



a Point32Health company

Tufts Health Plan Senior Care Options (HMO-SNP) Tufts Health Plan Senior Care Options CW (HMO-SNP) 2025 List of Covered Drugs (Drug List or Formulary)

Tufts Health Plan Senior Care Options

**PLEASE READ: This document contains information
about the drugs we cover in this plan**

25503 Version 15

This formulary was updated on 09/01/2025.

For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Member Services at **1-855-670-5934** (TTY users should call 711), 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30), or visit www.thpmp.org/sco-member.

H8330_2025_6_C

Tufts Health Plan Senior Care Options (HMO-SNP)

Tufts Health Plan Senior Care Options CW (HMO-SNP)

2025 *List of Covered Drugs* (Drug List or Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Tufts Health Plan Senior Care Options. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Tufts Health Plan Senior Care Options. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers	iv
B. Frequently Asked Questions (FAQ).....	viii
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.)	viii
B2. Does the Drug List ever change?	ix
B3. What happens when there is a change to the Drug List?	x
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	xi
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? ...	xi
B6. What happens if Tufts Health Plan Senior Care Options changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	xi
B7. How can I find a drug on the Drug List?	xii
B8. What if the drug I want to take is not on the Drug List?	xii
B9. What if I am a new Tufts Health Plan Senior Care Options member and can’t find my drug on the Drug List or have a problem getting my drug?	xiii
B10. Can I ask for an exception to cover my drug?	xiv
B11. How can I ask for an exception?	xiv
B12. How long does it take to get an exception?	xiv
B13. What are generic drugs?	xiv
B14. What are original biological products and how are they related to biosimilars?	xiv
B15. What are OTC drugs?	xv
B16. Does Tufts Health Plan Senior Care Options cover non-drug OTC products?	xv
B17. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?	xv
B18. Can I get prescriptions delivered to my home from my local pharmacy?	xvi
B19. What is my copay?	xvi
C. Overview of the <i>List of Covered Drugs</i>	xvii
C1. List of drugs by Drug Type	xvii
C2. Additional coverage	xix
D. Index of Covered Drugs.....	59

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. iii

This formulary was updated on 09/01/2025



A. Disclaimers

This is a list of drugs that members can get in *Tufts Health Plan Senior Care Options*.

- Tufts Health Plan Senior Care Options is an HMO-SNP with a Medicare Contract. Enrollment in Tufts Health Plan Senior Care Options depends on contract renewal.
- The HMO-SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. The SCO is available to anyone who has MassHealth Standard only. You are not eligible to enroll into Tufts Health Plan Senior Care Options if you are enrolled in any other health insurance plan, with the exception of Medicare. Other eligibility requirements and restrictions may apply.
- Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with EOHHS and CMS.
- Tufts Health Plan Senior Care Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).
- You can always check Tufts Health Plan Senior Care Options' up-to-date *List of Covered Drugs* online at www.thmp.org/sco-member or by calling the number listed in the footer of this document. This call is free.
- You can get this document for free in other formats, such as large print, Braille, or audio. Call Tufts Health Plan Senior Care Options at the number listed in the footer of this document. This call is free.
- This document is available for free in Spanish. Other languages are available upon request.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Tufts Health Plan Senior Care Options at the number listed in the footer of this document. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura al pie de página de este documento. La llamada es gratis.
- Your request for this document in an accessible format or language will be applied on a standing basis unless you request otherwise.

Multi-language Interpreter Services

English: We have free interpreter services available for people who require translation services to answer any questions you may have about our health or drug plan. We can also give you information in English, Braille, large print, or other alternate format. Just call us at 1-855-670-5934. Someone who speaks English can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérpretes disponibles para personas que requieren servicios de traducción para responder cualquier pregunta que usted pueda tener sobre nuestro plan de salud o medicamentos. También podemos brindarle información en español, braille, letra grande u otro formato alternativo. Simplemente llámenos al 1-855-670-5934. Una persona que habla español le puede ayudar. Este es un servicio gratuito.

Chinese Simplified: 我们为需要翻译服务的人提供免费口译服务，回答您对我们的健康或药物计划的任何问题。我们还可以以简体中文、盲文、大字体或其他替代格式为您提供信息。请致电 1-855-670-5934 联系我们。会说普通话的人会帮助您。本项服务免费。

Chinese Traditional: 我們為有翻譯服務需求者提供免費口譯服務，以針對我們的健康或藥物計劃，為您回答任何您可能提出的問題。我們也以繁體中文、點字、大字體或其他替代格式為您提供資訊。請撥打電話：

1-855-670-5934。會說中文的人可以協助您。此為免費服務。

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter na magagamit ng mga taong nangangailangan ng mga serbisyo ng pagsasalin upang masagot ang anumang maaaring tanong mo tungkol sa aming plano sa kalusugan o gamot. Maaari din kaming magbigay sa iyo ng impormasyon na nasa Tagalog, braille, malalaking titik, o iba pang alternatibong format. Tumawag lang sa amin sa 1-855-670-5934. Matutulungan ka ng isang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons des services d'interprétariat gratuits à la disposition de tous ceux qui ont besoin de services de traduction pour répondre aux questions que vous pourriez poser sur notre régime d'assurance-maladie ou médicaments. Nous pouvons vous fournir des informations en français, braille, lettres majuscules, ou tout autre format. Veuillez nous appeler au 1-855-670-5934. Une personne qui parle français pourra vous assister. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí cho người cần phiên dịch để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình bảo hiểm y tế hay chương trình thuốc của chúng tôi. Chúng tôi cũng có thể cung cấp thông tin cho quý vị bằng Tiếng Việt, chữ nổi braille, bản in chữ lớn, hay định dạng thay thế khác. Quý vị chỉ cần gọi chúng tôi theo số 1-855-670-5934. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir stellen Dolmetscherdienste kostenlos all jenen zur Verfügung, die zwecks Beantwortung ihrer Fragen zu den für sie geltenden Kostenübernahme- und Zahlungsregeln Übersetzungsdienste benötigen. Zudem informieren wir Sie bei Bedarf in Deutsch, Brailleschrift, Großdruck oder anderen Formaten. Rufen Sie uns einfach an: 1-855-670-5934. Hier erhalten Sie Hilfe von jemand, der Deutsch spricht. Dieser Service ist kostenlos.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. v

This formulary was updated on 09/01/2025



Korean: 번역 서비스가 필요하신 분들에게 건강 플랜 또는 약품 플랜에 대한 문의에 답변을 드리기 위해 무료 통역 서비스를 제공합니다. 또한 한국어, 점자, 큰 활자 또는 기타 대체 형식으로 정보를 제공할 수 있습니다.

1-855-670-5934 번으로 전화해 주십시오. 한국어를 구사하는 사람이 도와드릴 수 있습니다. 통역은 무료 서비스입니다.

Russian: Мы предоставляем бесплатную услугу устного перевода для людей, которым он необходим, чтобы ответить на вопросы о здоровье или плане получения рецептурных препаратов. Мы также можем предоставить вам информацию на русском языке, с использованием шрифта Брайля, крупным шрифтом или в другом альтернативном формате. Просто позвоните по номеру 1-855-670-5934. Вам поможет сотрудник, владеющий русским языком. Это — бесплатная услуга.

Arabic: لدينا خدمات ترجمة فورية مجانية متاحة للأشخاص الذين يحتاجون إلى خدمات الترجمة للإجابة عن أي أسئلة قد تكون لديك حول خططنا الصحية أو الدوائية. يمكننا أيضاً تزويدك بالمعلومات باللغة العربية أو بطريقة برايل أو بحروف كبيرة أو بأي تنسيق بديل آخر. كل ما عليك هو الاتصال بنا على الرقم 1-855-670-5934. يمكن أن يقوم شخص يتحدث باللغة العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारे पास उन लोगों के लिए मुफ्त दुभाषिया सेवाएं उपलब्ध हैं जिन्हें हमारी स्वास्थ्य या दवा योजना के बारे में उनके किसी भी प्रश्न का उत्तर देने के लिए अनुवाद सेवाओं की आवश्यकता है। हम आपको हिंदी, ब्रेल, बड़े प्रिंट या अन्य वैकल्पिक प्रारूप में भी जानकारी दे सकते हैं। बस हमें 1-855-670-5934 पर कॉल करें। हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Se occorre una traduzione, i nostri servizi di interpretariato sono disponibili gratuitamente per offrire chiarimenti e risposte in merito al nostro piano sanitario o per i medicinali. Possiamo offrire informazioni anche in italiano, braille, caratteri grandi o altri formati. Non esiti a chiamarci al recapito 1-855-670-5934. Una persona che parla italiano sarà pronta a offrire assistenza. Questo servizio è gratuito.

Portuguese: Temos serviços de interpretação gratuitos para quem necessite de serviços de tradução para responder a qualquer questão que possamos ter sobre o seu plano de saúde ou medicação. Também podemos dar todas as informações em Português, braille, letra de grande dimensão ou formato alternativo. Basta ligar para o 1-855-670-5934. Alguém fala Português e poderá ajudar. É um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis ki disponib pou moun ki bezwen sèvis tradiksyon pou reponn nenpòt kesyon ou ka genyen sou plan sante ouwa anrapò ak plan medikaman nou an. Nou kapab ba w enfòmasyon tou nan lang Kreyòl ayisyen, bray, gwo lèt, ouwa lòt fòm. Jis rele nou nan 1-855-670-5934. Yon moun ki pale lang Kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Polish: Osobom potrzebującym tłumaczenia oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania związane z naszym planem zdrowotnym lub dotyczącym leków. Możemy również udzielić informacji w języku polskim, alfabecie Braille'a, dużym druku lub innym alternatywnym formacie. Wystarczy zadzwonić pod numer 1-855-670-5934. Ktoś mówiący w języku polskim może Ci pomóc. Jest to usługa bezpłatna.

Japanese: 私たちの医療や医薬品の計画に関する、どのような質問にもお答えするため、翻訳サービスが必要な方のための無料通訳サービスを提供しています。情報は、日本語、点字、大活字、その他の代替形式でも提供可能です。1-855-670-5934 にお電話ください。日本語対応でお手伝いいたします。これは無料のサービスです。

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់អ្នកដែលត្រូវការសេវាកម្មបកប្រែ ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានទាក់ទងនឹងគម្រោងសុខភាព ឬឱសថរបស់យើង។ យើងក៏អាចផ្តល់ជូនអ្នកនូវព័ត៌មានជាភាសាខ្មែរ អក្សរសម្រាប់ជនពិការផ្នែក អក្សរពុម្ពធំ ឬជាទម្រង់ដទៃផ្សេងទៀតបានផងដែរ។ គ្រាន់តែហៅទូរសព្ទមកយើងតាមលេខ 1-855-670-5934 ។ អ្នកដែលនិយាយភាសា ខ្មែរ អាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

Laotian: ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີທີ່ມີໃຫ້ສໍາລັບຜູ້ທີ່ຕ້ອງການການບໍລິການການແປພາສາ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ພວກເຮົາຍັງສາມາດໃຫ້ທ່ານເປັນຂໍ້ມູນໃນພາສາລາວ, ຕົວໜັງສືພູນ, ການພິມຂະໜາດໃຫຍ່ ຫຼື ຮູບແບບອື່ນໆ. ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-670-5934. ຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. vii

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts in section C are the drugs covered by Tufts Health Plan Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide your services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by MassHealth. Please visit the MassHealth website at <https://mhdh.pharmacy.services.conduent.com/MHDL> for more information.

- Tufts Health Plan Senior Care Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Tufts Health Plan Senior Care Options agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Tufts Health Plan Senior Care Options network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.thpmp.org/sco-member or call Member Services at the number listed in the footer of this document.

B2. Does the Drug List ever change?

Yes, and Tufts Health Plan Senior Care Options must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Tufts Health Plan Senior Care Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Tufts Health Plan Senior Care Options' up-to-date Drug List online at www.thpmp.org/sco-member. Updates to the Drug List are posted on the website monthly.
- You can also call Member Services at the number listed in the footer of this document to check the current Drug List.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. ix

This formulary was updated on 09/01/2025



B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective, or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice. You can then talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the Drug List when adding a generic drug that is not new to the market, **or**
 - we remove an original biological product when adding a biosimilar, **or**
 - we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the Drug List **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the Drug List you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Tufts Health Plan Senior Care Options before you fill your prescription. Prior authorization is different from a referral. Tufts Health Plan Senior Care Options may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Tufts Health Plan Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health Plan Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.
- **Non-extended day supply drug:** For certain drugs, Tufts Health Plan Senior Care Options limits quantities up to a 30-day supply per fill.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C. You can also get more information by visiting our website at www.thmp.org/sco-member. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by Drug Type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Tufts Health Plan Senior Care Options changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thmp.org/sco-member. xi



B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index.

To search **by drug type**, find the section labeled “List of Drugs by Drug Type” in section C. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take is not on the Drug List?

If you don’t find your drug on the Drug List, call Member Services at the number listed in the footer of this document and ask about it. If you learn that Tufts Health Plan Senior Care Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Tufts Health Plan Senior Care Options member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Tufts Health Plan Senior Care Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Tufts Health Plan Senior Care Options, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Tufts Health Plan Senior Care Options does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Tufts Health Plan Senior Care Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of Tufts Health Plan Senior Care Options.

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Health Plan Senior Care Options Member Services department.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xiii

This formulary was updated on 09/01/2025



B10. Can I ask for an exception to cover my drug?

Yes. You can ask Tufts Health Plan Senior Care Options to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Tufts Health Plan Senior Care Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more at no additional cost.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8, section 7 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Tufts Health Plan Senior Care Options covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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

For more information on drug types, refer to Chapter 5 of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. Tufts Health Plan Senior Care Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the MassHealth Standard (Medicaid) Over-the-Counter Drug List to find out what OTC drugs are covered.

In addition to the MassHealth Standard (Medicaid) OTC Drug List, Tufts Health Plan Senior Care Options provides coverage for the following drugs under your Medicare benefit:

- Benzonatate
- Chondroitin/MSM
- Glucosamine/Chondroitin/MSM
- Glucosamine/MSM
- Lidocaine 4% Topical Patch
- Methylsulfonylmethane (MSM)
- Mucinex 600 mg
- Omega 3/Fish Oil
- Robitussin Cough + Chest Congestion DM (liquid)

B16. Does Tufts Health Plan Senior Care Options cover non-drug OTC products?

Tufts Health Plan Senior Care Options covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs and gauze.

You can read the Tufts Health Plan Senior Care Options Drug List to find out what non-drug OTC products are covered.

B17. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You have a \$0 copay.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You have a \$0 copay.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xv

This formulary was updated on 09/01/2025



B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

Tufts Health Plan Senior Care Options members have no copays for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List. Your plan has 1 tier. All covered drugs are in this tier.

All drugs on our Drug List have no copay.

- Tier 1 Generic drugs have a \$0 copay.
- Tier 1 Brand name drugs have a \$0 copay.
- OTCs have a \$0 copay.

If you have questions, call Member Services at the number listed in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Tufts Health Plan Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Tufts Health Plan Senior Care Options.

C1. List of drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA BvD: Medicare Part B or D.

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Health Plan Senior Care Options has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use.

HI: Home Infusion Drug.

This prescription drug is covered under our medical benefit.

PA: Prior Authorization Required.

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member’s medical need for a particular 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.

This section is continued on the next page

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xvii

This formulary was updated on 09/01/2025



ST: Step Therapy Prior Authorization Applies.

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Health Plan Senior Care Options for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only.

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

NEDS: Non-extended Day Supply Drug.

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider.

