



# Clear Spring Health Essential (HMO)

## 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 8

This formulary was updated on 01/06/2025. 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](http://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 (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 02/01/2025. 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 (HMO) 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 02/01/2025. 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 60. 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?” 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 60.

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
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<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	
<b>Opioid Analgesics, Long-acting</b>		
<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
<i>XTAMPZA ER</i>	3	NDS
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine</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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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; 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
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<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
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
<b>VIVITROL</b>	5	
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
<b>Opioid Reversal Agents</b>		
<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	
<b>Smoking Cessation Agents</b>		
<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)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<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	
<b>Antibacterials, Other</b>		
<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	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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Drug Name	Drug Tier	Requirements/Limits
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	
<b>Beta-lactam, Cephalosporins</b>		
<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	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
<b>Beta-lactam, Penicillins</b>		
<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, 6000000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcellin 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	
<b>Carbapenems</b>		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	3	
<i>meropenem injection 1gm, 500mg</i>	3	
<i>meropenem injection 2gm</i>	4	
<b>Macrolides</b>		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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	
<b>Quinolones</b>		
<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	
<b>Sulfonamides</b>		
<i>sulfadiazine tablet</i>	5	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
<b>Tetracyclines</b>		
<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	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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	
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	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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
<b>Sodium Channel Agents</b>		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine suspension, tablet</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
ZONISADE	4	ST NSO

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>zonisamide</i>	2	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
<b><i>Cholinesterase Inhibitors</i></b>		
<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	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<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	
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<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 75mg</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
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i></b>		

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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	
<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)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<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, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<b>Emetogenic Therapy Adjuncts</b>		
<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
<b>Antifungals</b>		
<b>Antifungals</b>		
<b>ABELCET</b>	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream</i>	2	QL(90 GM per 30 days)
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
<b>JUBLIA</b>	5	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<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	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
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
<b>Ergot Alkaloids</b>		
<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)
<b>Prophylactic</b>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>		

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide tablet 60mg</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<b>Antituberculars</b>		
<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	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<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
<b>Antiandrogens</b>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
<b>Antiangiogenic Agents</b>		
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO
REVLIMID	5	PA NSO
THALOMID	5	PA NSO
<b>Antiestrogens/Modifiers</b>		
EMCYT	5	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
ORSERDU	5	PA NSO
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<b>Antimetabolites</b>		
DROXIA	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	5	
<b>Antineoplastics, Other</b>		
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
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<b>Enzyme Inhibitors</b>		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
<b>Molecular Target Inhibitors</b>		
ALECENSA	5	PA NSO

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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
<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
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	3	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE, SUSPENSION	5	PA NSO
IMBRUVICA TABLET 420MG, 560MG	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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
KRAZATI	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LUMAKRAS	5	PA NSO
LYNPARZA TABLET	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
NINLARO	5	PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
QINLOCK	5	PA NSO
RETEVMO CAPSULE	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
TEVIMBRA	5	PA NSO
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
<b>Treatment Adjuncts</b>		
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
<b>Antiprotozoals</b>		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</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
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
<b>Antiparkinson Agents, Other</b>		
<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
<b>Dopamine Agonists</b>		
<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	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase</b>		
<b>Inhibitors</b>		
<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
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<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 hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir, injection</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</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 hcl tablet 100mg, 10mg, 25mg, 50mg</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	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(16 EA per 365 days); ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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

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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	
<b>Treatment-Resistant</b>		
<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)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet 10mg, 20mg</i>	2	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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	
<b>Antivirals</b>		
<b><i>Anti-cytomegalovirus (CMV) Agents</i></b>		
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir tablet 450mg</i>	3	
<i>valganciclovir hydrochloride solution 50mg/ml</i>	5	
<b><i>Anti-hepatitis B (HBV) Agents</i></b>		
<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	
<b><i>Anti-hepatitis C (HCV) Agents</i></b>		
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
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA	5	
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>efavirenz tablet</i>	4	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	4	QL(90 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	QL(60 EA per 30 days)
<i>nevirapine tablet</i>	2	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	3	QL(1200 ML per 30 days)
PIFELTRO	5	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<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>	4	QL(60 EA per 30 days)
<i>abacavir solution</i>	4	QL(960 ML per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	QL(850 ML per 30 days)
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	QL(960 ML per 30 days)
<i>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days)
<i>lamivudine tablet 150mg</i>	3	QL(60 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)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>zidovudine tablet</i>	3	QL(60 EA per 30 days)
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
RUKOBIA	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA INJECTION	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days)
TYBOST	3	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE	5	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	5	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	5	QL(60 EA per 30 days)
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	QL(120 EA per 30 days)
LEXIVA SUSPENSION	4	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	QL(360 EA per 30 days)
NORVIR SOLUTION	4	QL(480 ML per 30 days)
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET	5	QL(180 EA per 30 days)
<i>ritonavir</i>	3	QL(360 EA per 30 days)
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)
<b>Anti-influenza Agents</b>		
<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	
<b>Antiherpetic Agents</b>		

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	3	QL(40 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)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<b>Benzodiazepines</b>		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, solution</i>	2	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
IGALMI	4	PA NSO
<b>Mood Stabilizers</b>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 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	
<b><i>Glycemic Agents</i></b>		
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	
<b><i>Insulins</i></b>		

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG	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	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	2	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	
METHYLDOPA TABLET 250MG, 500MG	4	
<i>midodrine hcl</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride capsule</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>Antiarrhythmics</b>		
<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	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl 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</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<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	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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, 90mg</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</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, 240mg</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</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
<b>EDARBYCLOR</b>	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<b>ENTRESTO CAPSULE SPRINKLE</b>	3	QL(240 EA per 30 days)
<b>ENTRESTO TABLET</b>	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); PA
<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	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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
<b>Diuretics, Loop</b>		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>toremide tablet</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet</i>	1	
<i>triamterene capsule</i>	4	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<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	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<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	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<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
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<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)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<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	
<b>Central Nervous System, Other</b>		
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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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
<b>Fibromyalgia Agents</b>		
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
<b>Multiple Sclerosis Agents</b>		
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
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)
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
<b>Dermatological Agents</b>		
<b><i>Acne and Rosacea Agents</i></b>		
AC CUTANE	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	
<b><i>Dermatitis and Pruritus Agents</i></b>		
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, 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)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>desoximetasone ointment 0.25%</i>	3	
<b>EUCRISA</b>	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	
<b>SPEVIGO INJECTION 150MG/ML</b>	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<b>Dermatological Agents, Other</b>		
<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	
<b>OTEZLA TABLET 20MG, 30MG</b>	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
<b>SANTYL</b>	4	
<i>silver sulfadiazine</i>	2	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
SOTYKTU	5	QL(30 EA per 30 days); PA
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
<b>Pediculicides/Scabicides</b>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<b>Topical Anti-infectives</b>		
<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	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025  
Last Updated: 01/06/2025

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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>kionex suspension</i>	3	
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder, suspension</i>	3	
SPS	3	
VELTASSA	4	
<b>Vitamins</b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
<i>pegylax</i>	2	
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
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>		
<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
<b>Gastrointestinal Agents, Other</b>		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
<b>Protectants</b>		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<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	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
<i>l-glutamine</i>	5	PA

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	
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	
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
GELNIQUE GEL 10%	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<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	
<b><i>Genitourinary Agents, Other</i></b>		

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
ELMIRON	5	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>		
<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	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i></b>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b><i>Androgens</i></b>		
<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
<b><i>Estrogens</i></b>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
<b>CLIMARA PRO</b>	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	
<b>DOTTI</b>	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	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<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	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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	
<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>pimtreea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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>vienva</i>	3	
<i>viorele</i>	3	
<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	
<b>Progestins</b>		
<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	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
UNITHROID	2	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b><i>Antithyroid Agents</i></b>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
<b>Immunological Agents</b>		
<b><i>Angioedema Agents</i></b>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<b><i>Immunoglobulins</i></b>		
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
<b><i>Immunological Agents, Other</i></b>		
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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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(3 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
VEOPOZ	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<b>Immunostimulants</b>		
ACTIMMUNE	5	PA NSO
BESREMI	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
<b>Immunosuppressants</b>		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(1 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-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

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025  
Last Updated: 01/06/2025

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
ADALIMUMAB-ADBIM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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
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
<b>Vaccines</b>		
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	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	1	
STAMARIL	1	
TDVAX	1	
TENIVAC	1	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX	1	
VAXCHORA	1	
VAXELIS	3	
YF-VAX	1	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er</i>	4	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<b>Glucocorticoids</b>		
<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	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
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)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
ELLA	3	
NUTRILIPID	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
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
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
<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; 1000unit/gm</i>	3	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	1	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<b>Ophthalmic Anti-Infectives</b>		
<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	
XDEMYY	5	QL(10 ML per 42 days)
ZIRGAN	4	
<b>Ophthalmic Anti-inflammatories</b>		
<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	

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
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	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<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	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<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	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
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)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
QVAR REDHALER	3	QL(21.2 GM per 30 days)
<b>Antihistamines</b>		
<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 hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule</i>	4	
<i>levocetirizine dihydrochloride tablet</i>	2	
<b>Antileukotrienes</b>		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
<b>Bronchodilators, Anticholinergic</b>		
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
<b>Bronchodilators, Sympathomimetic</b>		
<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)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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>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)
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	PA
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<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	
<b>Pulmonary Antihypertensives</b>		
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
<b>Pulmonary Fibrosis Agents</b>		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
<b>Respiratory Tract Agents, Other</b>		
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>breynd</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)

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<b><i>Skeletal Muscle Relaxants</i></b>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
<i>orphenadrine citrate er</i>	4	
<b>Sleep Disorder Agents</b>		
<b><i>Sleep Promoting Agents</i></b>		
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)
<b><i>Wakefulness Promoting Agents</i></b>		
<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: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

