	56
<i>tizanidine hcl</i>	21	<i>trihexyphenidyl hydrochloride</i>	18
<i>tizanidine hydrochloride</i>	21	TRIJARDY XR	26
TOBI PODHALER	58	TRIKAFTA	59
TOBRADEX	56	<i>tri-linyah</i>	46
TOBRADEX ST	56	<i>trilyte</i>	40
<i>tobramycin</i>	56	<i>trimethoprim</i>	4
<i>tobramycin</i>	59	<i>tri-mili</i>	46
<i>tobramycin sulfate</i>	3	<i>trimipramine maleate</i>	11
<i>tobramycin/dexamethasone</i>	56	<i>trinessa</i>	46
<i>tolterodine tartrate</i>	42	TRINTELLIX	10
<i>tolterodine tartrate er</i>	42	<i>tri-nymyo</i>	46
<i>topiramate</i>	7	<i>tri-previfem</i>	46
<i>topotecan hcl</i>	15	<i>tri-sprintec</i>	46
<i>topotecan hydrochloride</i>	15	TRIUMEQ	23
<i>toremifene citrate</i>	14	TRIUMEQ PD	23
<i>torpenz</i>	17	<i>trivora-28</i>	46
<i>torse mide</i>	31	<i>tri-vylibra</i>	46
TOUJEO MAX SOLOSTAR	27	TRIZIVIR	23
TOUJEO SOLOSTAR	27	<i>trospium chloride</i>	42
TRADJENTA	26	<i>trospium chloride er</i>	42
<i>tramadol hydrochloride</i>	2	TRULICITY	26
<i>tramadol hydrochloride/acetaminophen</i>	2	TRUMENBA	53
<i>trandolapril</i>	29	TRUQAP	17
<i>trandolapril/verapamil hcl er</i>	31	TRUSELTIQ	14
<i>tranexamic acid</i>	28	TRYNGOLZA	32
<i>tranylcypromine sulfate</i>	10	TUKYSA	17
<i>trazodone hydrochloride</i>	10	<i>tulana</i>	47
TRECTOR	13	TURALIO	17
TRELEGY ELLIPTA	60	<i>turqoz</i>	46
TRELSTAR MIXJECT	48	TWINRIX	53
TRESIBA	27	TYBOST	23
TRESIBA FLEXTOUCH	27	TYMLOS	54
<i>tretinoin</i>	18	TYPHIM VI	53
<i>tretinoin</i>	35	TYRVAYA	3
<i>tri femynor</i>	46	UBRELVY	12
<i>triamcinolone acetonide</i>	37	UDENYCA	28
<i>triamcinolone acetonide</i>	42	UDENYCA ONBODY	28
<i>triamcinolone acetonide dental paste</i>	35	<i>ulticare micro pen needles/32g x 5/32"</i>	55
<i>triamterene</i>	31	<i>unifine pentips 32gx6mm</i>	55
<i>triamterene/hydrochlorothiazide</i>	31	UNITHROID	48
<i>triderm</i>	37	<i>urea</i>	37
<i>trientine hydrochloride</i>	39	<i>ursodiol</i>	40
<i>tri-estarylla</i>	46	<i>valacyclovir hydrochloride</i>	24
<i>trifluoperazine hcl</i>	19	VALCHLOR	13

Drug Name	Page #	Drug Name	Page #
<i>valganciclovir tablet 450mg</i>	21	<i>vilazodone hydrochloride</i>	10
<i>valganciclovir hydrochloride solution</i>	21	VIMKUNYA	53
50mg/ml		<i>viorele</i>	46
<i>valproic acid</i>	7	VIRACEPT	24
<i>valsartan</i>	29	VIREAD	23
<i>valsartan/hydrochlorothiazide</i>	31	VISTOGARD	55
VALTOCO 10 MG DOSE	8	VITRAKVI	17
VALTOCO 15 MG DOSE	8	VIVITROL	3
VALTOCO 20 MG DOSE	8	VIVOTIF	53
VALTOCO 5 MG DOSE	8	VIZIMPRO	17
<i>valtya 1/50</i>	46	VOCABRIA	22
<i>vancomycin hcl</i>	4	<i>volnea</i>	47
<i>vancomycin hydrochloride</i>	4	VONJO	14
VANFLYTA	17	VORANIGO	18
VAQTA	53	<i>voriconazole</i>	12
<i>varenicline starting month</i>	3	VOSEVI	21
<i>varenicline tartrate</i>	3	VOWST	40
VARIVAX	53	VRAYLAR	20
VAXCHORA	53	VUMERITY	35
VAXELIS	53	<i>vyfemla</i>	47
VELPHORO	39	VYJUVEK	24
VELTASSA	39	<i>vylibra</i>	47
VENCLEXTA	17	VYNDAMAX	31
VENCLEXTA STARTING PACK	17	VYZULTA	57
<i>venlafaxine hydrochloride</i>	10	<i>warfarin sodium</i>	27
<i>venlafaxine hydrochloride er</i>	10	WELIREG	41
VENTAVIS	59	<i>wera</i>	47
VEOPOZ	49	WEZLANA	49
VEOZAH	34	<i>wixela inhub</i>	60
<i>verapamil hcl</i>	30	XALKORI	17
<i>verapamil hcl er</i>	30	XARELTO	27
<i>verapamil hcl sr</i>	30	XARELTO STARTER PACK	27
<i>verapamil hydrochloride</i>	30	XATMEP	52
<i>verapamil hydrochloride er</i>	30	XCOPRI	8
VERQUVO	32	XDEMVY	56
VERSACLOZ	21	XELJANZ	50
VERZENIO	17	XELJANZ XR	49
V-GO 20	55	XERMELO	40
V-GO 30	55	XGEVA	54
V-GO 40	55	XIFAXAN	40
<i>vicodin hp</i>	2	XIGDUO XR	26
<i>vienva</i>	46	XIIDRA	56
<i>vigabatrin</i>	8	XOFLUZA	24
<i>vigadrone</i>	8	XOLAIR	50
VIGAFYDE	8	XOLREMDI	28
<i>vigpoder</i>	8	XOSPATA	17

Drug Name	Page #
XPOVIO	17
XPOVIO 60 MG TWICE WEEKLY	17
XPOVIO 80 MG TWICE WEEKLY	17
XTAMPZA ER	1
XTANDI	13
<i>xulane</i>	47
<i>yargesa</i>	41
YF-VAX	53
YUPELRI	58
<i>yuvafem</i>	47
<i>zafemy</i>	47
<i>zafirlukast</i>	58
<i>zaleplon</i>	60
ZARXIO	28
ZEJULA	17
ZELBORAF	18
<i>zenatane</i>	35
ZENPEP	41
ZEPOSIA	35
ZEPOSIA 7-DAY STARTER PACK	35
ZEPOSIA STARTER KIT	35
<i>zidovudine</i>	23
<i>ziprasidone hcl</i>	20
<i>ziprasidone mesylate</i>	20
ZIRGAN	56
ZOKINVY	55
ZOLINZA	14
<i>zolmitriptan</i>	13
<i>zolpidem tartrate</i>	60
<i>zolpidem tartrate er</i>	60
ZONISADE	9
<i>zonisamide</i>	9
<i>zovia 1/35</i>	47
<i>zovia 1/35e</i>	47
ZTALMY	8
ZURZUVAE	9
ZYDELIG	18
ZYKADIA	18
ZYLET	56
ZYPREXA RELPREVV	20