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: 1-844-265-1705

C2. Additional coverage

Diabetic Testing Supplies

Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and continuous glucose monitoring systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- FreeStyle Libre and Dexcom continuous glucose monitoring systems (Requires prior authorization)

Part B Vaccines

Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- COVID-19 vaccines
- Flu vaccines
- Pneumonia vaccines (e.g., Pneumovax 23 & Prevnar 13)

Part B Oral Anti-Cancer Drugs

Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral Anti-Cancer Drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *omeprazole*), brand name drugs are capitalized (for example, ENTRESTO). The information in the "Necessary actions, restrictions, or limits on use" column tells you if Tufts Health Plan Senior Care Options has any rules for covering your drug.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thpmp.org/sco-member. xix

This formulary was updated on 09/01/2025



D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

Table of Contents

Analgesics	3
Anesthetics	4
Anti-Addiction/Substance Abuse Treatment Agents	5
Antibacterials	5
Anticonvulsants	8
Antidementia Agents	10
Antidepressants	11
Antiemetics	12
Antifungals	13
Antigout Agents	13
Antimigraine Agents	13
Antimyasthenic Agents	14
Antimycobacterials	14
Antineoplastics	14
Antiparasitics	21
Antiparkinson Agents	22
Antipsychotics	22
Antispasticity Agents	24
Antivirals	24
Anxiolytics	27
Bipolar Agents	27
Blood Glucose Regulators	27
Blood Products and Modifiers	29
Cardiovascular Agents	30
Central Nervous System Agents	35
Dental and Oral Agents	36
Dermatological Agents	37
Electrolytes/Minerals/Metals/Vitamins	39
Gastrointestinal Agents	41
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	43
Genitourinary Agents	43
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	44
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	44
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	45
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	47
Hormonal Agents, Suppressant (Adrenal or Pituitary)	48
Hormonal Agents, Suppressant (Thyroid)	48
Immunological Agents	48
Inflammatory Bowel Disease Agents	52
Metabolic Bone Disease Agents	53
Miscellaneous Therapeutic Agents	53
Ophthalmic Agents	54

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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

Otic Agents.....56

Respiratory Tract/Pulmonary Agents57

Skeletal Muscle Relaxants59

Sleep Disorder Agents.....60

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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
Analgesics		
<i>Analgesics</i>		
JOURNAVX	1	QL(30 EA per 90 days)
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib caps</i>	1	
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium gel 1%</i>	1	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	1	
<i>diflunisal tabs 500mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	1	
<i>etodolac er</i>	1	
<i>etodolac caps, tabs</i>	1	
<i>flurbiprofen tabs 100mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium cr tb24 375mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 500mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>salsalate tabs</i>	1	
<i>sulindac tabs</i>	1	
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine</i>	1	QL(4 EA per 28 days)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	QL(10 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	1	QL(30 EA per 30 days)
<i>methadone hcl tabs</i>	1	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	1	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1	QL(600 ML per 30 days)
<i>morphine sulfate er tbc</i>	1	QL(60 EA per 30 days)
<i>tramadol hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>Opioid Analgesics, Short-acting</i>		

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	1	QL(3600 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	1	QL(240 EA per 30 days)
<i>butorphanol tartrate soln</i>	1	QL(7.5 ML per 30 days)
<i>codeine sulfate tabs</i>	1	QL(180 EA per 30 days)
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	1	QL(120 EA per 30 days); PA; NEDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	1	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>hydromorphone hcl liqd</i>	1	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	1	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	QL(240 EA per 30 days)
<i>morphine sulfate tabs</i>	1	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	1	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	1	QL(900 ML per 30 days)
<i>oxycodone hydrochloride conc</i>	1	QL(120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	1	QL(240 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	1	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	1	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	1	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	1	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	1	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl jelly prsy</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl prsy</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl inj 0.5%, 1.5%, 4%</i>	1	
<i>lidocaine hydrochloride jelly</i>	1	QL(100 ML per 30 days)
<i>lidocaine hydrochloride external soln</i>	1	QL(100 ML per 30 days)
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
<i>lidocaine/prilocaine crea</i>	1	QL(60 GM per 30 days)

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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 oint 5%</i>	1	QL(100 GM per 30 days)
<i>lidocaine ptch 5%</i>	1	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	1	QL(100 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tabs</i>	1	
<i>naltrexone hydrochloride tabs</i>	1	
VIVITROL	1	NEDS
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	1	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>Opioid Reversal Agents</i>		
<i>naloxone hcl inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd</i>	1	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	1	QL(4 EA per 30 days)
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	
NICOTROL INHALER	1	
NICOTROL NS	1	
TYRVAYA	1	
<i>varenicline starting month</i>	1	QL(53 EA per 28 days)
<i>varenicline tartrate</i>	1	QL(60 EA per 30 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	1	HI
ARIKAYCE	1	PA; NEDS
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	HI
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	HI
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	HI
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate inj 1gm</i>	1	NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	HI
Antibacterials, Other		
<i>aztreonam inj 1gm</i>	1	HI
<i>aztreonam inj 2gm</i>	1	NEDS; HI
<i>clindacin-p</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	1	HI
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	1	NEDS; HI
<i>daptomycin</i>	1	NEDS; HI
<i>daptomycin/sodium chloride</i>	1	HI
IMPAVIDO	1	NEDS
<i>linezolid tabs</i>	1	
<i>linezolid susr</i>	1	NEDS
<i>linezolid inj 600mg/300ml</i>	1	HI
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole inj 500mg/100ml</i>	1	HI
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
NUVESSA	1	
<i>tigecycline</i>	1	NEDS
<i>tinidazole</i>	1	
<i>trimethoprim tabs</i>	1	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm</i>	1	HI
<i>vancomycin hydrochloride caps</i>	1	
VANCOMYCIN HYDROCHLORIDE INJ 1GM	1	HI
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1.75gm, 2gm, 500mg, 5gm, 750mg</i>	1	HI
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	1	HI
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	1	
<i>cefaclor susr 125mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil caps, susr</i>	1	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%, 3gm; 2%</i>	1	HI
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	1	HI
<i>cefazolin/dextrose inj 3gm/150ml; 4%</i>	1	HI

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	1	HI
<i>cefdinir</i>	1	
<i>cefepime</i>	1	HI
<i>cefepime hydrochloride inj 2gm</i>	1	HI
<i>cefepime/dextrose</i>	1	HI
<i>cefixime</i>	1	
<i>cefotetan inj 1gm, 2gm</i>	1	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	HI
<i>ceftriaxone in iso-osmotic dextrose</i>	1	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	HI
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	HI
<i>cephalexin</i>	1	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	HI
TEFLARO	1	NEDS; HI
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	1	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	HI
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	HI
<i>ampicillin caps 500mg</i>	1	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	1	
<i>dicloxacillin sodium</i>	1	
<i>nafcilin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	1	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	HI
PENICILLIN G SODIUM	1	NEDS; HI
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	HI
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	1	HI
Carbapenems		
<i>ertapenem sodium</i>	1	HI
<i>imipenem/cilastatin</i>	1	HI
<i>meropenem</i>	1	HI

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
Macrolides		
<i>azithromycin pack, susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	HI
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
DIFICID	1	NEDS
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate tabs</i>	1	
<i>fidaxomicin</i>	1	NEDS
Quinolones		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	HI
<i>levofloxacin oral soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium lotn 10%</i>	1	
<i>sulfadiazine tabs</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
Tetracyclines		
DOXY 100	1	HI
<i>doxycycline hyclate caps</i>	1	
<i>doxycycline hyclate inj</i>	1	HI
<i>doxycycline hyclate tabs 100mg, 150mg, 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tabs</i>	1	
<i>doxycycline susr</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg, 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	
<i>minocycline hydrochloride tabs 50mg</i>	1	
<i>mondoxyne nl caps 100mg</i>	1	
<i>tetracycline hydrochloride caps</i>	1	
VIBRAMYCIN SYRP	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	1	NEDS
EPIDIOLEX	1	PA NSO; NEDS
EPRONTIA	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>	1	
FINTEPLA	1	PA NSO; NEDS
FYCOMPA	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine chew, tabs</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam inj, oral soln, tabs, tb3d</i>	1	
NAYZILAM	1	QL(10 EA per 30 days); PA NSO
<i>perampanel</i>	1	
<i>roweepra tabs 500mg</i>	1	
SPRITAM	1	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
<i>topiramate cpsp, soln, tabs</i>	1	
<i>valproic acid</i>	1	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp</i>	1	
<i>clobazam tabs</i>	1	QL(60 EA per 30 days)
<i>clonazepam odt</i>	1	
<i>clonazepam tabs</i>	1	
DIACOMIT	1	PA NSO; NEDS
<i>diazepam rectal gel</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin caps, soln</i>	1	
<i>gabapentin tabs 600mg, 800mg</i>	1	
LIBERVANT	1	QL(10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>pregabalin</i>	1	
<i>primidone tabs</i>	1	
SYMPAZAN FILM 5MG	1	
SYMPAZAN FILM 10MG, 20MG	1	NEDS
<i>tiagabine hydrochloride</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
VALTOCO 10 MG DOSE	1	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE	1	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE	1	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE	1	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin</i>	1	NEDS
<i>vigadrone</i>	1	NEDS
VIGAFYDE	1	PA NSO; NEDS
<i>vigpoder</i>	1	NEDS
ZTALMY	1	PA NSO; NEDS
Sodium Channel Agents		
APTOM	1	
<i>carbamazepine er</i>	1	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp, tabs</i>	1	
<i>epitol</i>	1	
<i>eslicarbazepine acetate</i>	1	
<i>lacosamide inj, oral soln</i>	1	
LACOSAMIDE TABS 100MG, 150MG	1	QL(60 EA per 30 days)
<i>lacosamide tabs 200mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>oxcarbazepine</i>	1	
<i>phenytek</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin chew, susp</i>	1	
<i>rufinamide susp</i>	1	NEDS
<i>rufinamide tabs 200mg</i>	1	
<i>rufinamide tabs 400mg</i>	1	NEDS
XCOPRI TABS	1	NEDS
XCOPRI TBP 0	1	
XCOPRI TBP 0	1	NEDS
ZONISADE	1	
<i>zonisamide</i>	1	
Antidementia Agents		
Antidementia Agents, Other		
<i>memantine/donepezil hydrochloride er</i>	1	
NAMZARIC	1	
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>galantamine hydrobromide soln, tabs</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	
<i>memantine hydrochloride soln, tabs</i>	1	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	1	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	1	
<i>bupropion hydrochloride tabs</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tabs</i>	1	
ZURZUVAE CAPS 30MG	1	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	1	QL(28 EA per 14 days); PA NSO; NEDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	1	ST NSO; NEDS
MARPLAN	1	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide soln, tabs</i>	1	
<i>desvenlafaxine er</i>	1	
DRIZALMA SPRINKLE CSDR 20MG, 60MG	1	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride dr cpep 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate soln, tabs</i>	1	
FETZIMA	1	ST NSO
FETZIMA TITRATION PACK	1	ST NSO
<i>fluoxetine dr</i>	1	
<i>fluoxetine hydrochloride caps, soln</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>nefazodone hydrochloride</i>	1	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride susp</i>	1	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
RALDESY	1	NEDS
<i>sertraline hcl conc</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	1	
TRINTELLIX	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er cp24</i>	1	
<i>venlafaxine hydrochloride er tb24 37.5mg</i>	1	
VIIBRYD STARTER PACK	1	
<i>vilazodone hydrochloride</i>	1	
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl caps 75mg</i>	1	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate caps</i>	1	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	1	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>promethazine hcl inj</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride tabs</i>	1	
<i>scopolamine</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 0, 40mg, 80mg</i>	1	PA BvD
<i>aprepitant caps 125mg</i>	1	PA BvD; NEDS
<i>dronabinol</i>	1	PA BvD
<i>granisetron hydrochloride tabs</i>	1	PA BvD
<i>ondansetron hcl soln</i>	1	PA BvD
<i>ondansetron hcl tabs 24mg</i>	1	PA BvD

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>ondansetron hydrochloride tabs</i>	1	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	PA BvD
Antifungals		
<i>Antifungals</i>		
ABELCET	1	PA
<i>amphotericin b liposome</i>	1	PA; NEDS
<i>amphotericin b inj</i>	1	PA
<i>clotrimazole crea, soln, troc</i>	1	
<i>econazole nitrate crea</i>	1	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	1	NEDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps</i>	1	
<i>ketoconazole sham, tabs</i>	1	
<i>ketoconazole crea</i>	1	QL(120 GM per 30 days)
<i>klayesta</i>	1	
<i>micafungin</i>	1	
<i>miconazole 3 supp</i>	1	
<i>naftifine hydrochloride crea</i>	1	
<i>nyamyc</i>	1	
<i>nystatin crea, oint, powd, susp, tabs</i>	1	
<i>nystop</i>	1	
<i>posaconazole dr</i>	1	NEDS
<i>posaconazole susp</i>	1	NEDS
<i>terbinafine hcl tabs</i>	1	QL(42 EA per 42 days)
<i>terconazole</i>	1	
<i>voriconazole tabs</i>	1	
<i>voriconazole susr</i>	1	NEDS
<i>voriconazole inj</i>	1	PA; NEDS
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps</i>	1	
<i>colchicine tabs 0.6mg</i>	1	
GLOPERBA	1	
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG	1	QL(1 ML per 30 days); PA
EMGALITY INJ 120MG/ML	1	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	1	QL(3 ML per 30 days); PA

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
NURTEC	1	PA
UBRELVY	1	PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln</i>	1	QL(8 ML per 30 days); NEDS
<i>ergotamine tartrate/cafeine</i>	1	
Prophylactic		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>rizatriptan benzoate odt</i>	1	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	
<i>sumatriptan succinate inj, tabs</i>	1	
<i>sumatriptan soln</i>	1	
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er tbc</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
DAPSONE TABS	1	
<i>rifabutin</i>	1	
Antituberculars		
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid syrp, tabs</i>	1	
PRIFTIN	1	
<i>pyrazinamide tabs</i>	1	
<i>rifampin caps, inj</i>	1	
SIRTURO	1	PA; NEDS
TRECTOR	1	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide tabs</i>	1	PA BvD
<i>cyclophosphamide caps</i>	1	PA BvD; SP-Optum Specialty
GLEOSTINE CAPS 100MG, 10MG, 40MG	1	
LEUKERAN	1	NEDS
MATULANE	1	NEDS
VALCHLOR	1	NEDS; SP-Optum Specialty
Antiandrogens		
<i>abiraterone acetate</i>	1	PA NSO; NEDS; SP-Optum Specialty
ABIRTEGA	1	PA NSO
<i>bicalutamide</i>	1	
ERLEADA TABS 240MG	1	PA NSO; NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
ERLEADA TABS 60MG	1	PA NSO; NEDS; SP-Optum Specialty
EULEXIN	1	
<i>flutamide</i>	1	
<i>nilutamide</i>	1	NEDS
NUBEQA	1	PA NSO; NEDS; SP-Optum Specialty
XTANDI	1	PA NSO; NEDS; SP-Optum Specialty
Antiangiogenic Agents		
<i>lenalidomide caps 2.5mg, 20mg</i>	1	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	1	PA NSO; NEDS; SP-Optum Specialty
POMALYST	1	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	1	PA NSO; NEDS
THALOMID	1	NEDS; SP-Optum Specialty
Antiestrogens/Modifiers		
EMCYT	1	NEDS
ORSERDU	1	PA NSO; NEDS
SOLTAMOX	1	NEDS
<i>tamoxifen citrate tabs</i>	1	
<i>toremifene citrate</i>	1	NEDS
Antimetabolites		
DROXIA	1	
<i>hydroxyurea caps</i>	1	
<i>mercaptopurine tabs</i>	1	
<i>mercaptopurine susp</i>	1	NEDS
PURIXAN	1	NEDS
TABLOID	1	SP-Optum Specialty
Antineoplastics, Other		
AKEEGA	1	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	1	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	1	NEDS
<i>boruzu</i>	1	
DOCETAXEL INJ 160MG/8ML	1	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	1	
IBRANCE TABS 100MG, 125MG, 75MG	1	PA NSO; NEDS; SP-Optum Specialty
INREBIC	1	PA NSO; NEDS; SP-Optum Specialty
ITOVEBI TABS 9MG	1	PA NSO; NEDS
ITOVEBI TABS 3MG	1	QL(60 EA per 30 days); PA NSO; NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
IWILFIN	1	PA NSO; NEDS
KISQALI FEMARA 200 DOSE	1	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	1	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LAZCLUZE TABS 240MG	1	PA NSO; NEDS
LAZCLUZE TABS 80MG	1	QL(60 EA per 30 days); PA NSO; NEDS
<i>leucovorin calcium tabs</i>	1	
LONSURF	1	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	1	NEDS
OGSIVEO	1	PA NSO; NEDS
OJEMDA	1	PA NSO; NEDS
ONUREG	1	PA NSO; NEDS; SP-Optum Specialty
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
REVUFORJ	1	PA NSO; NEDS
SYNRIBO	1	NEDS
TRUSELTIQ	1	PA NSO; NEDS
VONJO	1	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	1	PA NSO; NEDS; SP-Optum Specialty
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<i>Enzyme Inhibitors</i>		
AVMAPKI FAKZYNJA CO-PACK	1	PA NSO; NEDS
KYPROLIS	1	NEDS
<i>Molecular Target Inhibitors</i>		
ALECENSA	1	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	1	PA NSO; NEDS
AUGTYRO	1	PA NSO; NEDS
AYVAKIT	1	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	1	PA NSO; NEDS
BOSULIF CAPS 50MG	1	PA NSO; NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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
BOSULIF CAPS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	1	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	1	PA NSO; NEDS
CABOMETYX	1	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	1	PA NSO; NEDS
CALQUENCE CAPS	1	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	1	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	1	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	1	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	1	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	1	PA NSO; NEDS; SP-Optum Specialty
DANZITEN	1	PA NSO; NEDS
<i>dasatinib</i>	1	PA NSO; NEDS
DAURISMO	1	PA NSO; NEDS; SP-Optum Specialty
ERIVEDGE	1	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	1	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	1	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	1	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	1	PA NSO; NEDS
FOTIVDA	1	PA NSO; NEDS
FRUZAQLA	1	PA NSO; NEDS
GAVRETO	1	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	1	PA NSO; NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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
GILOTRIF	1	PA NSO; NEDS
GOMEKLI	1	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	1	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	1	PA NSO; NEDS
IDHIFA	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate tabs</i>	1	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	1	PA NSO; NEDS
IMBRUVICA CAPS, TABS	1	PA NSO; NEDS; SP-Optum Specialty
IMKELDI	1	PA NSO; NEDS
INLYTA	1	PA NSO; NEDS; SP-Optum Specialty
INQOVI	1	PA NSO; NEDS; SP-Optum Specialty
JAKAFI	1	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	1	PA NSO; NEDS
KISQALI	1	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	1	PA NSO; NEDS
KRAZATI	1	PA NSO; NEDS
<i>lapatinib ditosylate</i>	1	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	1	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 240MG, 320MG	1	PA NSO; NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
LUMAKRAS TABS 120MG	1	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	1	PA NSO; NEDS; SP-Optum Specialty
LYTGOBI	1	PA NSO; NEDS
MEKINIST SOLR	1	PA NSO; NEDS
MEKINIST TABS	1	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	1	PA NSO; NEDS; SP-Optum Specialty
NERLYNX	1	PA NSO; NEDS; SP-Optum Specialty
<i>nilotinib hydrochloride</i>	1	PA NSO; NEDS
NINLARO	1	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	1	PA NSO; NEDS; SP-Optum Specialty
OJJAARA	1	PA NSO; NEDS
<i>pazopanib hydrochloride</i>	1	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	1	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
QINLOCK	1	PA NSO; NEDS
RETEVMO CAPS	1	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	1	PA NSO; NEDS
RETEVMO TABS 80MG	1	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	1	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA	1	PA NSO; NEDS
ROMVIMZA	1	PA NSO; NEDS
ROZLYTREK PACK	1	PA NSO; NEDS
ROZLYTREK CAPS	1	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	1	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	1	PA NSO; NEDS; SP-Optum Specialty