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

# Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	22	AIRSUPRA	58
<i>abacavir sulfate/lamivudine</i>	22	AKEEGA	14
<i>abacavir sulfate/lamivudine/zidovudine</i>	22	ALA-CORT	35
ABELCET	11	<i>albendazole</i>	18
ABILIFY MAINTENA	19	<i>albuterol sulfate</i>	57
<i>abiraterone acetate</i>	13	<i>albuterol sulfate hfa</i>	57
ABRYSVO	51	<i>alclometasone dipropionate</i>	35
<i>acamprosate calcium dr</i>	2	ALCOHOL PREP PADS	53
<i>acarbose</i>	24	ALECENSA	14
ACCUTANE	35	<i>alendronate sodium</i>	53
<i>acebutolol hcl</i>	29	<i>alfuzosin hcl er</i>	41
<i>acebutolol hydrochloride</i>	29	ALINIA	18
<i>acetaminophen/codeine</i>	1	<i>aliskiren</i>	30
<i>acetazolamide</i>	56	<i>allopurinol</i>	12
<i>acetazolamide er</i>	56	<i>alose tron hydrochloride</i>	39
<i>acetic acid</i>	56	<i>alprazolam</i>	24
<i>acetic acid 0.25%</i>	42	<i>altavera</i>	42
<i>acitretin</i>	35	ALUNBRIG	15
ACTHIB	51	<i>alyacen 1/35</i>	43
ACTIMMUNE	49	<i>alyacen 7/7/7</i>	43
<i>acyclovir</i>	24	<i>alyq</i>	58
<i>acyclovir</i>	37	<i>amabelz</i>	43
<i>acyclovir sodium</i>	24	<i>amantadine hcl</i>	23
ADACEL	51	<i>ambrisentan</i>	58
ADALIMUMAB-AATY 1-PEN KIT	49	<i>amethia</i>	43
ADALIMUMAB-AATY 2-PEN KIT	49	<i>amethia lo</i>	43
ADALIMUMAB-AATY 2-SYRINGE KIT	49	<i>amethyst</i>	43
ADALIMUMAB-ADBM	50	<i>amikacin sulfate</i>	3
ADALIMUMAB-ADBM CROHNS/UC/HS	49	<i>amiloride hcl</i>	31
STARTER		<i>amiloride/hydrochlorothiazide</i>	30
ADALIMUMAB-ADBM	49	AMINOSYN II	37
PSORIASIS/UEVITIS STARTER		AMINOSYN-PF	38
ADALIMUMAB-ADBM STARTER	49	<i>amiodarone hydrochloride</i>	28
PACKAGE FOR CROHNS		<i>amitriptyline hcl</i>	10
DISEASE/UC/HS		<i>amitriptyline hydrochloride</i>	10
ADALIMUMAB-ADBM STARTER	49	<i>amlodipine besylate</i>	29
PACKAGE FOR PSORIASIS/UEVITIS		<i>amlodipine besylate/benazepril hydrochloride</i>	30
ADBRY	35	<i>amlodipine besylate/valsartan</i>	30
<i>adefovir dipivoxil</i>	21	<i>amlodipine/olmesartan medoxomil</i>	30
ADEMPAS	58	<i>ammonium lactate</i>	35
ADTHYZA	47	<i>amnesteem</i>	35
ADVAIR HFA	58	<i>amoxapine</i>	10
<i>afirmelle</i>	42	<i>amoxicillin</i>	5
AIMOVIG	12	<i>amoxicillin/clavulanate potassium</i>	5
		<i>amoxicillin/clavulanate potassium er</i>	5
		<i>amphetamine/dextroamphetamine</i>	32

Formulary ID: 25494, Version: 8, Effective Date: 02/01/2025

Last Updated: 01/06/2025

Drug Name	Page #	Drug Name	Page #
<i>amphotericin b</i>	11	<i>aubra eq</i>	43
<i>amphotericin b liposome</i>	11	AUGMENTIN	5
<i>ampicillin</i>	5	AUGTYRO	15
<i>ampicillin sodium</i>	5	<i>aurovela 1.5/30</i>	43
<i>ampicillin/sulbactam</i>	5	<i>aurovela 1/20</i>	43
<i>ampicillin-sulbactam</i>	5	<i>aurovela fe 1.5/30</i>	43
<i>anagrelide hydrochloride</i>	27	<i>aurovela fe 1/20</i>	43
<i>anastrozole</i>	14	AUSTEDO	33
ANORO ELLIPTA	58	AUSTEDO XR	33
<i>aprepitant</i>	11	AUSTEDO XR PATIENT TITRATION KIT	33
APTIOM	8	AUVELITY	9
APTIVUS	23	<i>aviane</i>	43
AREXVY	51	AVONEX	34
<i>arformoterol tartrate</i>	57	AVONEX PEN	34
ARIKAYCE	3	<i>ayuna</i>	43
<i>aripiprazole</i>	19	AYVAKIT	15
<i>aripiprazole odt</i>	19	<i>azathioprine</i>	50
ARISTADA	19	<i>azelaic acid</i>	35
ARISTADA INITIO	19	<i>azelastine hcl</i>	55
<i>armodafinil</i>	59	<i>azelastine hcl</i>	57
ARMOUR THYROID	47	<i>azelastine hydrochloride</i>	57
ARNUITY ELLIPTA	56	<i>azithromycin</i>	5
<i>asenapine maleate sl</i>	19	<i>aztreonam</i>	3
<i>ashlyna</i>	43	<i>azurette</i>	43
ASMANEX HFA	56	<i>bacitracin</i>	55
ASMANEX TWISTHALER 120 METERED DOSES	56	<i>bacitracin/polymyxin b</i>	54
ASMANEX TWISTHALER 14 METERED DOSES	56	<i>baclofen</i>	20
ASMANEX TWISTHALER 30 METERED DOSES	56	<i>balsalazide disodium</i>	52
ASMANEX TWISTHALER 60 METERED DOSES	56	BALVERSA	15
<i>aspirin/dipyridamole</i>	27	<i>balziva</i>	43
<i>aspirin/dipyridamole er</i>	27	BAQSIMI ONE PACK	25
ASTAGRAF XL	50	BAQSIMI TWO PACK	25
<i>atazanavir</i>	23	BARACLUDGE	21
<i>atazanavir sulfate</i>	23	<i>bcg vaccine</i>	51
<i>atenolol</i>	29	BD INSULIN SYRINGE	53
<i>atenolol/chlorthalidone</i>	30	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine</i>	33	B-D INSULIN SYRINGE ULTRAFINE	53
<i>atomoxetine hydrochloride</i>	33	II/0.3ML/31G X 5/16"	
<i>atorvastatin calcium</i>	31	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	53
<i>atovaquone</i>	18	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	53
<i>atovaquone/proguanil hcl</i>	18	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	53
<i>atropine sulfate</i>	54	<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	53
ATROVENT HFA	57		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>bekyree</i>	43	<i>budesonide er</i>	53
BELSOMRA	59	<i>bumetanide</i>	31
<i>benazepril hcl</i>	28	<i>buprenorphine</i>	1
<i>benazepril hydrochloride</i>	28	<i>buprenorphine hcl</i>	2
<i>benazepril hydrochloride/hydrochlorothiazide</i>	30	<i>buprenorphine hcl/naloxone hcl</i>	2
BENLYSTA	48	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3
<i>benznidazole</i>	18	<i>bupropion hcl</i>	9
<i>benztropine mesylate</i>	18	<i>bupropion hydrochloride</i>	9
BESIVANCE	55	<i>bupropion hydrochloride er (sr)</i>	3
BESREMI	49	<i>bupropion hydrochloride er (sr)</i>	9
<i>betaine anhydrous</i>	40	<i>bupropion hydrochloride er (xl)</i>	9
<i>betamethasone dipropionate</i>	35	<i>bupirone hcl</i>	24
<i>betamethasone dipropionate augmented</i>	35	<i>bupirone hydrochloride</i>	24
<i>betamethasone valerate</i>	35	<i>butalbital/acetaminophen/caffeine</i>	33
BETASERON	34	BYDUREON BCISE	24
<i>betaxolol hcl</i>	29	BYETTA	24
<i>betaxolol hcl</i>	56	CABENUVA	21
<i>bethanechol chloride</i>	42	<i>cabergoline</i>	47
<i>bexarotene</i>	17	CABLIVI	27
BEXSERO	51	CABOMETYX	15
<i>bicalutamide</i>	13	<i>calcipotriene</i>	36
BICILLIN L-A	5	<i>calcitonin-salmon</i>	53
BIKTARVY	21	<i>calcitriol</i>	53
<i>bisoprolol fumarate</i>	29	<i>calcium acetate</i>	38
<i>bisoprolol fumarate/hydrochlorothiazide</i>	30	CALQUENCE	15
BIVIGAM	48	<i>camila</i>	46
<i>blisovi fe 1.5/30</i>	43	<i>camrese</i>	43
<i>blisovi fe 1/20</i>	43	<i>camrese lo</i>	43
BOOSTRIX	51	<i>candesartan cilexetil</i>	28
BOSULIF	15	<i>candesartan cilexetil/hydrochlorothiazide</i>	30
BRAFTOVI	15	CAPLYTA	19
BREO ELLIPTA	58	CAPRELSA	15
<i>breyna</i>	58	<i>captopril</i>	28
BREZTRI AEROSPHERE	58	<i>captopril/hydrochlorothiazide</i>	30
<i>briellyn</i>	43	<i>carbamazepine</i>	8
BRILINTA	27	<i>carbamazepine er</i>	8
BRIMONIDINE TARTRATE	56	<i>carbidopa</i>	18
<i>brimonidine tartrate/timolol maleate</i>	54	<i>carbidopa/levodopa</i>	18
<i>brinzolamide</i>	56	<i>carbidopa/levodopa er</i>	18
BRIVIACT	6	<i>carbidopa/levodopa odt</i>	18
<i>bromfenac sodium</i>	55	<i>carglumic acid</i>	38
<i>bromocriptine mesylate</i>	18	<i>carteolol hcl</i>	56
BRONCHITOL	58	<i>cartia xt</i>	29
BRUKINSA	15	<i>carvedilol</i>	29
<i>budesonide</i>	53	<i>caspofungin acetate</i>	11
<i>budesonide</i>	56	CAYSTON	58

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>cefaclor</i>	4	<i>citalopram hydrobromide</i>	10
<i>cefadroxil</i>	4	<i>claravis</i>	35
<b>CEFAZOLIN</b>	4	<i>clarithromycin</i>	6
<i>cefazolin sodium</i>	4	<i>clarithromycin er</i>	6
<i>cefdinir</i>	4	<b>CLENPIQ</b>	39
<i>cefepime</i>	4	<b>CLIMARA PRO</b>	43
<i>cefepime hydrochloride</i>	4	<i>clindacin etz pledgets</i>	3
<i>cefixime</i>	4	<i>clindamycin hcl</i>	3
<i>cefotaxime sodium</i>	4	<i>clindamycin hydrochloride</i>	3
<i>cefotetan</i>	4	<i>clindamycin palmitate hydrochloride</i>	3
<i>cefoxitin sodium</i>	4	<i>clindamycin phosphate</i>	3
<i>cefpodoxime proxetil</i>	4	<i>clindamycin phosphate</i>	37
<i>cefprozil</i>	4	<i>clobazam</i>	7
<i>ceftazidime</i>	4	<i>clobetasol propionate</i>	35
<i>ceftazidime/dextrose</i>	4	<i>clobetasol propionate e</i>	35
<i>ceftriaxone sodium</i>	4	<i>clomipramine hydrochloride</i>	10
<i>cefuroxime axetil</i>	4	<i>clonazepam</i>	7
<i>cefuroxime sodium</i>	4	<i>clonazepam odt</i>	7
<i>celecoxib</i>	1	<i>clonidine</i>	28
<i>cephalexin</i>	4	<i>clonidine hydrochloride</i>	28
<b>CERDELGA</b>	40	<i>clopidogrel</i>	28
<i>chateal</i>	43	<i>clorazepate dipotassium</i>	24
<i>chateal eq</i>	43	<i>clotrimazole</i>	11
<b>CHEMET</b>	38	<i>clotrimazole/betamethasone dipropionate</i>	36
<i>chlorhexidine gluconate</i>	34	<b>CLOVIQUE</b>	38
<i>chloroquine phosphate</i>	18	<i>clozapine</i>	20
<i>chlorpromazine hcl</i>	19	<i>clozapine odt</i>	20
<i>chlorpromazine hydrochloride</i>	19	<b>COARTEM</b>	18
<i>chlorthalidone</i>	31	<b>COBENFY</b>	33
<b>CHOLBAM</b>	40	<b>COBENFY STARTER PACK</b>	33
<i>cholestyramine</i>	31	<i>colchicine</i>	12
<i>cholestyramine light</i>	31	<i>colesevelam hydrochloride</i>	31
<i>ciclodan</i>	37	<i>colestipol hcl</i>	31
<i>ciclopirox</i>	37	<i>colistimethate sodium</i>	3
<i>ciclopirox nail lacquer</i>	37	<i>colocort</i>	53
<i>ciclopirox olamine</i>	37	<b>COMBIGAN</b>	54
<i>cilostazol</i>	28	<b>COMBIVENT RESPIMAT</b>	58
<b>CIMDUO</b>	22	<b>COMETRIQ</b>	15
<i>cinacalcet hydrochloride</i>	53	<b>COMPLERA</b>	21
<b>CINRYZE</b>	48	<i>compro</i>	11
<i>ciprofloxacin</i>	6	<i>constulose</i>	39
<i>ciprofloxacin hcl</i>	6	<b>COPIKTRA</b>	15
<i>ciprofloxacin hydrochloride</i>	6	<i>cortisone acetate</i>	42
<i>ciprofloxacin hydrochloride</i>	55	<b>COSENTYX</b>	48
<i>ciprofloxacin i.v.-in d5w</i>	6	<b>COSENTYX SENSOREADY PEN</b>	48
<i>ciprofloxacin/dexamethasone</i>	56	<b>COSENTYX UNOREADY</b>	48
<i>cisplatin</i>	13	<b>COTELLIC</b>	15

Drug Name	Page #	Drug Name	Page #
CREON	40	dexamethasone sodium phosphate	55
<i>cromolyn sodium</i>	40	<i>dextroamphetamine sulfate</i>	33
<i>cromolyn sodium</i>	55	<i>dextroamphetamine sulfate er</i>	33
<i>cromolyn sodium</i>	58	<i>dextrose 5%</i>	38
<i>cryselle-28</i>	43	<i>dextrose 5%/sodium chloride 0.45%</i>	38
CURITY GAUZE PADS 2"X2" 12 PLY	53	<i>dextrose 5%/sodium chloride 0.9%</i>	38
CUVITRU	48	DIACOMIT	7
<i>cyclafem 1/35</i>	43	<i>diazepam</i>	24
<i>cyclafem 7/7/7</i>	43	<i>diazepam intensol</i>	24
<i>cyclobenzaprine hydrochloride</i>	59	<i>diazepam rectal gel</i>	7
<i>cyclophosphamide</i>	13	<i>diazoxide</i>	25
<i>cycloserine</i>	13	<i>diclofenac potassium</i>	1
<i>cyclosporine</i>	50	<i>diclofenac sodium</i>	1
<i>cyclosporine</i>	54	<i>diclofenac sodium</i>	36
<i>cyclosporine modified</i>	50	<i>diclofenac sodium</i>	55
<i>cyproheptadine hydrochloride</i>	57	<i>diclofenac sodium dr</i>	1
CYSTAGON	40	<i>diclofenac sodium er</i>	1
CYSTARAN	54	<i>dicloxacillin sodium</i>	5
<i>dalfampridine er</i>	34	<i>dicyclomine hcl</i>	39
<i>danazol</i>	42	<i>dicyclomine hydrochloride</i>	39
<i>dantrolene sodium</i>	21	DIFICID	6
<i>dapsone</i>	13	<i>diflunisal</i>	1
DAPTACEL	51	<i>digitek</i>	28
<i>daptomycin</i>	3	<i>digox</i>	28
DAPTOMYCIN/SODIUM CHLORIDE	3	<i>digoxin</i>	28
<i>darunavir</i>	23	<i>dihydroergotamine mesylate</i>	12
<i>dasatinib</i>	15	DILANTIN	8
<i>dasetta 1/35</i>	43	<i>diltiazem hcl</i>	30
<i>dasetta 7/7/7</i>	43	<i>diltiazem hcl cd</i>	29
DAURISMO	15	<i>diltiazem hcl er</i>	30
<i>daysee</i>	43	<i>diltiazem hydrochloride</i>	30
<i>deblitane</i>	46	<i>diltiazem hydrochloride er</i>	30
<i>deferasirox</i>	38	<i>dilt-xr</i>	29
DELSTRIGO	21	<i>dimethyl fumarate</i>	34
<i>delyla</i>	43	<i>dimethyl fumarate starterpack</i>	34
<i>demeclocycline hcl</i>	6	<i>diphenhydramine hcl</i>	57
<i>demeclocycline hydrochloride</i>	6	<i>diphenhydramine hydrochloride</i>	57
DENGVAXIA	51	<i>diphenoxylate hydrochloride/atropine</i>	39
DEPO-SUBQ PROVERA 104	46	<i>sulfate</i>	
DESCOVY	22	<i>diphtheria/tetanus toxoids adsorbed</i>	51
<i>desipramine hydrochloride</i>	10	<i>pediatric</i>	
<i>desmopressin acetate</i>	42	<i>disulfiram</i>	2
<i>desogestrel/ethinyl estradiol</i>	43	<i>divalproex sodium dr</i>	7
<i>desonide</i>	35	<i>divalproex sodium er</i>	7
<i>desoximetasone</i>	35	<i>dofetilide</i>	28
<i>desvenlafaxine er</i>	10	<i>dolishale</i>	43
<i>dexamethasone</i>	42	<i>donepezil hcl</i>	9