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
SCEMBLIX TABS 20MG, 40MG	1	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	1	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate</i>	1	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	1	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	1	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	1	PA NSO; NEDS; SP-Optum Specialty
TABRECTA	1	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	1	PA NSO; NEDS
TAFINLAR CAPS	1	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	1	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	1	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	1	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	1	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	1	PA NSO; NEDS
TEPMETKO	1	PA NSO; NEDS
TIBSOVO	1	PA NSO; NEDS; SP-Optum Specialty
TRUQAP	1	PA NSO; NEDS
TUKYSA	1	PA NSO; NEDS
TURALIO	1	PA NSO; NEDS
VANFLYTA	1	PA NSO; NEDS
VENCLEXTA STARTING PACK	1	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 100MG	1	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	1	PA NSO; SP-Optum Specialty
VERZENIO	1	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	1	PA NSO; NEDS
VIZIMPRO	1	PA NSO; NEDS; SP-Optum Specialty

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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
XALKORI CPSP	1	PA NSO; NEDS
XALKORI CAPS	1	PA NSO; NEDS; SP-Optum Specialty
XOSPATA	1	PA NSO; NEDS
XPOVIO	1	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	1	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	1	PA NSO; NEDS
ZEJULA TABS	1	PA NSO; NEDS
ZEJULA CAPS	1	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	1	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	1	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	1	PA NSO; NEDS; SP-Optum Specialty
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX	1	NEDS
OPDIVO	1	NEDS
YERVOY	1	NEDS
Retinoids		
<i>bexarotene caps</i>	1	NEDS; SP-Optum Specialty
<i>bexarotene gel</i>	1	PA NSO; NEDS
PANRETIN	1	NEDS
<i>tretinoin caps 10mg</i>	1	NEDS; SP-Optum Specialty
Treatment Adjuncts		
<i>mesna tabs</i>	1	NEDS
MESNEX TABS	1	NEDS
VORANIGO TABS 40MG	1	PA NSO; NEDS
VORANIGO TABS 10MG	1	QL(60 EA per 30 days); PA NSO; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	1	
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
Antiprotozoals		
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone/proguanil hydrochloride</i>	1	
<i>chloroquine phosphate tabs</i>	1	
COARTEM	1	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hydrochloride</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>nitazoxanide</i>	1	
<i>pentamidine isethionate inj</i>	1	
<i>pentamidine isethionate inhalation solr</i>	1	PA BvD
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine tabs</i>	1	NEDS
<i>quinine sulfate caps 324mg</i>	1	PA
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
<i>Dopamine Agonists</i>		
<i>bromocriptine mesylate caps, tabs</i>	1	
KYNMOBI	1	NEDS
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tabs</i>	1	
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps, tabs</i>	1	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tabs</i>	1	
<i>chlorpromazine hydrochloride conc, tabs</i>	1	
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl conc</i>	1	
<i>fluphenazine hydrochloride</i>	1	
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol conc, tabs</i>	1	
<i>loxapine</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tabs</i>	1	
<i>pimozide</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>thioridazine hydrochloride</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	1	NEDS
ABILIFY MAINTENA	1	NEDS
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG	1	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	1	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole</i>	1	
<i>aripiprazole odt</i>	1	
ARISTADA	1	NEDS
ARISTADA INITIO	1	NEDS
<i>asenapine maleate sl</i>	1	ST NSO
CAPLYTA	1	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT	1	ST NSO; NEDS
FANAPT TITRATION PACK A	1	ST NSO
FANAPT TITRATION PACK B	1	ST NSO
FANAPT TITRATION PACK C	1	ST NSO
INVEGA HAFYERA	1	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	1	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	1	NEDS
INVEGA TRINZA	1	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	1	PA NSO; NEDS
NUPLAZID CAPS	1	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	1	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine</i>	1	
<i>olanzapine odt</i>	1	
OPIPZA	1	PA NSO; NEDS
<i>paliperidone er</i>	1	
PERSERIS	1	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	1	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	1	QL(60 EA per 30 days)
REXULTI	1	NEDS
RISPERDAL CONSTA INJ 12.5MG, 25MG	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
RISPERDAL CONSTA INJ 37.5MG, 50MG	1	NEDS
<i>risperidone</i>	1	
<i>risperidone er inj 12.5mg, 25mg</i>	1	
<i>risperidone er inj 37.5mg, 50mg</i>	1	NEDS
<i>risperidone odt</i>	1	
SECUADO	1	NEDS
VRAYLAR CPPK	1	
VRAYLAR CAPS	1	NEDS
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
ZYPREXA RELPREVV INJ 210MG	1	
ZYPREXA RELPREVV INJ 300MG, 405MG	1	NEDS
Treatment-Resistant		
<i>clozapine odt</i>	1	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
VERSACLOZ	1	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	1	
<i>dantrolene sodium caps</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	1	NEDS
LIVTENCITY	1	PA; NEDS
PREVYMIS TABS	1	PA; NEDS
PREVYMIS PACK 20MG	1	PA
PREVYMIS PACK 120MG	1	PA; NEDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	1	NEDS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
<i>entecavir</i>	1	
<i>lamivudine tabs 100mg</i>	1	
VEMLIDY	1	NEDS
Anti-hepatitis C (HCV) Agents		
MAVYRET	1	PA; NEDS; SP-Optum Specialty
<i>ribavirin caps</i>	1	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	1	SP-Optum Specialty
<i>sofosbuvir/velpatasvir</i>	1	PA; NEDS
VOSEVI	1	PA; NEDS; SP-Optum Specialty
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	1	NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
DOVATO	1	NEDS
GENVOYA	1	NEDS
ISENTRESS HD	1	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	1	
ISENTRESS TABS	1	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 100MG	1	QL(180 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	1	QL(720 EA per 30 days)
JULUCA	1	NEDS
STRIBILD	1	NEDS
TIVICAY PD	1	
TIVICAY TABS 10MG	1	
TIVICAY TABS 25MG, 50MG	1	NEDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	1	NEDS
DELSTRIGO	1	NEDS
EDURANT	1	NEDS
EDURANT PED	1	NEDS
<i>efavirenz</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	NEDS
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	1	NEDS
<i>etravirine</i>	1	NEDS
INTELENCE TABS 25MG	1	
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	1	NEDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	
CIMDUO	1	NEDS
DESCOVY	1	NEDS
<i>emtricitabine</i>	1	
<i>emtricitabine/tenofovir disoproxil</i>	1	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	1	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	1	NEDS
EMTRIVA SOLN	1	
<i>lamivudine/zidovudine</i>	1	
<i>lamivudine soln 10mg/ml</i>	1	
<i>lamivudine tabs 150mg, 300mg</i>	1	
ODEFSEY	1	NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	1	NEDS
TRIUMEQ PD	1	
TRIZIVIR	1	NEDS
VIREAD POWD	1	NEDS
VIREAD TABS 150MG, 200MG, 250MG	1	NEDS
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	1	NEDS
<i>maraviroc tabs 300mg</i>	1	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	1	QL(60 EA per 30 days); NEDS
RUKOBIA	1	NEDS
SELZENTRY SOLN	1	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	1	
SELZENTRY TABS 75MG	1	NEDS
SUNLENCA TBPK	1	NEDS
SUNLENCA TABS	1	QL(24 EA per 168 days); NEDS
TYBOST	1	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	1	NEDS
<i>atazanavir</i>	1	
<i>atazanavir sulfate caps 300mg</i>	1	
<i>darunavir</i>	1	NEDS
EVOTAZ	1	NEDS
<i>fosamprenavir calcium</i>	1	NEDS
KALETRA SOLN	1	
LEXIVA SUSP	1	
<i>lopinavir/ritonavir</i>	1	
NORVIR PACK, SOLN	1	
PREZCOBIX TABS 150MG; 800MG	1	NEDS
PREZISTA SUSP	1	NEDS
PREZISTA TABS 75MG	1	
PREZISTA TABS 150MG	1	NEDS
REYATAZ PACK	1	NEDS
<i>ritonavir</i>	1	
SYMTUZA	1	NEDS
VIRACEPT TABS 250MG	1	
VIRACEPT TABS 625MG	1	NEDS
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	1	
<i>oseltamivir phosphate caps, susr</i>	1	
RELENZA DISKHALER	1	
<i>rimantadine hydrochloride</i>	1	
XOFLUZA TBPK 40MG, 80MG	1	QL(1 EA per 7 days)

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
Antitherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	1	PA
<i>acyclovir caps, susp, tabs</i>	1	
<i>famciclovir tabs</i>	1	
<i>valacyclovir hydrochloride</i>	1	
Antiviral, Coronavirus Agents		
LAGEVRIO	1	QL(40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	1	QL(11 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	1	QL(20 EA per 5 days)
PAXLOVID TBPK 300MG; 100MG	1	QL(30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tabs 15mg</i>	1	
<i>buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam intensol</i>	1	
<i>diazepam soln, tabs</i>	1	
<i>lorazepam intensol</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	1	
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	1	
JANUMET	1	
JANUMET XR	1	
JANUVIA	1	
JENTADUETO	1	
JENTADUETO XR	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	1	PA
<i>nateglinide</i>	1	
OZEMPIC	1	PA
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	1	PA
<i>saxagliptin hydrochloride</i>	1	
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	
SYMLINPEN 120	1	NEDS
SYMLINPEN 60	1	NEDS
SYNJARDY	1	
SYNJARDY XR	1	
TRADJENTA	1	
TRULICITY	1	PA
XIGDUO XR	1	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT	1	
GLUCAGON EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	1	
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
GVOKE KIT	1	
GVOKE PFS	1	
<i>Insulins</i>		
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMULIN 70/30	1	
HUMULIN 70/30 KWIKPEN	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
HUMULIN N	1	
HUMULIN N KWIKPEN	1	
HUMULIN R	1	
HUMULIN R U-500 (CONCENTRATED)	1	
HUMULIN R U-500 KWIKPEN	1	
INSULIN LISPRO	1	
<i>insulin lispro junior kwikpen</i>	1	
<i>insulin lispro kwikpen</i>	1	
<i>insulin lispro protamine/insulin lispro kwikpen</i>	1	
LANTUS	1	
LANTUS SOLOSTAR	1	
LEVEMIR FLEXTouch	1	
NOVOLIN 70/30	1	
NOVOLIN 70/30 FLEXPEN	1	
NOVOLIN N	1	
NOVOLIN N FLEXPEN	1	
NOVOLIN R	1	
NOVOLIN R FLEXPEN	1	
NOVOLOG	1	
NOVOLOG FLEXPEN	1	
NOVOLOG MIX 70/30	1	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	1	
NOVOLOG PENFILL	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
TRESIBA	1	
TRESIBA FLEXTouch	1	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	1	
ELIQUIS	1	
ELIQUIS STARTER PACK	1	
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	1	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	1	NEDS
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	1	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>rivaroxaban susr</i>	1	
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	1	
XARELTO TABS	1	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	1	
<i>eltrombopag olamine</i>	1	PA; NEDS
MOZOBIL	1	NEDS
NEULASTA	1	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	1	NEDS
<i>plerixafor</i>	1	NEDS
PROCRT INJ 20000UNIT/ML, 40000UNIT/ML	1	NEDS; SP-Optum Specialty
PROCRT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	SP-Optum Specialty
PROMACTA	1	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	1	NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	SP-Optum Specialty
UDENYCA ONBODY	1	NEDS
UDENYCA INJ 6MG/0.6ML	1	NEDS
UDENYCA INJ 6MG/0.6ML	1	NEDS; SP-Optum Specialty
ZARXIO	1	NEDS; SP-Optum Specialty
Hemostasis Agents		
<i>aminocaproic acid inj, oral soln</i>	1	
<i>aminocaproic acid tabs 500mg</i>	1	
<i>tranexamic acid tabs</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	1	
CABLIVI	1	NEDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	1	PA; NEDS; SP-Optum Specialty
<i>prasugrel hydrochloride</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	1	PA; NEDS
<i>midodrine hydrochloride</i>	1	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride caps</i>	1	
Angiotensin II Receptor Antagonists		

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tabs</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hydrochloride</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs</i>	1	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digoxin oral soln</i>	1	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
DOFETILIDE CAPS 125MCG	1	
<i>dofetilide caps 250mcg, 500mcg</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hydrochloride caps</i>	1	
MULTAQ	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>propafenone hydrochloride tabs 225mg, 300mg</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate tabs</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl tabs 120mg, 160mg, 240mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride tabs 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tabs</i>	1	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er</i>	1	
<i>propranolol hydrochloride soln</i>	1	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine caps</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er cp12</i>	1	
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg</i>	1	
<i>diltiazem hydrochloride er cp24</i>	1	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tabs 120mg, 90mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er cp24 100mg, 300mg</i>	1	
<i>verapamil hcl er tbc 120mg</i>	1	
<i>verapamil hcl sr cp24</i>	1	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24</i>	1	
<i>verapamil hydrochloride er tbc 180mg, 240mg</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
CORLANOR	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>ivabradine hydrochloride</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
TEKTURN HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	1	
<i>ethacrynic acid tabs</i>	1	
<i>furosemide inj, oral soln, tabs</i>	1	
<i>toremide tabs</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	
<i>triamterene caps</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	1	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
<i>gemfibrozil tabs</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium</i>	1	
FLOLIPID	1	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>lovastatin tabs</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	1	
<i>cholestyramine pack, powd</i>	1	
<i>colestipol hydrochloride</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	1	PA
<i>prevalite</i>	1	
REPATHA	1	PA
REPATHA PUSHTRONEX SYSTEM	1	PA
REPATHA SURECLICK	1	PA
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	1	
KERENDIA	1	PA
<i>spironolactone tabs</i>	1	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
FARXIGA	1	
JARDIANCE	1	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin soln 0.4mg/spray</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
VERQUVO	1	
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hydrochloride tabs</i>	1	
<i>minoxidil tabs</i>	1	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	1	
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>clonidine hydrochloride er</i>	1	
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	1	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	
<i>dexmethylphenidate hydrochloride cp24</i>	1	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	
<i>guanfacine hydrochloride er</i>	1	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride</i>	1	
<i>methylphenidate hydrochloride er (cd)</i>	1	
<i>methylphenidate hydrochloride er (la)</i>	1	
<i>methylphenidate hydrochloride er (osm) tbc 18mg, 27mg, 36mg, 54mg</i>	1	
<i>methylphenidate hydrochloride er tb24</i>	1	
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	1	
Central Nervous System, Other		
AUSTEDO	1	PA; NEDS; SP-Optum Specialty
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	1	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	1	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 6MG	1	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	1	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	1	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	1	QL(90 EA per 30 days); PA; NEDS
COBENFY	1	QL(60 EA per 30 days); PA NSO; NEDS
COBENFY STARTER PACK	1	QL(112 EA per 365 days); PA NSO; NEDS
INGREZZA	1	PA; NEDS
NUEDEXTA	1	PA

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
RADICAVA ORS	1	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	1	PA; NEDS
<i>riluzole</i>	1	
<i>tetrabenazine</i>	1	PA; SP-Optum Specialty
VEOZAH	1	QL(30 EA per 30 days); PA
<i>Fibromyalgia Agents</i>		
SAVELLA	1	
SAVELLA TITRATION PACK	1	
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN	1	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	1	NEDS; SP-Optum Specialty
BETASERON	1	NEDS; SP-Optum Specialty
<i>dalfampridine er</i>	1	SP-Optum Specialty
<i>dimethyl fumarate</i>	1	SP-Optum Specialty
<i>fingolimod hydrochloride</i>	1	NEDS
<i>glatiramer acetate inj 40mg/ml</i>	1	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj 20mg/ml</i>	1	QL(30 ML per 30 days); NEDS
KESIMPTA	1	PA; NEDS; SP-Optum Specialty
MAYZENT	1	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	1	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	1	SP-Optum Specialty
PLEGRIDY	1	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	1	NEDS; SP-Optum Specialty
REBIF	1	ST; NEDS; SP-Optum Specialty
REBIF REBIDOSE	1	ST; NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	1	ST; NEDS; SP-Optum Specialty
REBIF TITRATION PACK	1	ST; NEDS; SP-Optum Specialty
<i>teriflunomide</i>	1	
VUMERITY	1	NEDS; SP-Optum Specialty
ZEPOSIA	1	NEDS
ZEPOSIA 7-DAY STARTER PACK	1	NEDS
ZEPOSIA STARTER KIT	1	NEDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	1	
<i>chlorhexidine gluconate soln</i>	1	
<i>kourzeq</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tabs 5mg, 7.5mg</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 ppm crea</i>	1	
<i>sodium fluoride crea</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene gel</i>	1	PA
<i>amnestem</i>	1	
<i>avita</i>	1	PA
<i>azelaic acid</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
<i>isotretinoin caps</i>	1	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
MYORISAN	1	
NEUAC	1	
<i>rosadan</i>	1	
<i>tazarotene crea, gel</i>	1	PA
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	PA
ZENATANE	1	
<i>Dermatitis and Pruritus Agents</i>		
<i>amcinonide crea</i>	1	
<i>ammonium lactate crea, lotn</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
BETAMETHASONE DIPROPIONATE CREA	1	
<i>betamethasone dipropionate lotn, oint</i>	1	
<i>betamethasone valerate crea, lotn, oint</i>	1	
<i>clobetasol propionate e</i>	1	QL(240 GM per 30 days)
CLOBETASOL PROPIONATE SHAM	1	QL(236 ML per 30 days)
<i>clobetasol propionate crea 0.05%</i>	1	QL(240 GM per 30 days)
<i>clobetasol propionate soln</i>	1	QL(200 ML per 30 days)
<i>clobetasol propionate gel, oint</i>	1	QL(240 GM per 30 days)
<i>clodan</i>	1	QL(236 ML per 30 days)
DESONIDE CREA, OINT	1	
<i>desoximetasone crea</i>	1	
DESRX	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	
FLUOCINONIDE GEL, OINT, SOLN	1	
<i>fluocinonide crea</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea, oint</i>	1	
HYDROCORTISONE BUTYRATE OINT	1	
HYDROCORTISONE VALERATE CREA	1	
<i>hydrocortisone valerate oint</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>pimecrolimus</i>	1	
<i>prednicarbate oint</i>	1	
<i>selenium sulfide</i>	1	
<i>tacrolimus oint 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
TRITOCIN	1	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene crea, oint</i>	1	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	1	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL(200 GM per 30 days)
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil soln</i>	1	
<i>imiquimod crea</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide oint</i>	1	
OTEZLA TABS 20MG, 30MG	1	QL(60 EA per 30 days); PA; NEDS
<i>podofilox</i>	1	
PROCTOFOAM HC	1	
SANTYL	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>Pediculicides/Scabicides</i>		
<i>malathion</i>	1	
<i>permethrin crea</i>	1	
<i>Topical Anti-infectives</i>		
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
CICLOPIROX SHAM	1	
<i>ciclopirox gel, susp</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
CLINDAMYCIN PHOSPHATE LOTN 1%	1	
<i>clindamycin phosphate external soln 1%</i>	1	
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
MENTAX	1	
<i>mupirocin crea</i>	1	QL(180 GM per 30 days)
<i>mupirocin oint</i>	1	QL(44 GM per 30 days)
SULFAMYLON CREA	1	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	1	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	1	PA BvD
<i>carglumic acid</i>	1	PA; NEDS
CLINIMIX 6/5	1	PA BvD
CLINIMIX 8/10	1	PA BvD
CLINIMIX E 8/10	1	PA BvD
<i>dextrose 10%</i>	1	
<i>dextrose 10%/sodium chloride 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>dextrose 5%/sodium chloride 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose/sodium chloride</i>	1	
<i>effer-k tbef 25meq</i>	1	
<i>glucose (dextrose) 50%</i>	1	
<i>glucose (dextrose) 70%</i>	1	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
PLENAMINE	1	PA BvD
<i>potassium chloride er</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml, 2meq/ml</i>	1	
<i>potassium citrate er</i>	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	1	PA BvD
PROSOL	1	PA BvD
<i>sodium chloride 0.45% inj</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	1	PA BvD
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	1	PA BvD
Electrolyte/Mineral/Metal Modifiers		
CHEMET	1	NEDS
<i>deferasirox pack</i>	1	NEDS; SP-Optum Specialty
<i>deferasirox tabs</i>	1	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	1	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	1	SP-Optum Specialty
<i>penicillamine tabs</i>	1	NEDS
<i>trientine hydrochloride</i>	1	NEDS
Phosphate Binders		
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
<i>sevelamer carbonate</i>	1	
VELPHORO	1	NEDS
Potassium Binders		
LOKELMA	1	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sps</i>	1	
Vitamins		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose soln</i>	1	
LINZESS	1	
<i>lubiprostone</i>	1	
MOVANTIK	1	
OSMOPREP	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA
<i>alosetron hydrochloride tabs 1mg</i>	1	PA; NEDS
<i>loperamide hydrochloride caps</i>	1	
XERMELO	1	PA; NEDS; SP-Optum Specialty
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps</i>	1	
<i>dicyclomine hydrochloride tabs 20mg</i>	1	
<i>glycopyrrolate soln</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
Gastrointestinal Agents, Other		
CLENPIQ	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>metoclopramide hcl inj, oral soln</i>	1	
<i>metoclopramide hydrochloride tabs</i>	1	
<i>nitroglycerin oint 0.4%</i>	1	QL(30 GM per 30 days)
<i>opium</i>	1	
<i>opium tincture tinc 1%</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbate</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	1	
RECTIV	1	QL(30 GM per 30 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs</i>	1	
VOWST	1	PA; NEDS
XIFAXAN TABS 550MG	1	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
Protectants		
<i>misoprostol</i>	1	
<i>sucralfate susp, tabs</i>	1	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE	1	
<i>esomeprazole magnesium cpdr</i>	1	
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	1	
<i>lansoprazole cpdr</i>	1	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole cpdr 20mg, 40mg</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>pantoprazole sodium tbec</i>	1	
<i>rabeprazole sodium</i>	1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	1	NEDS
CHOLBAM	1	PA; NEDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	1	
<i>cromolyn sodium conc 100mg/5ml</i>	1	
CYSTAGON	1	
<i>dichlorphenamide</i>	1	PA; NEDS
ENDARI	1	NEDS
<i>l-glutamine</i>	1	NEDS
<i>miglustat</i>	1	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	1	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	1	PA; NEDS; SP-Optum Specialty
PROLASTIN-C	1	PA; NEDS
PYRUKYND	1	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	1	PA; NEDS; SP-Optum Specialty
REVCovi	1	NEDS
<i>sapropterin dihydrochloride</i>	1	PA; NEDS; SP-Optum Specialty
<i>sodium phenylbutyrate powd, tabs</i>	1	NEDS
SUCRAID	1	NEDS
WELIREG	1	PA NSO; NEDS
YARGESA	1	PA; NEDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	1	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
GEMTESA	1	
<i>mirabegron er</i>	1	
MYRBETRIQ	1	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride soln, tabs</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tabs</i>	1	
ELMIRON	1	
<i>tiopronin dr</i>	1	NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEPO-MEDROL	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate +rfid</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tabs</i>	1	
<i>hydrocortisone sodium succinate inj 100mg</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
<i>kenalog-10</i>	1	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln, tabs</i>	1	
<i>prednisone soln, tbpk</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
SOLU-CORTEF INJ 100MG	1	
<i>triamcinolone acetate inj 10mg/ml, 40mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin acetate soln 0.01%</i>	1	
GENOTROPIN	1	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG	1	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIUICK INJ 0.2MG	1	PA; SP-Optum Specialty
<i>genotropin miniquick inj 1.8mg</i>	1	PA; NEDS; SP-Optum Specialty
INCRELEX	1	PA; NEDS; SP-Optum Specialty
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps</i>	1	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate inj</i>	1	
<i>testosterone pump</i>	1	
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	
<i>Estrogens</i>		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>ashlyna</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>briellyn</i>	1	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	
<i>dotti</i>	1	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>estradiol valerate inj</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol crea, pttw, pttwk, oral tabs, vaginal tabs</i>	1	
ESTRING	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
FEIRZA 1.5/30	1	
FEIRZA 1/20	1	
<i>finzala</i>	1	
<i>fyavolv</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>galbriela</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	
IMVEXXY MAINTENANCE PACK	1	
IMVEXXY STARTER PACK	1	
<i>introvale</i>	1	
<i>jaimiess</i>	1	
<i>jinteli</i>	1	
<i>joyeaux</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>lojaimiess</i>	1	
<i>marlissa</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>minzoya</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>portia-28</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
PREMARIN CREA	1	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	1	
PREMPHASE	1	
<i>rosyrah</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vyfemla</i>	1	
XARAH FE	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
Progestins		
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	1	
<i>errin</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	
LILETTA	1	
<i>medroxyprogesterone acetate inj, tabs</i>	1	
<i>megestrol acetate susp, tabs</i>	1	
<i>meleya</i>	1	
NEXPLANON	1	
<i>norethindrone acetate tabs</i>	1	
<i>progesterone caps</i>	1	
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	1	
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
ARMOUR THYROID	1	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>levothyroxine sodium tabs</i>	1	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tabs</i>	1	
NIVA THYROID	1	
<i>np thyroid 120</i>	1	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
SYNTHROID TABS	1	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	1	
ELIGARD	1	
FIRMAGON INJ 80MG	1	
FIRMAGON INJ 120MG/VIAL	1	NEDS
KORLYM	1	QL(120 EA per 30 days); PA; NEDS
<i>lanreotide acetate</i>	1	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	1	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	1	NEDS
LUPRON DEPOT (3-MONTH)	1	NEDS
LUPRON DEPOT (4-MONTH)	1	NEDS
LUPRON DEPOT (6-MONTH)	1	NEDS
<i>mifepristone tabs 300mg</i>	1	QL(120 EA per 30 days); PA; NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	1	
<i>octreotide acetate inj 1000mcg/ml</i>	1	NEDS; SP-Optum Specialty
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	1	SP-Optum Specialty
ORGOVYX	1	PA NSO; NEDS
SIGNIFOR	1	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	1	NEDS
SOMAVERT	1	PA; NEDS; SP-Optum Specialty
SYNAREL	1	NEDS
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	1	PA; NEDS
HAEGARDA	1	PA; NEDS; SP-Optum Specialty

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>icatibant acetate</i>	1	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunoglobulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	1	PA BvD; NEDS; HI
CUVITRU	1	PA BvD; NEDS
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	1	PA BvD; NEDS; HI
GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	1	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	1	PA BvD; NEDS; HI
HIZENTRA	1	PA BvD; NEDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	1	PA BvD; NEDS; HI
PRIVIGEN	1	PA BvD; NEDS; HI
<i>Immunological Agents, Other</i>		
ARCALYST	1	PA; NEDS
BENLYSTA	1	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN	1	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	1	PA; NEDS
COSENTYX INJ 125MG/5ML	1	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	1	PA; NEDS; SP-Optum Specialty
DUPIXENT	1	PA; NEDS; SP-Optum Specialty
ORENCIA CLICKJECT	1	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	1	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	1	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	1	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	1	QL(110 EA per 365 days); PA; NEDS
RINVOQ	1	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
RINVOQ LQ	1	QL(360 ML per 30 days); PA; NEDS
SKYRIZI PEN	1	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 600MG/10ML	1	PA; NEDS
SKYRIZI INJ 150MG/ML	1	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 180MG/1.2ML	1	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	1	QL(2.4 ML per 28 days); PA; NEDS
STEQEYMA INJ 45MG/0.5ML	1	QL(1 ML per 28 days); PA

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
STEQEYMA INJ 90MG/ML	1	QL(1 ML per 28 days); PA; NEDS
TAVNEOS	1	PA; NEDS
XELJANZ XR	1	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	1	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	1	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	1	PA; NEDS
XOLAIR INJ 150MG/ML	1	PA; NEDS; SP-Optum Specialty
YESINTEK INJ 45MG/0.5ML	1	QL(1 ML per 28 days); PA
YESINTEK INJ 90MG/ML	1	QL(1 ML per 28 days); PA; NEDS
Immunostimulants		
ACTIMMUNE	1	NEDS; SP-Optum Specialty
BESREMI	1	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	1	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
Immunosuppressants		
<i>azathioprine tabs</i>	1	PA BvD
<i>cyclosporine modified</i>	1	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	1	PA BvD
ENBREL MINI	1	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	1	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	1	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	1	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENVARUSUS XR TB24 0.75MG, 1MG	1	PA BvD
ENVARUSUS XR TB24 4MG	1	PA BvD; NEDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	1	PA BvD
<i>gengraf caps 100mg, 25mg</i>	1	PA BvD
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	1	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	1	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	1	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	1	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	1	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	1	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
JYLAMVO	1	NEDS
<i>leflunomide</i>	1	
<i>methotrexate sodium tabs</i>	1	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mycophenolate mofetil caps, tabs</i>	1	PA BvD
<i>mycophenolate mofetil susr</i>	1	PA BvD; NEDS
<i>mycophenolic acid dr</i>	1	PA BvD
NULOJIX	1	NEDS
PEGASYS INJ 180MCG/0.5ML	1	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PROGRAF PACK	1	PA BvD
REZUROCK	1	PA; NEDS
<i>sirolimus tabs</i>	1	PA BvD
<i>sirolimus soln</i>	1	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	PA BvD
TREXALL	1	
XATMEP	1	
Vaccines		
ABRYSVO	1	
ACTHIB INJ 0	1	
ADACEL	1	
AREXVY	1	
BCG VACCINE INJ 50MG	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENG VAXIA	1	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGRIX-B	1	PA BvD
GARDASIL 9	1	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B	1	PA BvD
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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 INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJ 7.5MCG/0.5ML	1	
PENBRAYA	1	
PENMENVY	1	
PENTACEL	1	
PREHEVBRIO	1	PA BvD
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	
RECOMBIVAX HB	1	PA BvD
ROTARIX	1	
ROTATEQ SOLN	1	
SHINGRIX	1	
STAMARIL	1	
<i>tdvax</i>	1	
TENIVAC	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
VAXCHORA	1	
VIMKUNYA	1	
VIVOTIF	1	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	1	
<i>mesalamine dr</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine enem, kit, supp</i>	1	
<i>sulfasalazine tabs, tbec</i>	1	
<i>Glucocorticoids</i>		

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>budesonide er</i>	1	NEDS
<i>budesonide cpep 3mg</i>	1	
<i>budesonide foam 2mg</i>	1	
CORTIFOAM FOAM	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
BONSITY	1	PA; NEDS
CALCITONIN SALMON INJ	1	
<i>calcitonin-salmon soln</i>	1	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>paricalcitol caps</i>	1	
PROLIA	1	PA
RAYALDEE	1	NEDS
<i>risedronate sodium</i>	1	
<i>risedronate sodium dr</i>	1	
<i>teriparatide</i>	1	PA; NEDS
XGEVA	1	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	1	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	1	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	1	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	1	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	1	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	1	
<i>curity gauze pads 2"x2" 12 ply</i>	1	
<i>droplet pen needles 29gx10mm</i>	1	
<i>gauze pads 2"x2"</i>	1	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	1	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	1	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	1	PA BvD
<i>levocarnitine tabs</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
NUTRILIPID	1	PA BvD
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	1	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	1	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	1	
OMNIPOD CLASSIC PODS (GEN 3)	1	
OMNIPOD DASH INTRO KIT (GEN 4)	1	
OMNIPOD DASH PDM KIT (GEN 4)	1	
OMNIPOD DASH PODS (GEN 4)	1	
OMNIPOD GO 10 UNITS/DAY	1	
OMNIPOD GO 15 UNITS/DAY	1	
OMNIPOD GO 20 UNITS/DAY	1	
OMNIPOD GO 25 UNITS/DAY	1	
OMNIPOD GO 30 UNITS/DAY	1	
OMNIPOD GO 35 UNITS/DAY	1	
OMNIPOD GO 40 UNITS/DAY	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water for irrigation</i>	1	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	1	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	1	
<i>trueplus pen needles 29gx12mm</i>	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>brimonidine tartrate/timolol maleate</i>	1	
<i>cyclopentolate hcl soln 2%</i>	1	
<i>cyclopentolate hydrochloride</i>	1	
<i>cyclosporine emul 0.05%</i>	1	
CYSTARAN	1	NEDS
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	1	
RESTASIS MULTIDOSE	1	
ROCKLATAN	1	
SIMBRINZA	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	1	
<i>tobramycin/dexamethasone</i>	1	
XIIDRA	1	
Ophthalmic Anti-allergy Agents		
ALOCIL	1	
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hydrochloride</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	1	
BESIVANCE	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
NATACYN	1	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin</i>	1	
<i>trifluridine</i>	1	
XDEMVA	1	PA; NEDS
ZIRGAN	1	
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	1	
<i>bromfenac sodium</i>	1	
BROMSITE	1	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>difluprednate</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
FLAREX	1	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	1	
<i>ketorolac tromethamine</i>	1	
LOTEMAX OINT	1	
<i>loteprednol etabonate</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
PROLENSA	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	1	
BETIMOL	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>timolol hemihydrate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLN 0.1%	1	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tabs</i>	1	
PHOSPHOLINE IODIDE SOLR 0.125%	1	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	1	
RHOPRESSA	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	1	
<i>latanoprost soln</i>	1	
LUMIGAN	1	
<i>tafluprost</i>	1	
<i>travoprost</i>	1	
VYZULTA	1	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin soln 0.2%</i>	1	
CORTISPORIN-TC	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>flac</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	PA BvD
FLOVENT DISKUS AEPB 100MCG/BLIST	1	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	1	QL(720 EA per 90 days); ST
FLOVENT DISKUS AEPB 50MCG/BLIST	1	ST
<i>flunisolide soln 0.025%</i>	1	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 100mcg/act</i>	1	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	1	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 50mcg/act</i>	1	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	1	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	1	QL(72 GM per 90 days); ST
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(48 GM per 90 days)
<i>mometasone furoate susp 50mcg/act</i>	1	QL(102 GM per 90 days)
QVAR REDHALER	1	QL(63.6 GM per 90 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal soln 0.15%</i>	1	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	1	QL(120 ML per 90 days)
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hydrochloride tabs</i>	1	
<i>desloratadine</i>	1	
<i>diphenhydramine hydrochloride inj</i>	1	
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride syrp</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>levocetirizine dihydrochloride tabs</i>	1	
<i>Antileukotrienes</i>		
<i>montelukast sodium chew, pack, tabs</i>	1	
<i>zafirlukast</i>	1	
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA	1	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	1	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL(90 ML per 90 days)