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>donepezil hydrochloride</i>	9	<i>emtricitabine/tenofovir disoproxil fumarate</i>	22
DOPTELET	28	<i>tablet 167mg; 250mg</i>	
<i>dorzolamide hcl/timolol maleate</i>	54	<i>emtricitabine/tenofovir disoproxil fumarate</i>	22
<i>dorzolamide hydrochloride</i>	56	EMTRIVA	22
DOTTI	43	<i>emzahh</i>	46
DOVATO	21	<i>enalapril maleate</i>	28
<i>doxazosin mesylate</i>	41	<i>enalapril maleate/hydrochlorothiazide</i>	30
<i>doxepin hcl</i>	10	ENBREL	50
<i>doxepin hydrochloride</i>	10	ENBREL MINI	50
<i>doxy 100</i>	6	ENBREL SURECLICK	50
<i>doxycycline</i>	6	<i>endocet</i>	1
<i>doxycycline hyclate</i>	6	ENGERIX-B	51
<i>doxycycline hyclate</i>	34	<i>enilloring</i>	43
<i>doxycycline monohydrate</i>	6	<i>enoxaparin sodium</i>	27
DRIZALMA SPRINKLE	10	<i>enpresse-28</i>	43
<i>dronabinol</i>	11	<i>entacapone</i>	18
DROXIA	14	<i>entecavir</i>	21
<i>droxidopa</i>	28	ENTRESTO	30
DULERA	59	<i>enulose</i>	39
<i>duloxetine hydrochloride</i>	10	ENVARBUS XR	50
DUPIXENT	48	EPIDIOLEX	6
<i>dutasteride</i>	41	<i>epinephrine</i>	57
EASY COMFORT INSULIN	53	<i>epitol</i>	8
SYRINGE/0.3ML/31G X 1/2"		<i>eplerenone</i>	32
<i>ec-naproxen</i>	1	EPRONTIA	6
<i>econazole nitrate</i>	11	<i>ergoloid mesylates</i>	9
EDARBI	28	<i>ergotamine tartrate/caffeine</i>	12
EDARBYCLOR	30	ERIVEDGE	15
EDURANT	21	ERLEADA	13
<i>efavirenz</i>	22	<i>erlotinib hydrochloride</i>	15
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	21	<i>errin</i>	46
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	22	<i>ertapenem</i>	5
<i>effe-k</i>	38	<i>ertapenem sodium</i>	5
<i>elinest</i>	43	<i>ery</i>	37
ELIQUIS	27	<i>erythromycin</i>	37
ELIQUIS STARTER PACK	27	<i>erythromycin</i>	55
ELLA	54	<i>erythromycin dr</i>	6
ELMIRON	42	<i>erythromycin/benzoyl peroxide</i>	35
<i>eluryng</i>	43	<i>escitalopram oxalate</i>	10
EMCYT	13	<i>esomeprazole magnesium</i>	40
EMGALITY	12	<i>estarylla</i>	43
EMPAVELI	48	<i>estradiol</i>	43
EMSAM	9	<i>estradiol/norethindrone acetate</i>	43
<i>emtricitabine</i>	22	ESTRING	44
		<i>eszopiclone</i>	59
		<i>ethambutol hydrochloride</i>	13
		<i>ethosuximide</i>	7

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>ethynodiol diacetate/ethinyl estradiol</i>	44	<i>flunisolide</i>	56
<i>etodolac</i>	1	<i>fluocinolone acetonide</i>	36
<i>etonogestrel/ethinyl estradiol</i>	44	<i>fluocinolone acetonide body</i>	36
<i>etravirine</i>	22	<i>fluocinolone acetonide scalp</i>	36
EUCRISA	36	<i>fluocinolone acetonide topical</i>	36
EUTHYROX	47	<i>fluocinonide</i>	36
<i>everolimus</i>	15	<i>fluorometholone</i>	55
<i>everolimus</i>	50	<i>fluorouracil</i>	36
EVOTAZ	23	<i>fluoxetine hydrochloride</i>	10
EVRYSID	40	<i>fluphenazine decanoate</i>	19
<i>exemestane</i>	14	<i>fluphenazine hcl</i>	19
EXKIVITY	15	<i>fluphenazine hydrochloride</i>	19
<i>ezetimibe</i>	31	<i>flurbiprofen</i>	1
<i>ezetimibe/simvastatin</i>	31	<i>flurbiprofen sodium</i>	55
FABRAZYME	40	<i>flutamide</i>	13
<i>falmina</i>	44	<i>fluticasone propionate</i>	36
<i>famciclovir</i>	24	<i>fluticasone propionate</i>	56
<i>famotidine</i>	40	<i>fluticasone propionate/salmeterol</i>	59
FANAPT	19	<i>fluticasone propionate/salmeterol diskus</i>	59
FANAPT TITRATION PACK	19	<i>fluvastatin</i>	31
FARXIGA	32	<i>fluvastatin sodium er</i>	31
FARYDAK	15	<i>fluvoxamine maleate</i>	10
FASENRA	59	<i>fondaparinux sodium</i>	27
FASENRA PEN	59	<i>formoterol fumarate</i>	57
<i>fayosim</i>	44	FORTEO	53
<i>febuxostat</i>	12	<i>fosamprenavir calcium</i>	23
<i>felbamate</i>	7	<i>fosinopril sodium</i>	28
<i>felodipine er</i>	29	<i>fosinopril sodium/hydrochlorothiazide</i>	30
<i>femynor</i>	44	FOTIVDA	15
<i>fenofibrate</i>	31	FRAGMIN	27
<i>fenofibrate micronized</i>	31	FRUZAQLA	15
<i>fenofibric acid dr</i>	31	<i>furosemide</i>	31
<i>fentanyl</i>	1	FUZEON	23
<i>fentanyl citrate oral transmucosal</i>	1	FYAVOLV	44
FETZIMA	10	FYCOMPA	7
FETZIMA TITRATION PACK	10	<i>gabapentin</i>	7
FINACEA	35	<i>galantamine hydrobromide</i>	9
<i>finasteride</i>	41	<i>galantamine hydrobromide er</i>	9
<i>finngolimod hydrochloride</i>	34	<i>gallifrey</i>	46
FINTEPLA	7	GAMASTAN	48
FIRMAGON	47	<i>ganciclovir</i>	21
FLAREX	55	GARDASIL 9	51
<i>flecainide acetate</i>	29	<i>gatifloxacin</i>	55
<i>fluconazole</i>	11	<i>gavilyte-c</i>	39
<i>fluconazole in sodium chloride</i>	11	<i>gavilyte-g</i>	39
<i>flucytosine</i>	11	<i>gavilyte-h</i>	39
<i>fludrocortisone acetate</i>	42	<i>gavilyte-n/flower pack</i>	39



Drug Name	Page #	Drug Name	Page #
GAVRETO	15	HEPLISAV-B	51
<i>gefitinib</i>	15	HIBERIX	51
GELNIQUE	41	HIZENTRA	48
<i>gemfibrozil</i>	31	HUMALOG	26
GEMTESA	41	HUMALOG JUNIOR KWIKPEN	26
<i>generlac</i>	39	HUMALOG KWIKPEN	26
<i>gengraf</i>	50	HUMALOG MIX 50/50	26
GENOTROPIN	42	HUMALOG MIX 50/50 KWIKPEN	26
GENOTROPIN MINIQUICK	42	HUMALOG MIX 75/25	26
<i>gentak</i>	55	HUMALOG MIX 75/25 KWIKPEN	26
<i>gentamicin sulfate</i>	3	HUMATIN	3
<i>gentamicin sulfate</i>	55	HUMIRA	50
<i>gentamicin sulfate pediatric</i>	3	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	50
GENVOYA	21	HUMIRA PEN	50
GILOTRIF	15	HUMIRA PEN-CD/UC/HS STARTER	50
<i>glatiramer acetate</i>	34	HUMIRA PEN-PEDIATRIC UC STARTER PACK	50
GLEOSTINE	13	HUMIRA PEN-PS/UV STARTER	50
<i>glimepiride</i>	25	HUMULIN 70/30	26
<i>glipizide</i>	25	HUMULIN 70/30 KWIKPEN	26
<i>glipizide er</i>	25	HUMULIN N	26
<i>glipizide xl</i>	25	HUMULIN N KWIKPEN	26
<i>glipizide/metformin hydrochloride</i>	25	HUMULIN R	26
<i>glucagon emergency kit</i>	25	HUMULIN R U-500 (CONCENTRATED)	26
<i>glucagon emergency kit for low blood sugar</i>	25	HUMULIN R U-500 KWIKPEN	26
<i>glyburide</i>	25	<i>hydralazine hcl</i>	32
<i>glyburide/metformin hydrochloride</i>	25	<i>hydralazine hydrochloride</i>	32
<i>glycopyrrolate</i>	39	<i>hydrochlorothiazide</i>	31
GLYXAMBI	25	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>griseofulvin microsize</i>	11	<i>hydrocodone/acetaminophen</i>	2
<i>griseofulvin ultramicrosize</i>	11	<i>hydrocortisone</i>	36
<i>guanfacine hydrochloride</i>	28	<i>hydrocortisone</i>	42
<i>guanfacine hydrochloride er</i>	33	<i>hydrocortisone</i>	53
GVOKE HYPOPEN 1-PACK	25	<i>hydrocortisone valerate</i>	36
GVOKE HYPOPEN 2-PACK	25	<i>hydrocortisone/acetic acid</i>	56
GVOKE KIT	25	<i>hydromorphone hcl</i>	2
GVOKE PFS	25	<i>hydromorphone hydrochloride</i>	2
<i>hailey 1.5/30</i>	44	<i>hydromorphone hydrochloride dosette</i>	2
<i>hailey fe 1.5/30</i>	44	<i>hydroxychloroquine sulfate</i>	18
<i>hailey fe 1/20</i>	44	<i>hydroxyurea</i>	14
<i>halobetasol propionate</i>	36	<i>hydroxyzine hcl</i>	57
<i>haloette</i>	44	<i>hydroxyzine hydrochloride</i>	57
<i>haloperidol</i>	19	<i>hydroxyzine pamoate</i>	57
<i>haloperidol decanoate</i>	19	HYPERTHEP B	48
<i>haloperidol lactate</i>	19	<i>ibandronate sodium</i>	53
HAVRIX	51	IBRANCE	14
<i>heather</i>	46		
<i>heparin sodium</i>	27		