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
LONHALA MAGNAIR REFILL KIT	1	NEDS
LONHALA MAGNAIR STARTER KIT	1	NEDS
SPIRIVA RESPIMAT	1	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	PA BvD
<i>arformoterol tartrate</i>	1	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL(2 EA per 1 days)
<i>formoterol fumarate nebu</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	1	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	1	PA BvD
<i>levalbuterol nebu</i>	1	PA BvD
PROAIR RESPICLICK	1	QL(6 EA per 90 days)
SEREVENT DISKUS	1	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	1	QL(12 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	1	PA; NEDS
KALYDECO TABS	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	1	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	1	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	1	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
PULMOZYME	1	PA BvD; NEDS; SP-Optum Specialty
TOBI PODHALER	1	NEDS; SP-Optum Specialty
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	PA BvD
Phosphodiesterase Inhibitors, Airways Disease		
<i>elixophyllin</i>	1	
<i>roflumilast</i>	1	
<i>theophylline er tb12, tb24</i>	1	
<i>theophylline elix</i>	1	
Pulmonary Antihypertensives		
ADEMPAS	1	PA; NEDS
<i>alyq</i>	1	PA; SP-Optum Specialty
<i>ambrisentan</i>	1	PA; NEDS; SP-Optum Specialty

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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>bosentan tabs</i>	1	PA; NEDS; SP-Optum Specialty
OPSUMIT	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	1	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	1	PA
ORENITRAM TBCR 5MG	1	PA; NEDS
<i>sildenafil citrate tabs</i>	1	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	1	PA; SP-Optum Specialty
TRACLEER TBSO	1	PA; NEDS; SP-Optum Specialty
VENTAVIS	1	PA; NEDS
Pulmonary Fibrosis Agents		
OFEV	1	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	1	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	1	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	1	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	1	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	1	PA BvD
ANORO ELLIPTA	1	QL(180 EA per 90 days)
BEVESPI AEROSPHERE	1	QL(10.7 GM per 30 days)
BREO ELLIPTA	1	QL(180 EA per 90 days)
BREYNA	1	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	1	QL(32.1 GM per 90 days)
BRONCHITOL	1	NEDS
COMBIVENT RESPIMAT	1	QL(24 GM per 90 days)
FASENRA PEN	1	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	1	PA
FASENRA INJ 30MG/ML	1	PA; NEDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	1	QL(3 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
STIOLTO RESPIMAT	1	QL(12 GM per 90 days)
TRELEGY ELLIPTA	1	QL(180 EA per 90 days)
<i>wixela inhub</i>	1	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tabs</i>	1	

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025

Last Updated: 09/01/2025

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
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	
<i>flurazepam hydrochloride</i>	1	
<i>ramelteon</i>	1	QL(30 EA per 30 days)
<i>tasimelteon</i>	1	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate tabs</i>	1	
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	1	PA
<i>modafinil tabs</i>	1	PA
SODIUM OXYBATE	1	PA; NEDS

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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

D. Index of Covered Drugs

Drug Name	Page #
<i>abacavir</i>	25
<i>abacavir sulfate/lamivudine</i>	25
ABELCET	13
<i>abigale</i>	45
<i>abigale lo</i>	45
ABILIFY ASIMTUFII	23
ABILIFY MAINTENA	23
ABILIFY MYCITE MAINTENANCE KIT	23
ABILIFY MYCITE STARTER KIT	23
<i>abiraterone acetate</i>	14
ABIRTEGA	14
ABRYSVO	51
<i>acamprosate calcium dr</i>	5
<i>acarbose</i>	27
<i>accutane</i>	37
<i>acebutolol hydrochloride</i>	31
<i>acetaminophen/codeine</i>	4
<i>acetaminophen/codeine phosphate</i>	4
<i>acetazolamide</i>	56
<i>acetazolamide er</i>	56
<i>acetic acid</i>	56
<i>acetic acid 0.25%</i>	44
<i>acetylcysteine</i>	59
<i>acitretin</i>	37
ACTHIB	51
ACTIMMUNE	50
<i>acyclovir</i>	27
<i>acyclovir sodium</i>	27
ADACEL	51
<i>adapalene</i>	37
<i>adefovir dipivoxil</i>	24
ADEMPAS	58
ADTHYZA	47
AIMOVIG	13
AKEEGA	15
<i>albendazole</i>	21
<i>albuterol sulfate</i>	58
<i>albuterol sulfate hfa</i>	58
<i>alcohol prep pads</i>	53
ALECENSA	16
<i>alendronate sodium</i>	53
<i>alfuzosin hcl er</i>	44

Drug Name	Page #
<i>aliskiren</i>	32
<i>allopurinol</i>	13
ALOCRIIL	55
<i>alosetron hydrochloride</i>	42
ALPHAGAN P	56
<i>alprazolam</i>	27
<i>alprazolam er</i>	27
ALUNBRIG	16
<i>alyq</i>	58
<i>amabelz</i>	45
<i>amantadine hcl</i>	26
<i>ambrisentan</i>	58
<i>amcinonide</i>	37
<i>amethia</i>	45
<i>amikacin sulfate</i>	5
<i>amiloride hcl</i>	33
<i>amiloride/hydrochlorothiazide</i>	32
<i>aminocaproic acid</i>	30
AMINOSYN II	39
AMINOSYN-PF 7%	39
<i>amiodarone hydrochloride</i>	31
<i>amitriptyline hcl</i>	12
<i>amitriptyline hydrochloride</i>	12
<i>amlodipine besylate</i>	32
<i>amlodipine besylate/atorvastatin calcium</i>	32
<i>amlodipine besylate/benazepril hydrochloride</i>	32
<i>amlodipine besylate/valsartan</i>	32
<i>amlodipine/olmesartan medoxomil</i>	32
<i>amlodipine/valsartan/hydrochlorothiazide</i>	33
<i>ammonium lactate</i>	37
<i>amnestem</i>	37
<i>amoxapine</i>	12
<i>amoxicillin</i>	7
<i>amoxicillin/clavulanate potassium</i>	7
<i>amoxicillin/clavulanate potassium er</i>	7
<i>amphetamine/dextroamphetamine</i>	35
<i>amphotericin b</i>	13
<i>amphotericin b liposome</i>	13
<i>ampicillin</i>	7
<i>ampicillin sodium</i>	7
<i>ampicillin/sulbactam</i>	7
<i>ampicillin-sulbactam</i>	7
<i>anagrelide hydrochloride</i>	30
<i>anastrozole</i>	16

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
ANORO ELLIPTA	59	azelastine hcl	55
apraclonidine	56	azelastine hcl	57
aprepitant	12	azelastine hydrochloride	57
apri	45	azithromycin	8
APTIOM	10	aztreonam	6
APTIVUS	26	azurette	45
ARCALYST	49	bacitracin	55
AREXVY	51	bacitracin/polymyxin b	54
arformoterol tartrate	58	baclofen	24
ARIKAYCE	5	balsalazide disodium	52
aripiprazole	23	BALVERSA	16
aripiprazole odt	23	balziva	45
ARISTADA	23	BAQSIMI ONE PACK	28
ARISTADA INITIO	23	BAQSIMI TWO PACK	28
armodafinil	60	BCG VACCINE	51
ARMOUR THYROID	47	bd insulin syringe safetyglide/1ml/29g x	53
asenapine maleate sl	23	1/2"	
ashlyna	45	b-d insulin syringe ultrafine ii/0.3ml/31g x	53
aspirin/dipyridamole er	30	5/16"	
atazanavir	26	bd insulin syringe ultra-fine/0.5ml/30g x	53
atazanavir sulfate	26	12.7mm	
atenolol	31	bd insulin syringe ultra-fine/1ml/31g x 8mm	53
atenolol/chlorthalidone	33	bd insulin syringe/u-100/1ml/27g x 1/2"	53
atomoxetine	35	bd insulin syringe/u-500/0.5ml/31g x 6mm	53
atomoxetine hydrochloride	35	bd pen needle/original/ultra-fine/29g x	53
atorvastatin calcium	34	12.7mm	
atovaquone	21	BELSOMRA	60
atovaquone/proguanil hcl	21	benazepril hydrochloride	31
atovaquone/proguanil hydrochloride	21	benazepril	33
atropine sulfate	54	hydrochloride/hydrochlorothiazide	
ATROVENT HFA	57	BENLYSTA	49
AUGTYRO	16	benztropine mesylate	22
AUSTEDO	35	bepotastine besilate	55
AUSTEDO XR	35	BERINERT	48
AUSTEDO XR PATIENT TITRATION	35	BESIVANCE	55
KIT		BESREMI	50
AUVELITY	11	betaine anhydrous	43
aviane	45	BETAMETHASONE DIPROPIONATE	37
avita	37	betamethasone dipropionate augmented	37
AVMAPKI FAKZYNJA CO-PACK	16	betamethasone valerate	37
AVONEX	36	BETASERON	36
AVONEX PEN	36	betaxolol hcl	56
AYVAKIT	16	bethanechol chloride	44
azathioprine	50	BETIMOL	56
azelaic acid	37	BEVESPI AEROSPHERE	59

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>bexarotene</i>	21	<i>buspirone hydrochloride</i>	27
BEXSERO	51	<i>butorphanol tartrate</i>	4
<i>bicalutamide</i>	14	<i>cabergoline</i>	48
BICILLIN L-A	7	CABLIVI	30
BIKTARVY	24	CABOMETYX	17
<i>bimatoprost</i>	56	<i>calcipotriene</i>	38
<i>bisoprolol fumarate</i>	31	CALCITONIN SALMON	53
<i>bisoprolol fumarate/hydrochlorothiazide</i>	33	<i>calcitonin-salmon</i>	53
BIVIGAM	49	<i>calcitriol</i>	38
BONSITY	53	<i>calcitriol</i>	53
BOOSTRIX	51	<i>calcium acetate</i>	41
<i>bortezomib</i>	15	CALQUENCE	17
<i>boruzu</i>	15	<i>camila</i>	47
<i>bosentan</i>	59	<i>candesartan cilexetil</i>	31
BOSULIF	16	<i>candesartan cilexetil/hydrochlorothiazide</i>	33
BRAFTOVI	17	CAPLYTA	23
BREO ELLIPTA	59	CAPRELSA	17
BREYNA	59	<i>captopril</i>	31
BREZTRI AEROSPHERE	59	<i>carbamazepine</i>	10
<i>briellyn</i>	45	<i>carbamazepine er</i>	10
BRILINTA	30	<i>carbidopa</i>	22
<i>brimonidine tartrate</i>	56	<i>carbidopa/levodopa</i>	22
<i>brimonidine tartrate/timolol maleate</i>	54	<i>carbidopa/levodopa er</i>	22
<i>brinzolamide</i>	56	<i>carbidopa/levodopa odt</i>	22
BRIVIACT	8	<i>carbidopa/levodopa/entacapone</i>	22
<i>bromfenac</i>	55	<i>carglumic acid</i>	39
<i>bromfenac sodium</i>	55	<i>carteolol hcl</i>	56
<i>bromocriptine mesylate</i>	22	<i>cartia xt</i>	32
BROMSITE	55	<i>carvedilol</i>	31
BRONCHITOL	59	CAYSTON	58
BRUKINSA	17	<i>cefaclor</i>	6
<i>budesonide</i>	53	<i>cefadroxil</i>	6
<i>budesonide</i>	57	<i>cefazolin</i>	7
<i>budesonide er</i>	53	<i>cefazolin sodium</i>	6
<i>bumetanide</i>	33	<i>cefazolin sodium/dextrose</i>	6
<i>buprenorphine</i>	3	<i>cefazolin/dextrose</i>	6
<i>buprenorphine hcl</i>	5	<i>cefdinir</i>	7
<i>buprenorphine hcl/naloxone hcl</i>	5	<i>cefepime</i>	7
<i>buprenorphine hydrochloride/naloxone</i>	5	<i>cefepime hydrochloride</i>	7
<i>hydrochloride</i>		<i>cefepime/dextrose</i>	7
<i>bupropion hydrochloride</i>	11	<i>cefixime</i>	7
<i>bupropion hydrochloride er (sr)</i>	5	<i>cefotetan</i>	7
<i>bupropion hydrochloride er (sr)</i>	11	<i>cefoxitin sodium</i>	7
<i>bupropion hydrochloride er (xl)</i>	11	<i>cefpodoxime proxetil</i>	7
<i>buspirone hcl</i>	27	<i>cefprozil</i>	7

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>ceftazidime</i>	7	<i>clindamycin/benzoyl peroxide</i>	37
<i>ceftriaxone in iso-osmotic dextrose</i>	7	CLINIMIX 6/5	39
<i>ceftriaxone sodium</i>	7	CLINIMIX 8/10	39
<i>ceftriaxone/dextrose</i>	7	CLINIMIX E 8/10	39
<i>cefuroxime axetil</i>	7	<i>clobazam</i>	9
<i>cefuroxime sodium</i>	7	CLOBETASOL PROPIONATE	37
<i>celecoxib</i>	3	<i>clobetasol propionate e</i>	37
<i>cephalexin</i>	7	<i>clodan</i>	37
<i>cevimeline hydrochloride</i>	36	<i>clomipramine hydrochloride</i>	12
CHEMET	41	<i>clonazepam</i>	9
<i>chlorhexidine gluconate</i>	36	<i>clonazepam odt</i>	9
<i>chloroquine phosphate</i>	21	<i>clonidine</i>	30
<i>chlorpromazine hcl</i>	22	<i>clonidine hydrochloride</i>	30
<i>chlorpromazine hydrochloride</i>	22	<i>clonidine hydrochloride er</i>	35
<i>chlorthalidone</i>	33	<i>clopidogrel</i>	30
CHOLBAM	43	<i>clorazepate dipotassium</i>	27
<i>cholestyramine</i>	34	<i>clotrimazole</i>	13
<i>cholestyramine light</i>	34	<i>clotrimazole/betamethasone dipropionate</i>	38
CICLOPIROX	39	<i>clozapine</i>	24
<i>ciclopirox nail lacquer</i>	39	<i>clozapine odt</i>	24
<i>ciclopirox olamine</i>	39	COARTEM	21
<i>cidofovir</i>	24	COBENFY	35
<i>cilostazol</i>	30	COBENFY STARTER PACK	35
CIMDUO	25	<i>codeine sulfate</i>	4
<i>cimetidine</i>	42	<i>colchicine</i>	13
<i>cinacalcet hydrochloride</i>	53	<i>colestipol hydrochloride</i>	34
<i>ciprofloxacin</i>	8	<i>colistimethate sodium</i>	6
<i>ciprofloxacin</i>	56	COMBIVENT RESPIMAT	59
<i>ciprofloxacin hcl</i>	8	COMETRIQ	17
<i>ciprofloxacin hydrochloride</i>	8	COMPLERA	25
<i>ciprofloxacin hydrochloride</i>	55	<i>constulose</i>	41
<i>ciprofloxacin i.v.-in d5w</i>	8	COPIKTRA	17
<i>ciprofloxacin/dexamethasone</i>	56	CORLANOR	33
<i>citalopram hydrobromide</i>	11	CORTIFOAM	53
<i>claravis</i>	37	CORTISPORIN-TC	56
<i>clarithromycin</i>	8	COSENTYX	49
<i>clarithromycin er</i>	8	COSENTYX SENSOREADY PEN	49
CLENPIQ	42	COSENTYX UNOREADY	49
<i>clindacin-p</i>	6	COTELLIC	17
<i>clindamycin hcl</i>	6	CREON	43
<i>clindamycin hydrochloride</i>	6	<i>cromolyn sodium</i>	43
<i>clindamycin palmitate hydrochloride</i>	6	<i>cromolyn sodium</i>	55
<i>clindamycin phosphate</i>	6	<i>cromolyn sodium</i>	58
<i>clindamycin phosphate</i>	39	<i>curity gauze pads 2"x2" 12 ply</i>	53
<i>clindamycin phosphate/benzoyl peroxide</i>	37	CUVITRU	49

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>cyclobenzaprine hydrochloride</i>	59	DEXLANSOPRAZOLE	42
<i>cyclopentolate hcl</i>	54	<i>dexmethylphenidate hcl</i>	35
<i>cyclopentolate hydrochloride</i>	54	<i>dexmethylphenidate hcl er</i>	35
<i>cyclophosphamide</i>	14	<i>dexmethylphenidate hydrochloride</i>	35
<i>cyclosporine</i>	50	<i>dexmethylphenidate hydrochloride er</i>	35
<i>cyclosporine</i>	54	<i>dextroamphetamine sulfate</i>	35
<i>cyclosporine modified</i>	50	<i>dextroamphetamine sulfate er</i>	35
<i>cyproheptadine hcl</i>	57	<i>dextrose 10%</i>	39
<i>cyproheptadine hydrochloride</i>	57	<i>dextrose 10%/sodium chloride 0.2%</i>	39
CYSTAGON	43	<i>dextrose 10%/sodium chloride 0.45%</i>	39
CYSTARAN	54	<i>dextrose 2.5%/sodium chloride 0.45%</i>	39
<i>dabigatran etexilate</i>	29	<i>dextrose 5%</i>	39
<i>dalfampridine er</i>	36	<i>dextrose 5%/sodium chloride 0.2%</i>	39
<i>danazol</i>	45	<i>dextrose 5%/sodium chloride 0.3%</i>	40
<i>dantrolene sodium</i>	24	<i>dextrose 5%/sodium chloride 0.33%</i>	40
DANZITEN	17	<i>dextrose 5%/sodium chloride 0.45%</i>	40
DAPSONE	14	<i>dextrose 5%/sodium chloride 0.9%</i>	40
DAPTACEL	51	<i>dextrose 50%</i>	40
<i>daptomycin</i>	6	<i>dextrose 70%</i>	40
<i>daptomycin/sodium chloride</i>	6	<i>dextrose/sodium chloride</i>	40
<i>darifenacin hydrobromide er</i>	43	DIACOMIT	9
<i>darunavir</i>	26	<i>diazepam</i>	27
DARZALEX	21	<i>diazepam intensol</i>	27
<i>dasatinib</i>	17	<i>diazepam rectal gel</i>	9
DAURISMO	17	<i>diazoxide</i>	28
<i>deblitane</i>	47	<i>dichlorphenamide</i>	43
<i>deferasirox</i>	41	<i>diclofenac epolamine</i>	3
DELSTRIGO	25	<i>diclofenac potassium</i>	3
DENG VAXIA	51	<i>diclofenac sodium</i>	3
DEPO-MEDROL	44	<i>diclofenac sodium</i>	38
DEPO-SUBQ PROVERA 104	47	<i>diclofenac sodium</i>	55
DESCOVY	25	<i>diclofenac sodium dr</i>	3
<i>desipramine hydrochloride</i>	12	<i>diclofenac sodium er</i>	3
<i>desloratadine</i>	57	<i>dicloxacillin sodium</i>	7
<i>desmopressin acetate</i>	45	<i>dicyclomine hcl</i>	42
<i>desogestrel/ethinyl estradiol</i>	45	<i>dicyclomine hydrochloride</i>	42
DESONIDE	37	DIFICID	8
<i>desoximetasone</i>	37	<i>diflunisal</i>	3
DESRX	37	<i>difluprednate</i>	55
<i>desvenlafaxine er</i>	11	<i>digitek</i>	31
<i>dexamethasone</i>	44	<i>digoxin</i>	31
<i>dexamethasone intensol</i>	44	<i>dihydroergotamine mesylate</i>	14
<i>dexamethasone sodium phosphate</i>	44	<i>diltiazem hcl</i>	32
<i>dexamethasone sodium phosphate</i>	55	<i>diltiazem hcl cd</i>	32
<i>dexamethasone sodium phosphate +rfid</i>	44	<i>diltiazem hcl er</i>	32

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>diltiazem hydrochloride</i>	32	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	25
<i>diltiazem hydrochloride er</i>	32	<i>effek-k</i>	40
<i>dilt-xr</i>	32	ELIGARD	48
<i>dimethyl fumarate</i>	36	ELIQUIS	29
<i>diphenhydramine hydrochloride</i>	57	ELIQUIS STARTER PACK	29
<i>diphtheria/tetanus toxoids adsorbed</i>	51	<i>elixophyllin</i>	58
<i>pediatric</i>		ELMIRON	44
<i>disulfiram</i>	5	<i>eltrombopag olamine</i>	30
<i>divalproex sodium dr</i>	9	<i>eluryng</i>	45
<i>divalproex sodium er</i>	9	EMCYT	15
DOCETAXEL	15	EMGALITY	13
DOFETILIDE	31	EMSAM	11
<i>donepezil hcl</i>	10	<i>emtricitabine</i>	25
<i>donepezil hydrochloride</i>	10	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	25
DOPTLET	30	<i>emtricitabine/tenofovir disoproxil fumarate</i>	25
<i>dorzolamide hcl/timolol maleate</i>	54	<i>emtricitabine/tenofovir disoproxil fumarate</i>	25
<i>dorzolamide hydrochloride</i>	56	EMTRIVA	25
<i>dorzolamide hydrochloride/timolol maleate</i>	54	<i>enalapril maleate</i>	31
<i>pf</i>		<i>enalapril maleate/hydrochlorothiazide</i>	33
<i>dotti</i>	45	ENBREL	50
DOVATO	25	ENBREL MINI	50
<i>doxazosin mesylate</i>	44	ENBREL SURECLICK	50
<i>doxepin hcl</i>	12	ENDARI	43
<i>doxepin hydrochloride</i>	12	<i>endocet</i>	4
DOXY 100	8	ENGERIX-B	51
<i>doxycycline</i>	8	<i>enilloring</i>	45
<i>doxycycline hyclate</i>	8	<i>enoxaparin sodium</i>	29
<i>doxycycline monohydrate</i>	8	<i>entacapone</i>	22
DRIZALMA SPRINKLE	11	<i>entecavir</i>	24
<i>dronabinol</i>	12	ENTRESTO	33
<i>droplet pen needles 29gx10mm</i>	53	<i>enulose</i>	41
<i>drospirenone/ethinyl estradiol</i>	45	ENVARUS XR	50
DROXIA	15	EPIDIOLEX	8
<i>droxidopa</i>	30	<i>epinastine hcl</i>	55
<i>duloxetine hydrochloride dr</i>	11	<i>epinephrine</i>	58
DUPIXENT	49	<i>epitol</i>	10
<i>dutasteride</i>	44	<i>epplerenone</i>	34
<i>dutasteride/tamsulosin hydrochloride</i>	44	EPRONTIA	8
<i>ec-naproxen</i>	3	<i>ergotamine tartrate/caffeine</i>	14
<i>econazole nitrate</i>	13	ERIVEDGE	17
EDURANT	25	ERLEADA	14
EDURANT PED	25	<i>erlotinib hydrochloride</i>	17
<i>efavirenz</i>	25	<i>errin</i>	47
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	25		

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>ertapenem sodium</i>	7	<i>fenofibrate micronized</i>	34
<i>ery</i>	39	<i>fenofibric acid dr</i>	34
<i>erythromycin</i>	39	<i>fentanyl</i>	3
<i>erythromycin</i>	55	<i>fentanyl citrate oral transmucosal</i>	4
<i>erythromycin dr</i>	8	FETZIMA	11
<i>erythromycin ethylsuccinate</i>	8	FETZIMA TITRATION PACK	11
<i>escitalopram oxalate</i>	11	<i>fidaxomicin</i>	8
<i>eslicarbazepine acetate</i>	10	<i>finasteride</i>	44
<i>esomeprazole magnesium</i>	42	<i>fingolimod hydrochloride</i>	36
<i>estradiol</i>	45	FINTEPLA	9
<i>estradiol valerate</i>	45	<i>finzala</i>	45
<i>estradiol/norethindrone acetate</i>	45	FIRMAGON	48
ESTRING	45	<i>flac</i>	57
<i>eszopiclone</i>	60	FLAREX	56
<i>ethacrynic acid</i>	33	FLEBOGAMMA DIF	49
<i>ethambutol hydrochloride</i>	14	<i>flecainide acetate</i>	31
<i>ethosuximide</i>	9	FLOLIPID	34
<i>etodolac</i>	3	FLOVENT DISKUS	57
<i>etodolac er</i>	3	<i>fluconazole</i>	13
<i>etonogestrel/ethinyl estradiol</i>	45	<i>fluconazole in sodium chloride</i>	13
<i>etravirine</i>	25	<i>flucytosine</i>	13
EULEXIN	15	<i>fludrocortisone acetate</i>	44
<i>euthyrox</i>	47	<i>flunisolide</i>	57
<i>everolimus</i>	17	<i>fluocinolone acetonide</i>	38
<i>everolimus</i>	50	<i>fluocinolone acetonide</i>	57
EVOTAZ	26	<i>fluocinolone acetonide body</i>	37
<i>exemestane</i>	16	<i>fluocinolone acetonide scalp</i>	37
EXKIVITY	17	<i>fluocinolone acetonide topical</i>	38
<i>ezetimibe</i>	34	FLUOCINONIDE	38
<i>ezetimibe/simvastatin</i>	34	<i>fluocinonide emulsified base</i>	38
<i>falmina</i>	45	<i>fluorometholone</i>	56
<i>famciclovir</i>	27	<i>fluorouracil</i>	38
<i>famotidine</i>	42	<i>fluoxetine dr</i>	11
FANAPT	23	<i>fluoxetine hydrochloride</i>	11
FANAPT TITRATION PACK A	23	<i>fluphenazine decanoate</i>	22
FANAPT TITRATION PACK B	23	<i>fluphenazine hcl</i>	22
FANAPT TITRATION PACK C	23	<i>fluphenazine hydrochloride</i>	22
FARXIGA	34	<i>flurazepam hcl</i>	60
FASENRA	59	<i>flurazepam hydrochloride</i>	60
FASENRA PEN	59	<i>flurbiprofen</i>	3
FEIRZA 1.5/30	45	<i>flurbiprofen sodium</i>	56
FEIRZA 1/20	45	<i>flutamide</i>	15
<i>felbamate</i>	9	<i>fluticasone propionate</i>	38
<i>felodipine er</i>	32	<i>fluticasone propionate</i>	57
<i>fenofibrate</i>	34	<i>fluticasone propionate diskus</i>	57

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>fluticasone propionate hfa</i>	57	<i>glatiramer acetate</i>	36
<i>fluticasone propionate/salmeterol</i>	59	GLEOSTINE	14
<i>fluticasone propionate/salmeterol diskus</i>	59	<i>glimepiride</i>	27
<i>fluvastatin</i>	34	<i>glipizide</i>	27
<i>fluvastatin sodium er</i>	34	<i>glipizide er</i>	27
<i>fluvoxamine maleate</i>	11	<i>glipizide/metformin hydrochloride</i>	27
<i>fondaparinux sodium</i>	29	GLOPERBA	13
<i>formoterol fumarate</i>	58	GLUCAGEN HYPOKIT	28
<i>fosamprenavir calcium</i>	26	GLUCAGON EMERGENCY KIT	28
<i>fosinopril sodium</i>	31	GLUCAGON EMERGENCY KIT FOR	28
<i>fosinopril sodium/hydrochlorothiazide</i>	33	LOW BLOOD SUGAR	
FOTIVDA	17	<i>glucose (dextrose) 50%</i>	40
FRAGMIN	29	<i>glucose (dextrose) 70%</i>	40
FRUZAQLA	17	<i>glyburide</i>	27
<i>furosemide</i>	33	<i>glyburide micronized</i>	27
FUZEON	26	<i>glyburide/metformin hydrochloride</i>	27
<i>fyavolv</i>	45	<i>glycopyrrolate</i>	42
FYCOMPA	9	<i>glydo</i>	4
<i>gabapentin</i>	9	GLYXAMBI	27
<i>galantamine hydrobromide</i>	11	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	53
<i>galantamine hydrobromide er</i>	10	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	53
<i>galbriela</i>	46	GOMEKLI	18
<i>gallifrey</i>	47	<i>granisetron hydrochloride</i>	12
GAMMAGARD LIQUID	49	<i>griseofulvin microsize</i>	13
GAMMAPLEX	49	<i>griseofulvin ultramicrosize</i>	13
GARDASIL 9	51	<i>guanfacine hydrochloride er</i>	35
<i>gatifloxacin</i>	55	GVOKE HYPOPEN 1-PACK	28
<i>gauze pads 2"x2"</i>	53	GVOKE HYPOPEN 2-PACK	28
<i>gavilyte-c</i>	42	GVOKE KIT	28
<i>gavilyte-g</i>	42	GVOKE PFS	28
<i>gavilyte-n/flavor pack</i>	42	HAEGARDA	48
GAVRETO	17	<i>halobetasol propionate</i>	38
<i>gefitinib</i>	17	<i>haloette</i>	46
<i>gemfibrozil</i>	34	<i>haloperidol</i>	22
GEMTESA	43	<i>haloperidol decanoate</i>	22
<i>generlac</i>	41	<i>haloperidol lactate</i>	22
GENGRAF	50	HAVRIX	51
GENOTROPIN	45	<i>heather</i>	47
GENOTROPIN MINIQUICK	45	<i>heparin sodium</i>	29
<i>gentak</i>	55	<i>heparin sodium/d5w</i>	29
<i>gentamicin sulfate</i>	5	HEPLISAV-B	51
<i>gentamicin sulfate</i>	55	HIBERIX	51
<i>gentamicin sulfate/0.9% sodium chloride</i>	5	HIZENTRA	49
GENVOYA	25	HUMALOG	28
GILOTRIF	18	HUMALOG JUNIOR KWIKPEN	28

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
HUMALOG KWIKPEN	28	<i>icosapent ethyl</i>	34
HUMALOG MIX 50/50	28	IDHIFA	18
HUMALOG MIX 50/50 KWIKPEN	28	ILEVRO	56
HUMALOG MIX 75/25	28	<i>imatinib mesylate</i>	18
HUMALOG MIX 75/25 KWIKPEN	28	IMBRUVICA	18
HUMIRA	51	<i>imipenem/cilastatin</i>	7
HUMIRA PEDIATRIC CROHNS	50	<i>imipramine hcl</i>	12
DISEASE STARTER PACK		<i>imipramine hydrochloride</i>	12
HUMIRA PEN	50	<i>imiquimod</i>	38
HUMIRA PEN-CD/UC/HS STARTER	50	IMKELDI	18
HUMIRA PEN-PEDIATRIC UC	50	IMOVAX RABIES (H.D.C.V.)	51
STARTER PACK		IMPAVIDO	6
HUMIRA PEN-PS/UV STARTER	50	IMVEXXY MAINTENANCE PACK	46
HUMULIN 70/30	28	IMVEXXY STARTER PACK	46
HUMULIN 70/30 KWIKPEN	28	INCRELEX	45
HUMULIN N	29	INCRUSE ELLIPTA	57
HUMULIN N KWIKPEN	29	<i>indapamide</i>	33
HUMULIN R	29	<i>indomethacin</i>	3
HUMULIN R U-500 (CONCENTRATED)	29	INFANRIX	51
HUMULIN R U-500 KWIKPEN	29	INGREZZA	35
<i>hydralazine hydrochloride</i>	35	INLYTA	18
<i>hydrochlorothiazide</i>	33	INQOVI	18
<i>hydrocodone bitartrate/acetaminophen</i>	4	INREBIC	15
<i>hydrocodone/acetaminophen</i>	4	INSULIN LISPRO	29
<i>hydrocortisone</i>	38	<i>insulin lispro junior kwikpen</i>	29
<i>hydrocortisone</i>	44	<i>insulin lispro kwikpen</i>	29
<i>hydrocortisone</i>	53	<i>insulin lispro protamine/insulin lispro</i>	29
HYDROCORTISONE BUTYRATE	38	<i>kwikpen</i>	
<i>hydrocortisone sodium succinate</i>	44	INTELENCE	25
HYDROCORTISONE VALERATE	38	INTRALIPID	53
<i>hydrocortisone/acetic acid</i>	57	<i>introvale</i>	46
<i>hydromorphone hcl</i>	4	INVEGA HAFYERA	23
<i>hydromorphone hcl er</i>	3	INVEGA SUSTENNA	23
<i>hydroxychloroquine sulfate</i>	21	INVEGA TRINZA	23
<i>hydroxyurea</i>	15	IPOL INACTIVATED IPV	51
<i>hydroxyzine hcl</i>	57	<i>ipratropium bromide</i>	57
<i>hydroxyzine hydrochloride</i>	57	<i>ipratropium bromide/albuterol sulfate</i>	59
<i>hydroxyzine pamoate</i>	57	<i>irbesartan</i>	31
IBRANCE	15	<i>irbesartan/hydrochlorothiazide</i>	33
IBRANCE	18	ISENTRESS	25
<i>ibu</i>	3	ISENTRESS HD	25
<i>ibuprofen</i>	3	<i>isoniazid</i>	14
<i>icatibant acetate</i>	49	<i>isosorbide dinitrate</i>	34
<i>iclevia</i>	46	<i>isosorbide mononitrate</i>	34
ICLUSIG	18	<i>isosorbide mononitrate er</i>	34

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>isotonic gentamicin</i>	5	KINRIX	52
<i>isotretinoin</i>	37	KISQALI	18
ITOVEBI	15	KISQALI FEMARA 200 DOSE	16
<i>itraconazole</i>	13	KISQALI FEMARA 400 DOSE	16
<i>ivabradine hydrochloride</i>	33	KISQALI FEMARA 600 DOSE	16
<i>ivermectin</i>	21	<i>klayesta</i>	13
IWILFIN	16	<i>klor-con</i>	40
IXCHIQ	51	<i>klor-con 10</i>	40
IXIARO	51	<i>klor-con 8</i>	40
<i>jaimiess</i>	46	<i>klor-con m10</i>	40
JAKAFI	18	<i>klor-con m15</i>	40
<i>jantoven</i>	29	<i>klor-con m20</i>	40
JANUMET	27	<i>klor-con/ef</i>	40
JANUMET XR	27	KORLYM	48
JANUVIA	27	KOSELUGO	18
JARDIANCE	34	<i>kourzeq</i>	36
JAYPIRCA	18	<i>k-prime</i>	40
JENTADUETO	27	KRAZATI	18
JENTADUETO XR	27	KYNMOBI	22
<i>jinteli</i>	46	KYPROLIS	16
JOURNAVX	3	<i>labetalol hydrochloride</i>	31
<i>joyeaux</i>	46	<i>lacosamide</i>	10
JULUCA	25	<i>lactated ringers</i>	40
<i>junel 1.5/30</i>	46	<i>lactulose</i>	41
<i>junel 1/20</i>	46	LAGEVRIO	27
<i>junel fe 1.5/30</i>	46	<i>lamivudine</i>	24
<i>junel fe 1/20</i>	46	<i>lamivudine</i>	25
<i>junel fe 24</i>	46	<i>lamivudine/zidovudine</i>	25
JYLAMVO	51	<i>lamotrigine</i>	9
JYNNEOS	51	<i>lamotrigine er</i>	9
KALETRA	26	<i>lamotrigine odt</i>	9
KALYDECO	58	<i>lamotrigine starter kit/blue</i>	9
<i>kariva</i>	46	<i>lamotrigine starter kit/green</i>	9
<i>kcl 0.075%/d5w/nacl 0.45%</i>	40	<i>lamotrigine starter kit/orange</i>	9
<i>kcl 0.15%/d5w/nacl 0.2%</i>	40	<i>lanreotide acetate</i>	48
<i>kcl 0.15%/d5w/nacl 0.45%</i>	40	<i>lansoprazole</i>	42
<i>kcl 0.15%/d5w/nacl 0.9%</i>	40	LANTUS	29
<i>kcl 0.3%/d5w/nacl 0.45%</i>	40	LANTUS SOLOSTAR	29
<i>kcl 0.3%/d5w/nacl 0.9%</i>	40	<i>lapatinib ditosylate</i>	18
<i>kelnor 1/35</i>	46	<i>larin 1.5/30</i>	46
<i>kenalog-10</i>	44	<i>larin 1/20</i>	46
KERENDIA	34	<i>larin fe 1.5/30</i>	46
KESIMPTA	36	<i>larin fe 1/20</i>	46
<i>ketoconazole</i>	13	<i>latanoprost</i>	56
<i>ketorolac tromethamine</i>	56	LAZCLUZE	16