Drug Name	Page #	Drug Name	Page #
IBRANCE	15	<i>isosorbide dinitrate/hydralazine</i>	30
<i>ibu</i>	1	<i>hydrochloride</i>	
<i>ibuprofen</i>	1	<i>isosorbide mononitrate</i>	32
<i>icatibant acetate</i>	48	<i>isosorbide mononitrate er</i>	32
<i>iclevia</i>	44	<i>isotretinoin</i>	35
ICLUSIG	15	<i>isradipine</i>	29
<i>icosapent ethyl</i>	31	ISTURISA	42
IDHIFA	15	ITOVEBI	14
IGALMI	24	<i>itraconazole</i>	11
ILEVRO	56	<i>ivabradine hydrochloride</i>	30
<i>imatinib mesylate</i>	15	<i>ivermectin</i>	18
IMBRUVICA	15	IWILFIN	14
<i>imipenem/cilastatin</i>	5	IXCHIQ	51
<i>imipramine hcl</i>	10	IXIARO	51
<i>imipramine hydrochloride</i>	10	<i>jaimiess</i>	44
<i>imiquimod</i>	36	JAKAFI	15
IMOVAX RABIES (H.D.C.V.)	51	<i>jantoven</i>	27
IMPAVIDO	4	JANUMET	25
INBRIJA	18	JANUMET XR	25
<i>incassia</i>	46	JANUVIA	25
INCRELEX	42	JARDIANCE	32
INCRUSE ELLIPTA	57	JAYPIRCA	15
<i>indapamide</i>	31	<i>jencycla</i>	46
<i>indomethacin</i>	1	JENTADUETO	25
<i>indomethacin er</i>	1	JENTADUETO XR	25
INFANRIX	51	<i>jinteli</i>	44
INFLECTRA	51	<i>jolessa</i>	44
INFLIXIMAB	51	JUBLIA	11
INGREZZA	33	JULUCA	21
INLYTA	15	<i>junel 1.5/30</i>	44
INQOVI	15	<i>junel 1/20</i>	44
INREBIC	14	<i>junel fe 1.5/30</i>	44
<i>insulin lispro</i>	26	<i>junel fe 1/20</i>	44
INTELENCE	22	JYLAMVO	51
<i>introvale</i>	44	JYNNEOS	51
INVEGA HAFYERA	19	KALYDECO	58
INVEGA SUSTENNA	19	<i>kariva</i>	44
INVEGA TRINZA	19	<i>kelnor 1/35</i>	44
IPOL INACTIVATED IPV	51	<i>kelnor 1/50</i>	44
<i>ipratropium bromide</i>	57	KERENDIA	32
<i>ipratropium bromide/albuterol sulfate</i>	59	KESIMPTA	34
<i>irbesartan</i>	28	<i>ketoconazole</i>	12
<i>irbesartan/hydrochlorothiazide</i>	30	<i>ketorolac tromethamine</i>	1
ISENTRESS	21	<i>ketorolac tromethamine</i>	56
ISENTRESS HD	21	<i>kimidess</i>	44
ISONIAZID	13	KINERET	48
<i>isosorbide dinitrate</i>	32	KINRIX	52

Drug Name	Page #	Drug Name	Page #
<i>kionex</i>	39	LENVIMA 18 MG DAILY DOSE	16
KISQALI	16	LENVIMA 20 MG DAILY DOSE	16
KISQALI FEMARA 200 DOSE	14	LENVIMA 24 MG DAILY DOSE	16
KISQALI FEMARA 400 DOSE	14	LENVIMA 4 MG DAILY DOSE	16
KISQALI FEMARA 600 DOSE	14	LENVIMA 8 MG DAILY DOSE	16
<i>klayesta</i>	12	<i>lessina</i>	44
<i>klor-con</i>	38	<i>letrozole</i>	14
<i>klor-con 10</i>	38	<i>leucovorin calcium</i>	14
<i>klor-con 8</i>	38	LEUKERAN	13
<i>klor-con m10</i>	38	<i>leuprolide acetate</i>	47
<i>klor-con m15</i>	38	<i>levalbuterol</i>	58
<i>klor-con m20</i>	38	<i>levalbuterol hcl</i>	57
<i>klor-con sprinkle</i>	38	<i>levalbuterol hydrochloride</i>	57
<i>klor-con/ef</i>	38	<i>levalbuterol tartrate hfa</i>	57
KOSELUGO	16	<i>levetiracetam</i>	7
<i>kourzeq</i>	34	<i>levetiracetam er</i>	7
KRAZATI	16	<i>levobunolol hcl</i>	56
<i>kurvelo</i>	44	<i>levocetirizine dihydrochloride</i>	57
<i>labetalol hydrochloride</i>	29	<i>levofloxacin</i>	6
<i>lacosamide</i>	8	<i>levofloxacin</i>	55
<i>lactulose</i>	39	<i>levofloxacin in d5w</i>	6
LAGEVRIO	24	<i>levonest</i>	44
<i>lamivudine</i>	21	<i>levonorgestrel and ethinyl estradiol</i>	44
<i>lamivudine</i>	22	<i>levonorgestrel/ethinyl estradiol</i>	44
<i>lamivudine/zidovudine</i>	22	<i>levora 0.15/30-28</i>	44
<i>lamotrigine</i>	7	LEVO-T	47
<i>lamotrigine er</i>	7	<i>levothyroxine sodium</i>	47
<i>lamotrigine odt</i>	7	LEVOXYL	47
<i>lamotrigine starter kit/blue</i>	7	LEXIVA	23
<i>lamotrigine starter kit/green</i>	7	<i>l-glutamine</i>	40
<i>lamotrigine starter kit/orange</i>	7	LIBERVANT	8
<i>lansoprazole</i>	40	<i>lidocaine</i>	2
LANTUS	26	<i>lidocaine hydrochloride viscous</i>	34
LANTUS SOLOSTAR	26	<i>lidocaine viscous</i>	35
<i>lapatinib ditosylate</i>	16	<i>lidocaine/prilocaine</i>	2
<i>larin 1.5/30</i>	44	<i>lidocaine-prilocaine-cream base</i>	2
<i>larin 1/20</i>	44	LILETTA	46
<i>larin fe 1.5/30</i>	44	<i>lillow</i>	44
<i>larin fe 1/20</i>	44	<i>linezolid</i>	4
<i>larissia</i>	44	LINZESS	39
<i>latanoprost</i>	56	<i>liothyronine sodium</i>	47
LAZCLUZE	14	<i>lisinopril</i>	28
<i>leflunomide</i>	51	<i>lisinopril/hydrochlorothiazide</i>	30
<i>lenalidomide</i>	13	<i>lithium</i>	24
LENVIMA 10 MG DAILY DOSE	16	<i>lithium carbonate</i>	24
LENVIMA 12MG DAILY DOSE	16	<i>lithium carbonate er</i>	24
LENVIMA 14 MG DAILY DOSE	16	LIVMARLI	39

Drug Name	Page #	Drug Name	Page #
LIVTENCITY	21	MAYZENT	34
<i>lojaimiess</i>	44	MAYZENT STARTER PACK	34
LOKELMA	39	<i>meclizine hcl</i>	11
LONSURF	14	<i>medroxyprogesterone acetate</i>	46
<i>loperamide hcl</i>	39	<i>mefloquine hydrochloride</i>	18
<i>lopinavir/ritonavir</i>	23	<i>megestrol acetate</i>	46
<i>lopreeza</i>	44	MEKINIST	16
<i>lorazepam</i>	24	MEKTOVI	16
<i>lorazepam intensol</i>	24	<i>meloxicam</i>	1
LORBRENA	16	<i>memantine hcl titration pak</i>	9
<i>lorcet</i>	2	<i>memantine hydrochloride</i>	9
<i>lorcet hd</i>	2	<i>memantine hydrochloride er</i>	9
<i>lorcet plus</i>	2	MENACTRA	52
<i>losartan potassium</i>	28	MENEST	45
<i>losartan potassium/hydrochlorothiazide</i>	30	MENQUADFI	52
LOTEMAX SM	56	MENVEO	52
<i>lovastatin</i>	31	<i>mercaptopurine</i>	14
<i>low-ogestrel</i>	44	<i>meropenem</i>	5
<i>loxapine</i>	19	<i>mesalamine</i>	53
<i>lubiprostone</i>	39	<i>mesalamine dr</i>	52
LUMAKRAS	16	<i>mesalamine er</i>	52
LUMIGAN	56	MESNEX	17
LUPRON DEPOT (1-MONTH)	47	<i>metformin hydrochloride</i>	25
LUPRON DEPOT (3-MONTH)	47	<i>metformin hydrochloride er</i>	25
LUPRON DEPOT (4-MONTH)	47	<i>methadone hcl</i>	1
LUPRON DEPOT (6-MONTH)	48	<i>methadone hydrochloride</i>	1
LUPRON DEPOT-PED (1-MONTH)	48	<i>methadone hydrochloride intensol</i>	1
LUPRON DEPOT-PED (3-MONTH)	48	<i>methazolamide</i>	56
<i>lurasidone hydrochloride</i>	19	<i>methenamine hippurate</i>	4
<i>lutra</i>	45	<i>methimazole</i>	48
LYBALVI	20	<i>methocarbamol</i>	59
<i>lyleq</i>	46	<i>methotrexate</i>	51
<i>lyllana</i>	45	<i>methotrexate sodium</i>	51
LYNPARZA	16	<i>methsuximide</i>	7
LYSODREN	14	METHYLDOPA	28
LYTGOBI	16	<i>methylphenidate hydrochloride</i>	33
LYUMJEV	26	<i>methylphenidate hydrochloride er</i>	33
LYUMJEV KWIKPEN	26	<i>methylprednisolone</i>	42
<i>lyza</i>	46	<i>methylprednisolone dose pack</i>	42
<i>magnesium sulfate</i>	38	<i>metoclopramide hcl</i>	39
<i>malathion</i>	37	<i>metoclopramide hydrochloride</i>	39
<i>maraviroc</i>	23	<i>metolazone</i>	31
<i>marlissa</i>	45	<i>metoprolol succinate er</i>	29
MARPLAN	9	<i>metoprolol tartrate</i>	29
MATULANE	13	<i>metronidazole</i>	4
<i>matzim la</i>	30	<i>metronidazole</i>	35
MAVYRET	21	<i>metronidazole vaginal</i>	4