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>leflunomide</i>	51	LILETTA	47
<i>lenalidomide</i>	15	<i>linezolid</i>	6
LENVIMA 10 MG DAILY DOSE	18	LINZESS	41
LENVIMA 12MG DAILY DOSE	18	<i>lithyronine sodium</i>	48
LENVIMA 14 MG DAILY DOSE	18	<i>lisinopril</i>	31
LENVIMA 18 MG DAILY DOSE	18	<i>lisinopril/hydrochlorothiazide</i>	33
LENVIMA 20 MG DAILY DOSE	18	<i>lithium</i>	27
LENVIMA 24 MG DAILY DOSE	18	<i>lithium carbonate</i>	27
LENVIMA 4 MG DAILY DOSE	18	<i>lithium carbonate er</i>	27
LENVIMA 8 MG DAILY DOSE	18	LIVTENCITY	24
<i>lessina</i>	46	<i>lojaimiess</i>	46
<i>letrozole</i>	16	LOKELMA	41
<i>leucovorin calcium</i>	16	LONHALA MAGNAIR REFILL KIT	58
LEUKERAN	14	LONHALA MAGNAIR STARTER KIT	58
<i>leuprolide acetate</i>	48	LONSURF	16
<i>levalbuterol</i>	58	<i>loperamide hydrochloride</i>	42
<i>levalbuterol hcl</i>	58	<i>lopinavir/ritonavir</i>	26
<i>levalbuterol hydrochloride</i>	58	<i>lorazepam</i>	27
LEVEMIR FLEXTOUCH	29	<i>lorazepam intensol</i>	27
<i>levetiracetam</i>	9	LORBRENA	18
<i>levetiracetam er</i>	9	<i>losartan potassium</i>	31
<i>levobunolol hcl</i>	56	<i>losartan potassium/hydrochlorothiazide</i>	33
<i>levocarnitine</i>	53	LOTEMAX	56
<i>levocetirizine dihydrochloride</i>	57	<i>loteprednol etabonate</i>	56
<i>levofloxacin</i>	8	<i>lovastatin</i>	34
<i>levofloxacin</i>	55	<i>loxapine</i>	22
<i>levofloxacin in d5w</i>	8	<i>lubiprostone</i>	41
<i>levonest</i>	46	LUMAKRAS	18
<i>levonorgestrel and ethinyl estradiol</i>	46	LUMIGAN	56
<i>levonorgestrel/ethinyl estradiol</i>	46	LUPRON DEPOT (1-MONTH)	48
<i>levora 0.15/30-28</i>	46	LUPRON DEPOT (3-MONTH)	48
<i>levo-t</i>	47	LUPRON DEPOT (4-MONTH)	48
<i>levothyroxine sodium</i>	48	LUPRON DEPOT (6-MONTH)	48
<i>levoxyl</i>	48	<i>lurasidone hydrochloride</i>	23
LEXIVA	26	LYBALVI	23
<i>l-glutamine</i>	43	LYNPARZA	19
LIBERVANT	9	LYSODREN	16
<i>lidocaine</i>	5	LYTGOBI	19
<i>lidocaine hcl</i>	4	<i>magnesium sulfate</i>	40
<i>lidocaine hcl jelly</i>	4	<i>malathion</i>	39
<i>lidocaine hydrochloride</i>	4	<i>maraviroc</i>	26
<i>lidocaine hydrochloride jelly</i>	4	<i>marlissa</i>	46
<i>lidocaine hydrochloride viscous</i>	36	MARPLAN	11
<i>lidocaine viscous</i>	36	MATULANE	14
<i>lidocaine/prilocaine</i>	4	<i>matzim la</i>	32

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
MAVYRET	24	<i>metoclopramide hydrochloride</i>	42
MAYZENT	36	<i>metolazone</i>	33
MAYZENT STARTER PACK	36	<i>metoprolol succinate er</i>	32
<i>meclizine hcl</i>	12	<i>metoprolol tartrate</i>	32
<i>medroxyprogesterone acetate</i>	47	<i>metoprolol/hydrochlorothiazide</i>	33
<i>mefloquine hydrochloride</i>	21	<i>metronidazole</i>	6
<i>megestrol acetate</i>	47	<i>metronidazole</i>	37
MEKINIST	19	<i>metronidazole vaginal</i>	6
MEKTOVI	19	<i>metirosine</i>	33
<i>meleya</i>	47	<i>mexiletine hydrochloride</i>	31
<i>meloxicam</i>	3	<i>mibelas 24 fe</i>	46
<i>memantine hcl titration pak</i>	11	<i>micafungin</i>	13
<i>memantine hydrochloride</i>	11	<i>miconazole 3</i>	13
<i>memantine hydrochloride er</i>	11	<i>microgestin 1.5/30</i>	46
<i>memantine/donepezil hydrochloride er</i>	10	<i>microgestin 1/20</i>	46
MENACTRA	52	<i>microgestin fe 1.5/30</i>	46
MENQUADFI	52	<i>microgestin fe 1/20</i>	46
MENTAX	39	<i>midodrine hydrochloride</i>	30
MENVEO	52	<i>mifepristone</i>	48
<i>mercaptopurine</i>	15	<i>miglitol</i>	28
<i>meropenem</i>	7	<i>miglustat</i>	43
<i>mesalamine</i>	52	<i>minocycline hcl</i>	8
<i>mesalamine dr</i>	52	<i>minocycline hydrochloride</i>	8
<i>mesalamine er</i>	52	<i>minoxidil</i>	35
<i>mesna</i>	21	<i>minzoya</i>	46
MESNEX	21	<i>mirabegron er</i>	43
<i>metformin hydrochloride</i>	28	<i>mirtazapine</i>	11
<i>metformin hydrochloride er</i>	28	<i>mirtazapine odt</i>	11
<i>methadone hcl</i>	3	<i>misoprostol</i>	42
<i>methazolamide</i>	56	M-M-R II	52
<i>methenamine hippurate</i>	6	<i>modafinil</i>	60
<i>methenamine mandelate</i>	6	<i>moexipril hydrochloride</i>	31
<i>methimazole</i>	48	<i>molindone hydrochloride</i>	22
<i>methotrexate</i>	51	<i>mometasone furoate</i>	38
<i>methotrexate sodium</i>	51	<i>mometasone furoate</i>	57
<i>methsuximide</i>	9	<i>mondoxylene nl</i>	8
<i>methylphenidate hydrochloride</i>	35	<i>montelukast sodium</i>	57
<i>methylphenidate hydrochloride er</i>	35	<i>morphine sulfate</i>	4
<i>methylphenidate hydrochloride er (cd)</i>	35	<i>morphine sulfate er</i>	3
<i>methylphenidate hydrochloride er (la)</i>	35	MOUNJARO	28
<i>methylphenidate hydrochloride er (osm)</i>	35	MOVANTIK	41
<i>methylprednisolone</i>	44	<i>moxifloxacin hydrochloride/sodium</i>	8
<i>methylprednisolone acetate</i>	44	<i>hydrochloride</i>	
<i>methylprednisolone dose pack</i>	44	<i>moxifloxacin hydrochloride</i>	8
<i>metoclopramide hcl</i>	42	<i>moxifloxacin hydrochloride</i>	55

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
MOZOBIL	30	NEXPLANON	47
MRESVIA	52	<i>niacin er</i>	34
MULTAQ	31	NICOTROL INHALER	5
<i>mupirocin</i>	39	NICOTROL NS	5
<i>mycophenolate mofetil</i>	51	<i>nifedipine er</i>	32
<i>mycophenolic acid dr</i>	51	<i>nikki</i>	46
MYORISAN	37	<i>nilotinib hydrochloride</i>	19
MYRBETRIQ	43	<i>nilutamide</i>	15
<i>nabumetone</i>	3	<i>nimodipine</i>	32
<i>nadolol</i>	32	NINLARO	19
<i>nafcillin sodium</i>	7	<i>nitazoxanide</i>	22
<i>naftifine hydrochloride</i>	13	<i>nitisinone</i>	43
<i>naloxone hcl</i>	5	<i>nitrofurantoin macrocrystals</i>	6
<i>naloxone hydrochloride</i>	5	<i>nitrofurantoin monohydrate/macrocrystals</i>	6
<i>naltrexone hydrochloride</i>	5	<i>nitroglycerin</i>	34
NAMZARIC	10	<i>nitroglycerin</i>	42
<i>naproxen</i>	3	<i>nitroglycerin transdermal</i>	34
<i>naproxen dr</i>	3	NIVA THYROID	48
<i>naproxen sodium</i>	3	<i>norelgestromin/ethinyl estradiol</i>	46
<i>naproxen sodium cr</i>	3	<i>norethindrone acetate</i>	47
<i>naratriptan hcl</i>	14	<i>norethindrone acetate/ethinyl estradiol</i>	46
NATACYN	55	<i>norethindrone acetate/ethinyl</i>	46
<i>nateglinide</i>	28	<i>estradiol/ferrous fumarate</i>	
NAYZILAM	9	<i>nortrel 0.5/35 (28)</i>	46
<i>nebivolol hydrochloride</i>	32	<i>nortrel 1/35</i>	46
<i>necon 0.5/35-28</i>	46	<i>nortrel 7/7/7</i>	46
<i>nefazodone hydrochloride</i>	11	<i>nortriptyline hcl</i>	12
<i>neomycin sulfate</i>	5	<i>nortriptyline hydrochloride</i>	12
<i>neomycin/bacitracin/polymyxin</i>	54	NORVIR	26
<i>neomycin/polymyxin/bacitracin zinc</i>	54	NOVOLIN 70/30	29
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	54	NOVOLIN 70/30 FLEXPEN	29
<i>one</i>		NOVOLIN N	29
<i>neomycin/polymyxin/dexamethasone</i>	54	NOVOLIN N FLEXPEN	29
<i>neomycin/polymyxin/gramicidin</i>	54	NOVOLIN R	29
<i>neomycin/polymyxin/hc</i>	57	NOVOLIN R FLEXPEN	29
<i>neomycin/polymyxin/hydrocortisone</i>	55	NOVOLOG	29
<i>neomycin/polymyxin/hydrocortisone</i>	57	NOVOLOG FLEXPEN	29
<i>neo-polycin</i>	54	NOVOLOG MIX 70/30	29
<i>neo-polycin hc</i>	54	NOVOLOG MIX 70/30 PREFILLED	29
NERLYNX	19	FLEXPEN	
NEUAC	37	NOVOLOG PENFILL	29
NEULASTA	30	<i>np thyroid 120</i>	48
NEULASTA ONPRO KIT	30	<i>np thyroid 15</i>	48
<i>nevirapine</i>	25	<i>np thyroid 30</i>	48
<i>nevirapine er</i>	25	<i>np thyroid 60</i>	48

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>np thyroid 90</i>	48	OMNIPOD DASH INTRO KIT (GEN 4)	54
NUBEQA	15	OMNIPOD DASH PDM KIT (GEN 4)	54
NUEDEXTA	35	OMNIPOD DASH PODS (GEN 4)	54
NULOJIX	51	OMNIPOD GO 10 UNITS/DAY	54
NUPLAZID	23	OMNIPOD GO 15 UNITS/DAY	54
NURTEC	14	OMNIPOD GO 20 UNITS/DAY	54
NUTRILIPID	54	OMNIPOD GO 25 UNITS/DAY	54
NUVESSA	6	OMNIPOD GO 30 UNITS/DAY	54
<i>nyamyc</i>	13	OMNIPOD GO 35 UNITS/DAY	54
<i>nystatin</i>	13	OMNIPOD GO 40 UNITS/DAY	54
<i>nystatin/triamcinolone</i>	38	<i>ondansetron hcl</i>	12
<i>nystatin/triamcinolone acetonide</i>	38	<i>ondansetron hydrochloride</i>	13
<i>nystop</i>	13	<i>ondansetron odt</i>	13
OCTAGAM	49	ONUREG	16
<i>octreotide acetate</i>	48	OPDIVO	21
ODEFSEY	25	OPIPZA	23
ODOMZO	19	<i>opium</i>	42
OFEV	59	<i>opium tincture</i>	42
<i>ofloxacin</i>	55	OPSUMIT	59
<i>ofloxacin</i>	57	OPVEE	5
OGSIVEO	16	<i>oralone dental paste</i>	36
OJEMDA	16	ORENCIA	49
OJJAARA	19	ORENCIA CLICKJECT	49
<i>olanzapine</i>	23	ORENITRAM	59
<i>olanzapine odt</i>	23	ORENITRAM TITRATION KIT MONTH	59
<i>olmesartan medoxomil</i>	31	1	
<i>olmesartan</i>	33	ORENITRAM TITRATION KIT MONTH	59
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	33	ORENITRAM TITRATION KIT MONTH	59
<i>olopatadine hydrochloride</i>	55	3	
<i>omega-3-acid ethyl esters</i>	34	ORGOVYX	48
<i>omeprazole</i>	42	ORKAMBI	58
<i>omeprazole dr</i>	42	ORSERDU	15
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	54	<i>oseltamivir phosphate</i>	26
(GEN 5)		OSMOPREP	41
OMNIPOD 5 DEXCOM G7G6 PODS	54	OSPHENA	47
(GEN 5)		OTEZLA	38
OMNIPOD 5 G7 INTRO KIT (GEN 5)	54	OTEZLA	49
OMNIPOD 5 G7 PODS (GEN 5)	54	<i>oxacillin sodium</i>	7
OMNIPOD 5 LIBRE2 PLUS G6 INTRO	54	<i>oxaprozin</i>	3
GEN 5		<i>oxazepam</i>	27
OMNIPOD 5 LIBRE2 PLUS G6 PODS	54	<i>oxcarbazepine</i>	10
OMNIPOD CLASSIC PDM STARTER	54	<i>oxybutynin chloride</i>	43
KIT (GEN 3)		<i>oxybutynin chloride er</i>	43
OMNIPOD CLASSIC PODS (GEN 3)	54	<i>oxycodone hydrochloride</i>	4

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>oxycodone/acetaminophen</i>	4	<i>pilocarpine hcl</i>	56
OZEMPIC	28	<i>pilocarpine hydrochloride</i>	36
<i>paclitaxel</i>	16	<i>pilocarpine hydrochloride</i>	56
<i>paliperidone er</i>	23	<i>pimecrolimus</i>	38
PANRETIN	21	<i>pimozide</i>	22
<i>pantoprazole sodium</i>	43	<i>pindolol</i>	32
<i>paricalcitol</i>	53	<i>pioglitazone hcl</i>	28
<i>paroxetine hcl</i>	11	<i>pioglitazone hcl/metformin hcl</i>	28
<i>paroxetine hydrochloride</i>	11	<i>pioglitazone hcl-glimepiride</i>	28
PAXLOVID	27	<i>pioglitazone hydrochloride</i>	28
<i>pazopanib hydrochloride</i>	19	<i>piperacillin sodium/tazobactam sodium</i>	7
PEDIARIX	52	PIQRAY 200MG DAILY DOSE	19
PEDVAX HIB	52	PIQRAY 250MG DAILY DOSE	19
<i>peg-3350/electrolytes</i>	42	PIQRAY 300MG DAILY DOSE	19
<i>peg-3350/electrolytes/ascorbate</i>	42	<i>pirfenidone</i>	59
<i>peg-3350/nacl/na bicarbonate/kcl</i>	42	<i>piroxicam</i>	3
<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	42	<i>pitavastatin calcium</i>	34
<i>ascorbate/ascorbic</i>		PLEGRIDY	36
PEGASYS	50	PLEGRIDY STARTER PACK	36
PEGASYS	51	PLENAMINE	40
PEMAZYRE	19	<i>plerixafor</i>	30
PENBRAYA	52	<i>podofilox</i>	38
<i>penicillamine</i>	41	<i>polycin</i>	55
<i>penicillin g potassium</i>	7	<i>polymyxin b sulfate/trimethoprim sulfate</i>	55
<i>penicillin g potassium in iso-osmotic</i>	7	POMALYST	15
<i>dextrose</i>		<i>portia-28</i>	46
PENICILLIN G SODIUM	7	<i>posaconazole</i>	13
<i>penicillin v potassium</i>	7	<i>posaconazole dr</i>	13
PENMENVY	52	<i>potassium chloride</i>	40
PENTACEL	52	<i>potassium chloride er</i>	40
<i>pentamidine isethionate</i>	22	<i>potassium chloride/dextrose/sodium</i>	40
<i>pentoxifylline er</i>	33	<i>chloride</i>	
<i>perampanel</i>	9	<i>potassium citrate er</i>	40
<i>perindopril erbumine</i>	31	PRALUENT	34
<i>periogard</i>	36	<i>pramipexole dihydrochloride</i>	22
<i>permethrin</i>	39	<i>prasugrel hydrochloride</i>	30
<i>perphenazine</i>	22	<i>pravastatin sodium</i>	34
PERSERIS	23	<i>praziquantel</i>	21
<i>phenelzine sulfate</i>	11	<i>prazosin hydrochloride</i>	30
<i>phenobarbital</i>	9	<i>prednicarbate</i>	38
<i>phenytek</i>	10	<i>prednisolone</i>	44
<i>phenytoin</i>	10	<i>prednisolone acetate</i>	56
<i>phenytoin sodium extended</i>	10	<i>prednisolone sodium phosphate</i>	44
PHOSPHOLINE IODIDE	56	<i>prednisolone sodium phosphate</i>	56
PIFELTRO	25	<i>prednisone</i>	44