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>metyrosine</i>	30	<i>nafcillin sodium</i>	5
<i>mexiletine hcl</i>	29	<i>naloxone hcl</i>	3
<i>microgestin 1.5/30</i>	45	<i>naloxone hydrochloride</i>	3
<i>microgestin 1/20</i>	45	<i>naltrexone hcl</i>	2
<i>microgestin fe 1.5/30</i>	45	NAMZARIC	9
<i>microgestin fe 1/20</i>	45	<i>naproxen</i>	1
<i>midodrine hcl</i>	28	<i>naproxen dr</i>	1
<i>mifepristone</i>	48	<i>naproxen sodium</i>	1
<i>miglustat</i>	41	<i>naratriptan hcl</i>	12
<i>mili</i>	45	NATACYN	55
<i>mimvey</i>	45	<i>nateglinide</i>	25
<i>mimvey lo</i>	45	NAYZILAM	7
<i>minocycline hcl</i>	6	<i>nebivolol</i>	29
<i>minocycline hydrochloride</i>	6	<i>nebivolol hydrochloride</i>	29
<i>minoxidil</i>	32	<i>necon 0.5/35-28</i>	45
<i>mirtazapine</i>	9	<i>necon 7/7/7</i>	45
<i>mirtazapine odt</i>	9	<i>nefazodone hydrochloride</i>	10
<i>misoprostol</i>	40	<i>neomycin sulfate</i>	3
M-M-R II	52	<i>neomycin/bacitracin/polymyxin</i>	54
<i>modafinil</i>	59	<i>neomycin/polymyxin/bacitracin</i>	54
<i>moexipril hcl</i>	28	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	54
<i>molindone hydrochloride</i>	19	<i>one</i>	
<i>mometasone furoate</i>	36	<i>neomycin/polymyxin/dexamethasone</i>	55
<i>mometasone furoate</i>	56	<i>neomycin/polymyxin/gramicidin</i>	55
<i>mondoxyne nl</i>	6	<i>neomycin/polymyxin/hc</i>	56
<i>mono-lynyah</i>	45	<i>neomycin/polymyxin/hydrocortisone</i>	56
<i>mononessa</i>	45	<i>neo-polycin</i>	54
<i>montelukast sodium</i>	57	<i>neo-polycin hc</i>	54
<i>morgidox 1x100mg</i>	6	NERLYNX	16
<i>morgidox 2x100mg</i>	6	NEULASTA	27
<i>morphine sulfate</i>	2	NEULASTA ONPRO KIT	27
<i>morphine sulfate er</i>	1	<i>nevirapine</i>	22
MOTTEGRITY	39	<i>nevirapine er</i>	22
MOUNJARO	25	NEXLETOL	31
<i>moxifloxacin hydrochloride/sodium</i>	6	NEXLIZET	31
<i>hydrochloride</i>		NEXPLANON	47
<i>moxifloxacin hydrochloride</i>	6	<i>niacin er</i>	32
<i>moxifloxacin hydrochloride</i>	55	NICOTROL NS	3
MRESVIA	52	<i>nifedipine er</i>	29
MULTAQ	29	<i>nilutamide</i>	13
<i>mupirocin</i>	37	<i>nimodipine</i>	29
<i>mycophenolate mofetil</i>	51	NINLARO	16
<i>mycophenolic acid dr</i>	51	<i>nitazoxanide</i>	18
<i>myorisan</i>	35	<i>nitisinone</i>	41
MYRBETRIQ	41	NITRO-BID	32
<i>nabumetone</i>	1	<i>nitrofurantoin macrocrystals</i>	4
<i>nadolol</i>	29	<i>nitrofurantoin monohydrate</i>	4

Drug Name	Page #	Drug Name	Page #
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	<i>np thyroid 30</i>	47
<i>nitroglycerin</i>	32	<i>np thyroid 60</i>	47
<i>nitroglycerin</i>	40	<i>np thyroid 90</i>	47
<i>nitroglycerin transdermal</i>	32	NUBEQA	13
NIVA THYROID	47	NUCALA	59
<i>nizatidine</i>	40	NUEDEXTA	34
<i>nora-be</i>	47	NUPLAZID	20
<i>norelgestromin/ethinyl estradiol</i>	45	NUTRILIPID	54
<i>norethindrone</i>	47	<i>nyamyc</i>	12
<i>norethindrone acetate</i>	47	<i>nylia 1/35</i>	45
<i>norethindrone acetate/ethinyl estradiol</i>	45	<i>nylia 7/7/7</i>	45
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	45	<i>nymyo</i>	45
<i>norgestimate/ethinyl estradiol</i>	45	<i>nystatin</i>	12
<i>norlyda</i>	47	<i>nystatin/triamcinolone</i>	36
<i>norlyroc</i>	47	<i>nystatin/triamcinolone acetonide</i>	36
<i>nortrel 0.5/35 (28)</i>	45	<i>nystop</i>	12
<i>nortrel 1/35</i>	45	<i>octreotide acetate</i>	48
<i>nortrel 7/7/7</i>	45	ODEFSEY	22
<i>nortriptyline hcl</i>	11	ODOMZO	16
<i>nortriptyline hydrochloride</i>	11	OFEV	58
NORVIR	23	<i>ofloxacin</i>	55
NOVOLIN 70/30	26	<i>ofloxacin</i>	56
NOVOLIN 70/30 FLEXPEN	26	OGSIVEO	14
NOVOLIN 70/30 FLEXPEN RELION	26	OJEMDA	14
NOVOLIN 70/30 RELION	26	OJJAARA	16
NOVOLIN N	26	<i>olanzapine</i>	20
NOVOLIN N FLEXPEN	26	<i>olanzapine odt</i>	20
NOVOLIN N FLEXPEN RELION	26	<i>olmesartan medoxomil</i>	28
NOVOLIN N RELION	26	<i>olmesartan medoxomil/hydrochlorothiazide</i>	30
NOVOLIN R	26	<i>olopatadine hcl</i>	55
NOVOLIN R FLEXPEN	26	<i>olopatadine hydrochloride</i>	55
NOVOLIN R FLEXPEN RELION	26	<i>omega-3-acid ethyl esters</i>	32
NOVOLIN R RELION	26	<i>omeprazole</i>	40
NOVOLOG	26	<i>omeprazole dr</i>	40
NOVOLOG FLEXPEN	26	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	54
NOVOLOG FLEXPEN RELION	26	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	54
NOVOLOG MIX 70/30	26	OMNIPOD 5 G7 INTRO KIT (GEN 5)	54
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	26	OMNIPOD 5 G7 PODS (GEN 5)	54
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	26	OMNIPOD 5 LIBRE2 PLUS G6	54
NOVOLOG MIX 70/30 RELION	26	OMNIPOD 5 LIBRE2 PLUS G6 PODS	54
NOVOLOG PENFILL	26	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	54
NOVOLOG RELION	26	OMNIPOD CLASSIC PODS (GEN 3)	54
<i>np thyroid 120</i>	47	OMNIPOD DASH INTRO KIT (GEN 4)	54
<i>np thyroid 15</i>	47	OMNIPOD DASH PDM KIT (GEN 4)	54

Drug Name	Page #	Drug Name	Page #
OMNIPOD DASH PODS (GEN 4)	54	<i>pantoprazole sodium</i>	40
OMNIPOD GO 10 UNITS/DAY	54	<i>paricalcitol</i>	53
OMNIPOD GO 15 UNITS/DAY	54	<i>paroex</i>	35
OMNIPOD GO 20 UNITS/DAY	54	<i>paromomycin sulfate</i>	3
OMNIPOD GO 25 UNITS/DAY	54	<i>paroxetine hcl</i>	10
OMNIPOD GO 30 UNITS/DAY	54	<i>paroxetine hydrochloride</i>	10
OMNIPOD GO 35 UNITS/DAY	54	PASER	13
OMNIPOD GO 40 UNITS/DAY	54	PAXLOVID	24
<i>ondansetron hcl</i>	11	<i>pazopanib hydrochloride</i>	16
<i>ondansetron hydrochloride</i>	11	PEDIARIX	52
<i>ondansetron odt</i>	11	PEDVAX HIB	52
ONUREG	14	<i>peg 3350/electrolytes</i>	40
OPIPZA	20	<i>peg-3350/electrolytes</i>	40
OPSUMIT	58	<i>peg-3350/nacl/na bicarbonate/kcl</i>	40
OPVEE	3	PEGASYS	49
<i>oralone dental paste</i>	35	PEGASYS	51
ORENCIA	48	<i>pegylax</i>	39
ORENCIA	51	PEMAZYRE	16
ORENCIA CLICKJECT	48	PENBRAYA	52
ORENITRAM	58	<i>penicillamine</i>	38
ORENITRAM TITRATION KIT MONTH	58	<i>penicillin g sodium</i>	5
1		<i>penicillin v potassium</i>	5
ORENITRAM TITRATION KIT MONTH	58	PENTACEL	52
2		<i>pentamidine isethionate</i>	18
ORENITRAM TITRATION KIT MONTH	58	<i>pentoxifylline er</i>	30
3		<i>perindopril erbumine</i>	28
ORGOVYX	48	<i>perio gard</i>	35
ORKAMBI	58	<i>permethrin</i>	37
<i>orphenadrine citrate er</i>	59	<i>perphenazine</i>	19
ORSERDU	14	PERSERIS	20
<i>orsythia</i>	45	<i>phenadoz</i>	11
<i>oseltamivir phosphate</i>	23	<i>phenelzine sulfate</i>	9
OSMOLEX ER	18	<i>phenobarbital</i>	8
OSPHENA	47	PHENYTEK	8
OTEZLA	36	<i>phenytoin</i>	8
OTEZLA	48	<i>phenytoin infatabs</i>	8
<i>oxacillin sodium</i>	5	<i>phenytoin sodium extended</i>	8
<i>oxaprozin</i>	1	PHESGO	14
<i>oxcarbazepine</i>	8	<i>philith</i>	45
<i>oxybutynin chloride</i>	41	PIFELTRO	22
<i>oxybutynin chloride er</i>	41	<i>pilocarpine hcl</i>	56
<i>oxycodone hydrochloride</i>	2	<i>pilocarpine hydrochloride</i>	35
<i>oxycodone/acetaminophen</i>	2	<i>pimecrolimus</i>	36
OZEMPIC	25	<i>pimozide</i>	19
PACERONE	29	<i>pimtrea</i>	45
<i>paliperidone er</i>	20	<i>pindolol</i>	29
PANRETIN	17	<i>pioglitazone hcl</i>	25

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>pioglitazone hcl/metformin hcl</i>	25	<i>primidone</i>	8
<i>pioglitazone hydrochloride</i>	25	PRIORIX	52
<i>piperacillin sodium/tazobactam sodium</i>	5	PRIVIGEN	48
PIQRAY 200MG DAILY DOSE	16	PROAIR RESPICLICK	58
PIQRAY 250MG DAILY DOSE	16	<i>probenecid</i>	12
PIQRAY 300MG DAILY DOSE	16	<i>probenecid/colchicine</i>	12
<i>pirfenidone</i>	58	<i>prochlorperazine</i>	11
<i>pirmella 1/35</i>	45	<i>prochlorperazine maleate</i>	11
<i>pirmella 7/7/7</i>	45	PROCRIT	27
<i>piroxicam</i>	1	<i>procto-med hc</i>	53
<i>pitavastatin calcium</i>	31	<i>proctosol hc</i>	53
PLENAMINE	38	<i>proctozone-hc</i>	53
<i>podofilox</i>	36	<i>progesterone</i>	47
<i>polycin</i>	55	PROGRAF	51
<i>polymyxin b sulfate/trimethoprim sulfate</i>	55	PROLASTIN-C	41
POMALYST	13	PROLIA	53
<i>portia-28</i>	45	PROMACTA	27
<i>posaconazole</i>	12	<i>promethazine hcl</i>	11
<i>posaconazole dr</i>	12	<i>promethazine hydrochloride</i>	11
<i>potassium chloride</i>	38	<i>promethazine hydrochloride plain</i>	11
<i>potassium chloride er</i>	38	<i>promethegan</i>	11
<i>potassium chloride sr</i>	38	<i>propafenone hcl</i>	29
<i>potassium citrate er</i>	38	<i>propafenone hydrochloride</i>	29
PRALUENT	32	<i>propafenone hydrochloride er</i>	29
<i>pramipexole dihydrochloride</i>	18	<i>propranolol hcl</i>	29
<i>prasugrel hydrochloride</i>	28	<i>propranolol hcl er</i>	29
<i>pravastatin sodium</i>	31	<i>propranolol hydrochloride</i>	29
<i>praziquantel</i>	18	<i>propranolol hydrochloride er</i>	29
<i>prazosin hydrochloride</i>	28	<i>propylthiouracil</i>	48
<i>prednisolone</i>	42	PROQUAD	52
<i>prednisolone acetate</i>	56	<i>protriptyline hcl</i>	11
<i>prednisolone sodium phosphate</i>	42	PULMOZYME	58
<i>prednisone</i>	42	PURIXAN	14
<i>pregabalin</i>	8	<i>pyrazinamide</i>	13
PREHEVBRIO	52	<i>pyridostigmine bromide</i>	13
PREMARIN	45	<i>pyrimethamine</i>	18
<i>premium lidocaine</i>	2	PYRUKYND	41
PREMPHASE	45	PYRUKYND TAPER PACK	41
PREMPRO	45	QINLOCK	16
<i>prenatal</i>	39	QUADRACEL	52
<i>prevalite</i>	32	<i>quetiapine fumarate</i>	20
<i>previfem</i>	45	<i>quetiapine fumarate er</i>	20
PREVYMIS	21	<i>quinapril hydrochloride</i>	28
PREZCOBIX	23	<i>quinapril/hydrochlorothiazide</i>	30
PREZISTA	23	<i>quinidine sulfate</i>	29
PRIFTIN	13	<i>quinine sulfate</i>	18
<i>primaquine phosphate</i>	18	QULIPTA	12



Drug Name	Page #	Drug Name	Page #
QVAR REDIHALER	57	<i>rizatriptan benzoate</i>	12
RABAVERT	52	<i>rizatriptan benzoate odt</i>	12
<i>rabeprazole sodium</i>	40	ROCKLATAN	55
<i>raloxifene hydrochloride</i>	47	<i>roflumilast</i>	58
<i>ramelteon</i>	59	ROLVEDON	27
<i>ramipril</i>	28	<i>ropinirole er</i>	18
<i>ranolazine er</i>	30	<i>ropinirole hcl</i>	18
<i>rasagiline mesylate</i>	19	<i>ropinirole hydrochloride</i>	18
RAYALDEE	53	<i>rosadan</i>	35
REBIF	34	<i>rosuvastatin calcium</i>	31
REBIF REBIDOSE	34	ROTARIX	52
REBIF REBIDOSE TITRATION PACK	34	ROTATEQ	52
REBIF TITRATION PACK	34	<i>roweepra</i>	7
RECOMBIVAX HB	52	<i>roweepra xr</i>	7
RELENZA DISKHALER	23	ROZLYTREK	16
RELISTOR	39	RUBRACA	16
RENFLEXIS	51	<i>rufinamide</i>	8
<i>repaglinide</i>	25	RUKOBIA	23
REPATHA	32	RYBELSUS	25
REPATHA PUSHTRONEX SYSTEM	32	RYDAPT	16
REPATHA SURECLICK	32	RYTARY	18
RESTASIS	55	<i>sajazir</i>	48
RESTASIS MULTIDOSE	55	SANDIMMUNE	51
RETACRIT	27	SANTYL	36
RETEVMO	16	<i>sapropterin dihydrochloride</i>	41
REVCovi	41	SAVELLA	34
REVLIMID	13	SAVELLA TITRATION PACK	34
REVUFORJ	14	SCEMBLIX	16
REXULTI	20	<i>scopolamine</i>	11
REYATAZ	23	SECUADO	20
REZLIDHIA	16	<i>selegiline hcl</i>	19
REZUROCK	51	<i>selenium sulfide</i>	36
RHOPRESSA	56	SELZENTRY	23
<i>ribavirin</i>	21	SEREVENT DISKUS	58
<i>rifabutin</i>	13	<i>sertraline hcl</i>	10
<i>rifampin</i>	13	<i>sertraline hydrochloride</i>	10
<i>riluzole</i>	34	<i>setlakin</i>	45
RINVOQ	49	<i>sevelamer carbonate</i>	38
RINVOQ LQ	49	SFROWASA	53
<i>risedronate sodium</i>	53	<i>sharobel</i>	47
<i>risperidone</i>	20	SHINGRIX	52
<i>risperidone er</i>	20	SIGNIFOR	48
<i>risperidone odt</i>	20	<i>sildenafil citrate</i>	58
<i>ritonavir</i>	23	<i>silodosin</i>	41
<i>rivastigmine tartrate</i>	9	<i>silver sulfadiazine</i>	36
<i>rivastigmine transdermal system</i>	9	SIMBRINZA	55
<i>rivelsa</i>	45	<i>simliya</i>	45

Drug Name	Page #	Drug Name	Page #
<i>simpesse</i>	46	<i>subvenite starter kit/blue</i>	7
<i>simvastatin</i>	31	<i>subvenite starter kit/green</i>	7
<i>sirolimus</i>	51	<i>subvenite starter kit/orange</i>	7
SIRTURO	13	SUCRAID	41
SKYCLARYS	54	<i>sucralfate</i>	40
SKYRIZI	49	<i>sulfacetamide sodium</i>	55
SKYRIZI PEN	49	<i>sulfacetamide sodium/prednisolone sodium</i>	55
<i>sodium chloride</i>	38	<i>phosphate</i>	
<i>sodium chloride 0.45%</i>	38	<i>sulfadiazine</i>	6
<i>sodium chloride 0.9%</i>	54	<i>sulfamethoxazole/trimethoprim</i>	6
<i>sodium oxybate</i>	59	<i>sulfamethoxazole/trimethoprim ds</i>	6
<i>sodium phenylbutyrate</i>	41	<i>sulfasalazine</i>	53
<i>sodium polystyrene sulfonate</i>	39	<i>sulindac</i>	1
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	40	<i>sumatriptan</i>	12
<i>sofosbuvir/velpatasvir</i>	21	<i>sumatriptan succinate</i>	12
<i>solifenacin succinate</i>	41	<i>sunitinib malate</i>	17
SOLQUA 100/33	25	SUNLENCA	23
SOLTAMOX	14	SUTAB	40
SOMAVERT	48	SYMPAZAN	8
<i>sorafenib</i>	16	SYMTUZA	23
<i>sorafenib tosylate</i>	16	SYNJARDY	25
<i>sorine</i>	29	SYNJARDY XR	25
<i>sotalol hcl</i>	29	SYNRIBO	14
<i>sotalol hydrochloride</i>	29	SYNTHROID	47
<i>sotalol hydrochloride (af)</i>	29	TABLOID	14
SOTYKTU	37	TABRECTA	17
SPEVIGO	36	<i>tacrolimus</i>	36
SPIRIVA RESPIMAT	57	<i>tacrolimus</i>	51
<i>spironolactone</i>	32	<i>tadalafil</i>	41
<i>spironolactone/hydrochlorothiazide</i>	30	<i>tadalafil</i>	58
SPRAVATO 56MG DOSE	9	TAFINLAR	17
SPRAVATO 84MG DOSE	9	TAGRISSE	17
<i>sprintec 28</i>	46	TALZENNA	17
SPRITAM	7	<i>tamoxifen citrate</i>	14
SPRYCEL	17	<i>tamsulosin hydrochloride</i>	41
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	52	TAVNEOS	49
<i>stavudine</i>	22	<i>tazarotene</i>	35
STELARA	49	TAZICEF	5
STIOLTO RESPIMAT	59	<i>taztia xt</i>	30
STIVARGA	17	TAZVERIK	17
<i>streptomycin sulfate</i>	3	TDVAX	52
STRIBILD	21	TEFLARO	5
<i>subvenite</i>	7	TEGSEDI	41
		<i>telmisartan</i>	28