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>pregabalin</i>	9	<i>protriptyline hcl</i>	12
PREHEVBRIO	52	PULMOZYME	58
PREMARIN	47	PURIXAN	15
PREMASOL	40	<i>pyrazinamide</i>	14
<i>premium lidocaine</i>	5	<i>pyridostigmine bromide</i>	14
PREMPHASE	47	<i>pyridostigmine bromide er</i>	14
<i>prenatal</i>	41	<i>pyrimethamine</i>	22
<i>prevalite</i>	34	PYRUKYND	43
PREVYMIS	24	PYRUKYND TAPER PACK	43
PREZCOBIX	26	QINLOCK	19
PREZISTA	26	QUADRACEL	52
PRIFTIN	14	<i>quetiapine fumarate</i>	23
<i>primaquine phosphate</i>	22	<i>quinapril hydrochloride</i>	31
<i>primidone</i>	9	<i>quinapril/hydrochlorothiazide</i>	33
PRIORIX	52	<i>quinidine gluconate cr</i>	31
PRIVIGEN	49	<i>quinidine gluconate er</i>	31
PROAIR RESPICLICK	58	<i>quinidine sulfate</i>	31
<i>probenecid</i>	13	<i>quinine sulfate</i>	22
<i>probenecid/colchicine</i>	13	QVAR REDIHALER	57
<i>prochlorperazine</i>	12	RABAVERT	52
<i>prochlorperazine edisylate</i>	12	<i>rabeprazole sodium</i>	43
<i>prochlorperazine maleate</i>	12	RADICAVA ORS	36
PROCRIT	30	RADICAVA ORS STARTER KIT	36
PROCTOFOAM HC	38	RALDESY	11
<i>procto-med hc</i>	53	<i>raloxifene hydrochloride</i>	47
<i>proctosol hc</i>	53	<i>ramelteon</i>	60
<i>proctozone-hc</i>	53	<i>ramipril</i>	31
<i>progesterone</i>	47	<i>ranolazine er</i>	33
PROGRAF	51	<i>rasagiline mesylate</i>	22
PROLASTIN-C	43	RAYALDEE	53
PROLENSA	56	REBIF	36
PROLIA	53	REBIF REBIDOSE	36
PROMACTA	30	REBIF REBIDOSE TITRATION PACK	36
<i>promethazine hcl</i>	12	REBIF TITRATION PACK	36
<i>promethazine hydrochloride</i>	12	RECOMBIVAX HB	52
<i>promethazine hydrochloride plain</i>	12	RECTIV	42
<i>propafenone hcl</i>	31	RELENZA DISKHALER	26
<i>propafenone hydrochloride</i>	31	<i>repaglinide</i>	28
<i>propafenone hydrochloride er</i>	31	REPATHA	34
<i>propranolol hcl</i>	32	REPATHA PUSHTRONEX SYSTEM	34
<i>propranolol hydrochloride</i>	32	REPATHA SURECLICK	34
<i>propranolol hydrochloride er</i>	32	RESTASIS	55
<i>propylthiouracil</i>	48	RESTASIS MULTIDOSE	55
PROQUAD	52	RETACRIT	30
PROSOL	40	RETEVMO	19

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
REVCIVI	43	<i>salsalate</i>	3
REVLIMID	15	SANTYL	38
REVUFORJ	16	<i>sapropterin dihydrochloride</i>	43
REXULTI	23	SAVELLA	36
REYATAZ	26	SAVELLA TITRATION PACK	36
REZLIDHIA	19	<i>saxagliptin hydrochloride</i>	28
REZUROCK	51	<i>saxagliptin hydrochloride/metformin</i>	28
RHOPRESSA	56	<i>hydrochloride er</i>	
<i>ribavirin</i>	24	SCEMBLIX	20
<i>rifabutin</i>	14	<i>scopolamine</i>	12
<i>rifampin</i>	14	SECUADO	24
<i>riluzole</i>	36	<i>selegiline hcl</i>	22
<i>rimantadine hydrochloride</i>	26	<i>selenium sulfide</i>	38
RINVOQ	49	SELZENTRY	26
RINVOQ LQ	49	SEREVENT DISKUS	58
<i>risedronate sodium</i>	53	<i>sertraline hcl</i>	11
<i>risedronate sodium dr</i>	53	<i>sertraline hydrochloride</i>	12
RISPERDAL CONSTA	23	<i>sevelamer carbonate</i>	41
<i>risperidone</i>	24	<i>sf 5000 plus</i>	36
<i>risperidone er</i>	24	<i>sharobel</i>	47
<i>risperidone odt</i>	24	SHINGRIX	52
<i>ritonavir</i>	26	SIGNIFOR	48
<i>rivaroxaban</i>	30	<i>sildenafil citrate</i>	59
<i>rivastigmine tartrate</i>	11	<i>silver sulfadiazine</i>	38
<i>rivastigmine transdermal system</i>	11	SIMBRINZA	55
<i>rizatriptan benzoate</i>	14	<i>simvastatin</i>	34
<i>rizatriptan benzoate odt</i>	14	<i>sirolimus</i>	51
ROCKLATAN	55	SIRTURO	14
<i>roflumilast</i>	58	SKYRIZI	49
ROMVIMZA	19	SKYRIZI PEN	49
<i>ropinirole er</i>	22	<i>sodium chloride</i>	41
<i>ropinirole hcl</i>	22	<i>sodium chloride 0.45%</i>	40
<i>ropinirole hydrochloride</i>	22	<i>sodium chloride 0.9%</i>	54
<i>rosadan</i>	37	<i>sodium fluoride</i>	37
<i>rosuvastatin calcium</i>	34	<i>sodium fluoride 5000 plus</i>	36
<i>rosyrah</i>	47	<i>sodium fluoride 5000 ppm</i>	37
ROTARIX	52	SODIUM OXYBATE	60
ROTATEQ	52	<i>sodium phenylbutyrate</i>	43
<i>roweepra</i>	9	<i>sodium polystyrene sulfonate</i>	41
ROZLYTREK	19	<i>sodium sulfate/potassium sulfate/magnesium</i>	42
RUBRACA	19	<i>sulfate</i>	
<i>rufinamide</i>	10	<i>sofosbuvir/velpatasvir</i>	24
RUKOBIA	26	<i>solifenacin succinate</i>	44
RYBELSUS	28	SOLTAMOX	15
RYDAPT	19	SOLU-CORTEF	44

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
SOMATULINE DEPOT	48	SYMLINPEN 60	28
SOMAVERT	48	SYMPAZAN	9
<i>sorafenib</i>	20	SYMTUZA	26
<i>sorafenib tosylate</i>	20	SYNAREL	48
<i>sorine</i>	31	SYNJARDY	28
<i>sotalol hcl</i>	31	SYNJARDY XR	28
<i>sotalol hydrochloride</i>	31	SYNRIBO	16
<i>sotalol hydrochloride (af)</i>	31	SYNTHROID	48
SPIRIVA RESPIMAT	58	TABLOID	15
<i>spironolactone</i>	34	TABRECTA	20
<i>spironolactone/hydrochlorothiazide</i>	33	<i>tacrolimus</i>	38
SPRITAM	9	<i>tacrolimus</i>	51
SPRYCEL	20	<i>tadalafil</i>	44
<i>sps</i>	41	<i>tadalafil</i>	59
<i>ssd</i>	38	TAFINLAR	20
STAMARIL	52	<i>tafluprost</i>	56
STEQEYMA	49	TAGRISSE	20
<i>sterile water for irrigation</i>	54	TALZENNA	20
STIOLTO RESPIMAT	59	<i>tamoxifen citrate</i>	15
STIVARGA	20	<i>tamsulosin hydrochloride</i>	44
<i>streptomycin sulfate</i>	5	<i>tarina fe 1/20 eq</i>	47
STRIBILD	25	TASIGNA	20
STRIVERDI RESPIMAT	58	<i>tasimelteon</i>	60
<i>subvenite</i>	9	TAVNEOS	50
<i>subvenite starter kit/blue</i>	9	<i>taysofy</i>	47
<i>subvenite starter kit/green</i>	9	<i>tazarotene</i>	37
<i>subvenite starter kit/orange</i>	9	<i>tazicef</i>	7
SUCRAID	43	<i>taztia xt</i>	32
<i>sucralfate</i>	42	TAZVERIK	20
<i>sulfacetamide sodium</i>	8	<i>tdvax</i>	52
<i>sulfacetamide sodium</i>	55	<i>techlite insulin syringe u-100/0.5ml/30g x</i>	54
<i>sulfacetamide sodium/prednisolone sodium</i>	55	<i>1/2"</i>	
<i>phosphate</i>		TEFLARO	7
<i>sulfadiazine</i>	8	TEKTURN HCT	33
<i>sulfamethoxazole/trimethoprim</i>	8	<i>telmisartan</i>	31
<i>sulfamethoxazole/trimethoprim ds</i>	8	<i>telmisartan/amlodipine</i>	33
SULFAMYLON	39	<i>telmisartan/hydrochlorothiazide</i>	33
<i>sulfasalazine</i>	52	<i>temazepam</i>	60
<i>sulindac</i>	3	TENIVAC	52
<i>sumatriptan</i>	14	<i>tenofovir disoproxil fumarate</i>	26
<i>sumatriptan succinate</i>	14	TEPMETKO	20
<i>sumatriptan succinate refill</i>	14	<i>terazosin hcl</i>	44
<i>sunitinib malate</i>	20	<i>terazosin hydrochloride</i>	44
SUNLENCA	26	<i>terbinafine hcl</i>	13
SYMLINPEN 120	28	<i>terconazole</i>	13

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
<i>teriflunomide</i>	36	<i>tramadol hydrochloride</i>	4
<i>teriparatide</i>	53	<i>tramadol hydrochloride er</i>	3
<i>testosterone</i>	45	<i>tramadol hydrochloride/acetaminophen</i>	4
<i>testosterone cypionate</i>	45	<i>trandolapril</i>	31
<i>testosterone enanthate</i>	45	<i>trandolapril/verapamil hcl er</i>	33
<i>testosterone pump</i>	45	<i>tranexamic acid</i>	30
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT	52	<i>tranylcypromine sulfate</i>	11
<i>tetrabenazine</i>	36	TRAVASOL	41
<i>tetracycline hydrochloride</i>	8	<i>travoprost</i>	56
THALOMID	15	<i>trazodone hydrochloride</i>	12
<i>theophylline</i>	58	TRECATOR	14
<i>theophylline er</i>	58	TRELEGY ELLIPTA	59
<i>thioridazine hydrochloride</i>	23	TRESIBA	29
<i>thiothixene</i>	23	TRESIBA FLEXTOUCH	29
THYROID	48	<i>tretinoin</i>	21
<i>tiadylt er</i>	32	<i>tretinoin</i>	37
<i>tiagabine hydrochloride</i>	9	<i>tretinoin microsphere</i>	37
TIBSOVO	20	TREXALL	51
TICOVAC	52	<i>triamcinolone acetonide</i>	38
<i>tigecycline</i>	6	<i>triamcinolone acetonide</i>	44
<i>timolol hemihydrate</i>	56	<i>triamcinolone acetonide dental paste</i>	37
<i>timolol maleate</i>	14	<i>triamterene</i>	33
<i>timolol maleate</i>	56	<i>triamterene/hydrochlorothiazide</i>	33
<i>timolol maleate ophthalmic gel forming</i>	56	<i>triazolam</i>	60
<i>tinidazole</i>	6	<i>trientine hydrochloride</i>	41
<i>tiopronin dr</i>	44	<i>trifluoperazine hcl</i>	23
TIVICAY	25	<i>trifluoperazine hydrochloride</i>	23
TIVICAY PD	25	<i>trifluridine</i>	55
<i>tizanidine hcl</i>	24	<i>trihexyphenidyl hcl</i>	22
<i>tizanidine hydrochloride</i>	24	<i>trihexyphenidyl hydrochloride</i>	22
TOBI PODHALER	58	<i>trimethoprim</i>	6
TOBRADEX ST	55	<i>trimipramine maleate</i>	12
<i>tobramycin</i>	55	TRINTELLIX	12
<i>tobramycin sulfate</i>	6	<i>tri-sprintec</i>	47
<i>tobramycin/dexamethasone</i>	55	TRITOCIN	38
<i>tolterodine tartrate</i>	44	TRIUMEQ	26
<i>tolterodine tartrate er</i>	44	TRIUMEQ PD	26
<i>topiramate</i>	9	<i>trivora-28</i>	47
<i>toremifene citrate</i>	15	TRIZIVIR	26
<i>torseamide</i>	33	TROPHAMINE	41
TOUJEO MAX SOLOSTAR	29	<i>trospium chloride</i>	44
TOUJEO SOLOSTAR	29	<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	54
TRACLEER	59	<i>trueplus pen needles 29gx12mm</i>	54
TRADJENTA	28	TRULICITY	28

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #	Drug Name	Page #
TRUMENBA	52	<i>verapamil hcl</i>	32
TRUQAP	20	<i>verapamil hcl er</i>	32
TRUSELTIQ	16	<i>verapamil hcl sr</i>	32
TUKYSA	20	<i>verapamil hydrochloride</i>	32
TURALIO	20	<i>verapamil hydrochloride er</i>	32
<i>turqoz</i>	47	VERQUVO	35
TWINRIX	52	VERSACLOZ	24
TYBOST	26	VERZENIO	20
TYPHIM VI	52	VIBRAMYCIN	8
TYRVAYA	5	<i>vigabatrin</i>	10
UBRELVY	14	<i>vigadrone</i>	10
UDENYCA	30	VIGAFYDE	10
UDENYCA ONBODY	30	<i>vigpoder</i>	10
<i>unithroid</i>	48	VIIBRYD STARTER PACK	12
<i>ursodiol</i>	42	<i>vilazodone hydrochloride</i>	12
<i>valacyclovir hydrochloride</i>	27	VIMKUNYA	52
VALCHLOR	14	VIRACEPT	26
<i>valganciclovir</i>	24	VIREAD	26
<i>valganciclovir hydrochloride</i>	24	VITRAKVI	20
<i>valproic acid</i>	9	VIVITROL	5
<i>valsartan</i>	31	VIVOTIF	52
<i>valsartan/hydrochlorothiazide</i>	33	VIZIMPRO	20
VALTOCO 10 MG DOSE	10	VONJO	16
VALTOCO 15 MG DOSE	10	VORANIGO	21
VALTOCO 20 MG DOSE	10	<i>voriconazole</i>	13
VALTOCO 5 MG DOSE	10	VOSEVI	24
<i>valtya 1/50</i>	47	VOWST	42
<i>vancomycin</i>	6	VRAYLAR	24
<i>vancomycin hcl</i>	6	VUMERITY	36
<i>vancomycin hydrochloride</i>	6	<i>vyfemla</i>	47
VANFLYTA	20	VYZULTA	56
VAQTA	52	<i>warfarin sodium</i>	30
<i>varenicline starting month</i>	5	WELIREG	43
<i>varenicline tartrate</i>	5	<i>wixela inhub</i>	59
VARIVAX	52	XALKORI	21
VAXCHORA	52	XARAH FE	47
<i>velivet</i>	47	XARELTO	30
VELPHORO	41	XARELTO STARTER PACK	30
VEMLIDY	24	XATMEP	51
VENCLEXTA	20	XCOPRI	10
VENCLEXTA STARTING PACK	20	XDEMVI	55
<i>venlafaxine hydrochloride</i>	12	XELJANZ	50
<i>venlafaxine hydrochloride er</i>	12	XELJANZ XR	50
VENTAVIS	59	<i>xelria fe</i>	47
VEOZAH	36	XERMELO	42

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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	Page #
XGEVA	53
XIFAXAN	42
XIGDUO XR	28
XIIDRA	55
XOFLUZA	26
XOLAIR	50
XOSPATA	21
XPOVIO	21
XPOVIO 60 MG TWICE WEEKLY	21
XPOVIO 80 MG TWICE WEEKLY	21
XTANDI	15
<i>xulane</i>	47
YARGESA	43
YERVOY	21
YESINTEK	50
YF-VAX	52
<i>yuvaferm</i>	47
<i>zafemy</i>	47
<i>zafirlukast</i>	57
<i>zaleplon</i>	60
ZARXIO	30
ZEJULA	21
ZELBORAF	21
ZENATANE	37
ZENPEP	43
ZEPOSIA	36
ZEPOSIA 7-DAY STARTER PACK	36
ZEPOSIA STARTER KIT	36
<i>zidovudine</i>	26
<i>ziprasidone hcl</i>	24
<i>ziprasidone mesylate</i>	24
ZIRGAN	55
<i>zoledronic acid</i>	53
ZOLINZA	16
<i>zolpidem tartrate</i>	60
ZONISADE	10
<i>zonisamide</i>	10
ZOSYN	7
<i>zovia 1/35</i>	47
ZTALMY	10
ZURZUVAE	11
ZYDELIG	21
ZYKADIA	21
ZYPREXA RELPREVV	24

Formulary ID: 25503, Version: 15, Effective Date: 09/01/2025
Last Updated: 09/01/2025

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



This formulary was updated on 09/01/2025.

For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Member Services at **1-855-670-5934** (TTY users should call 711), 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30), or visit **www.thpmp.org/sco-member**.



1 Wellness Way
Canton, MA 02021