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>telmisartan/hydrochlorothiazide</i>	31	<i>topiramate</i>	7
<i>temazepam</i>	59	<i>topotecan hcl</i>	14
TEMIXYS	22	<i>topotecan hydrochloride</i>	14
TENIVAC	52	<i>toremifene citrate</i>	14
<i>tenofovir disoproxil fumarate</i>	22	<i>torpenz</i>	17
TEPMETKO	17	<i>torseamide</i>	31
<i>terazosin hcl</i>	41	TOUJEO MAX SOLOSTAR	26
<i>terazosin hydrochloride</i>	41	TOUJEO SOLOSTAR	26
<i>terbinafine hcl</i>	12	TRADJENTA	25
<i>terconazole</i>	12	<i>tramadol hydrochloride</i>	2
<i>teriparatide</i>	53	<i>tramadol hydrochloride/acetaminophen</i>	2
<i>testosterone</i>	42	<i>trandolapril</i>	28
<i>testosterone cypionate</i>	42	<i>trandolapril/verapamil hcl er</i>	31
<i>testosterone enanthate</i>	42	<i>tranexamic acid</i>	27
<i>testosterone pump</i>	42	<i>tranylcypromine sulfate</i>	9
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	52	<i>trazodone hydrochloride</i>	10
<i>tetrabenazine</i>	34	TRECATOR	13
<i>tetracycline hydrochloride</i>	6	TRELEGY ELLIPTA	59
TEVIMBRA	17	TRELSTAR MIXJECT	48
THALOMID	13	TRESIBA	26
<i>theophylline er</i>	58	TRESIBA FLEXTOUCH	26
<i>thioridazine hcl</i>	19	<i>tretinoin</i>	17
<i>thiothixene</i>	19	<i>tretinoin</i>	35
THYROID	47	<i>tri femynor</i>	46
<i>tiadylt er</i>	30	<i>triamcinolone acetonide</i>	36
<i>tiagabine hydrochloride</i>	8	<i>triamcinolone acetonide</i>	42
TIBSOVO	17	<i>triamcinolone acetonide dental paste</i>	35
TICOVAC	52	<i>triamterene</i>	31
<i>tigecycline</i>	4	<i>triamterene/hydrochlorothiazide</i>	31
<i>timolol maleate</i>	12	<i>triderm</i>	36
<i>timolol maleate</i>	56	<i>trientine hydrochloride</i>	38
<i>tinidazole</i>	4	<i>tri-estarylla</i>	46
<i>tiotropium bromide</i>	57	<i>trifluoperazine hcl</i>	19
TIVICAY	21	<i>trifluoperazine hydrochloride</i>	19
TIVICAY PD	21	<i>trifluridine</i>	55
<i>tizanidine hcl</i>	21	<i>trihexyphenidyl hydrochloride</i>	18
<i>tizanidine hydrochloride</i>	21	TRIJARDY XR	25
TOBI PODHALER	58	TRIKAFTA	58
TOBRADEX	55	<i>tri-lynyah</i>	46
TOBRADEX ST	55	<i>trilyte</i>	40
<i>tobramycin</i>	55	<i>trimethoprim</i>	4
<i>tobramycin</i>	58	<i>tri-mili</i>	46
<i>tobramycin sulfate</i>	3	<i>trimipramine maleate</i>	11
<i>tobramycin/dexamethasone</i>	55	<i>trinessa</i>	46
<i>tolterodine tartrate</i>	41	TRINTELLIX	10
<i>tolterodine tartrate er</i>	41	<i>tri-nymyo</i>	46
		<i>tri-previfem</i>	46

Drug Name	Page #	Drug Name	Page #
<i>tri-sprintec</i>	46	VARIVAX	52
TRIUMEQ	22	VAXCHORA	52
TRIUMEQ PD	22	VAXELIS	52
<i>trivora-28</i>	46	VELPHORO	38
<i>tri-vylibra</i>	46	VELTASSA	39
TRIZIVIR	22	VENCLEXTA	17
<i>trospium chloride</i>	41	VENCLEXTA STARTING PACK	17
<i>trospium chloride er</i>	41	<i>venlafaxine hydrochloride</i>	10
TRULICITY	25	<i>venlafaxine hydrochloride er</i>	10
TRUMENBA	52	VENTAVIS	58
TRUQAP	17	VEOPOZ	49
TRUSELTIQ	14	VEOZAH	34
TUKYSA	17	<i>verapamil hcl</i>	30
<i>tulana</i>	47	<i>verapamil hcl er</i>	30
TURALIO	17	<i>verapamil hcl sr</i>	30
<i>turqoz</i>	46	<i>verapamil hydrochloride</i>	30
TWINRIX	52	<i>verapamil hydrochloride er</i>	30
TYBOST	23	VERQUVO	32
TYMLOS	53	VERSACLOZ	20
TYPHIM VI	52	VERZENIO	17
TYRVAYA	3	V-GO 20	54
UBRELVY	12	V-GO 30	54
UDENYCA	27	V-GO 40	54
UDENYCA ONBODY	27	<i>vicodin hp</i>	2
<i>ulticare micro pen needles/32g x 5/32"</i>	54	<i>vienna</i>	46
<i>unifine pentips 32gx6mm</i>	54	<i>vigabatrin</i>	8
UNITHROID	47	<i>vigadrone</i>	8
<i>urea</i>	37	VIGAFYDE	8
<i>ursodiol</i>	40	<i>vigpoder</i>	8
<i>valacyclovir hydrochloride</i>	24	<i>vilazodone hydrochloride</i>	10
VALCHLOR	13	<i>viorele</i>	46
<i>valganciclovir tablet 450mg</i>	21	VIRACEPT	23
<i>valganciclovir hydrochloride solution</i>	21	VIREAD	22
<i>50mg/ml</i>		VISTOGARD	54
<i>valproic acid</i>	7	VITRAKVI	17
<i>valsartan</i>	28	VIVITROL	2
<i>valsartan/hydrochlorothiazide</i>	31	VIZIMPRO	17
VALTOCO 10 MG DOSE	8	VOCABRIA	21
VALTOCO 15 MG DOSE	8	<i>volnea</i>	46
VALTOCO 20 MG DOSE	8	VONJO	14
VALTOCO 5 MG DOSE	8	VORANIGO	17
<i>vancomycin hcl</i>	4	<i>voriconazole</i>	12
<i>vancomycin hydrochloride</i>	4	VOSEVI	21
VANFLYTA	17	VOWST	40
VAQTA	52	VRAYLAR	20
<i>varenicline starting month</i>	3	VUMERITY	34
<i>varenicline tartrate</i>	3	<i>vyfemla</i>	46

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
VYJUVEK	24	<i>ziprasidone hcl</i>	20
<i>vylibra</i>	46	<i>ziprasidone mesylate</i>	20
VYNDAMAX	31	ZIRGAN	55
VYZULTA	56	ZOKINVY	54
<i>warfarin sodium</i>	27	ZOLINZA	14
WELIREG	41	<i>zolmitriptan</i>	12
<i>wera</i>	46	<i>zolpidem tartrate</i>	59
<i>wixela inhub</i>	59	<i>zolpidem tartrate er</i>	59
XALKORI	17	ZONISADE	8
XARELTO	27	<i>zonisamide</i>	9
XARELTO STARTER PACK	27	<i>zovia 1/35</i>	46
XATMEP	51	<i>zovia 1/35e</i>	46
XCOPRI	8	ZTALMY	8
XDEMVY	55	ZURZUVAE	9
XELJANZ	49	ZYDELIG	17
XELJANZ XR	49	ZYKADIA	17
XERMELO	39	ZYLET	55
XGEVA	53	ZYPREXA RELPREVV	20
XIFAXAN	40		
XIGDUO XR	25		
XIIDRA	55		
XOFLUZA	23		
XOLAIR	49		
XOLREMDI	27		
XOSPATA	17		
XPOVIO	17		
XPOVIO 60 MG TWICE WEEKLY	17		
XPOVIO 80 MG TWICE WEEKLY	17		
XTAMPZA ER	1		
XTANDI	13		
<i>xulane</i>	46		
<i>yargesa</i>	41		
YF-VAX	52		
YUPELRI	57		
<i>yuvafem</i>	46		
<i>zafemy</i>	46		
<i>zafirlukast</i>	57		
<i>zaleplon</i>	59		
ZARXIO	27		
ZEJULA	17		
ZELBORAF	17		
<i>zenatane</i>	35		
ZENPEP	41		
ZEPOSIA	34		
ZEPOSIA 7-DAY STARTER PACK	34		
ZEPOSIA STARTER KIT	34		
<i>zidovudine</i>	22		