

State Health Benefits Program/School Employees' Health Benefits Program Medicare Prescription Drug Plan (PDP)

Your 2025 Comprehensive Formulary (or "Drug List")

Administered by Optum Rx[®]

Effective January 1, 2025



Please read: this document contains information about the drugs we cover in this plan. This comprehensive formulary was updated on September 16, 2024, and is a complete Drug List covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-844-368-8765
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com

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

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

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

When this drug list (formulary) refers to "we," "us," or "our," it means Optum Rx. When it refers to "plan" or "our plan," it means SHBP/SEHBP Medicare Prescription Drug Plan.

In most instances, you must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1, 2026.

What is the Comprehensive Formulary?

A formulary is a list of covered drugs selected by SHBP/SEHBP in consultation with Optum Rx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Optum Rx network pharmacy, and other plan rules are followed.

Can the formulary (drug list) change?

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

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

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

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member

requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SHBP/SEHBP’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2025. To get updated information about the drugs covered by SHBP/SEHBP please contact us. Our contact information appears on the front and back cover pages

To get updated information about covered drugs, please contact Optum Rx. You may also visit our website at optumrx.com where you will find the most up-to-date information about our list of covered drugs (formulary) by using the “Drug Information” tool (found under the “Member Tools” tab). Our contact information is shown on the front and back cover pages.

How do I use the formulary?

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

- **Medical Condition**

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 8. Then, look under the category name for your drug.

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Formulary design

The formulary structure features generic drugs, preferred brand-name drugs, non-preferred brand-name drugs, and high-cost/specialty drugs.

Drug Tier	Helpful Tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.

Last updated date: 09/16/2024

Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs.
Tier 4	Drugs listed under Tier 4 include generic and brand-name high-cost/specialty drugs that cost \$950 or more for up to a 30-day maximum supply.

Please refer to your Evidence of Coverage for more information.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”]

Are there any restrictions on my coverage?

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

Prior Authorization (PA) You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered.

Quantity Limits (QL) For certain drugs, there is a limit on the amount of the drug we will cover. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST) In some cases, it is required that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

To find out if your drug has any additional requirements or limits, look in the formulary that begins on page 8. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling OptumRx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask OptumRx to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section “How do I request an exception to the formulary?” on page 5 for additional information.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. SHBP/SEHBP pays for certain OTC drugs. The cost to SHBP/SEHBP of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Optum Rx and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If your drug is not covered, you have two options:

- You can ask Optum Rx for a list of similar drugs that are covered. When you receive the list, show it to your prescriber and ask them to prescribe a similar drug that is covered.
- You can ask Optum Rx to make an exception and cover your drug. See below for information about how to request an exception.

SHBP/SEHBP offers supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D and/or Part B. Please contact Optum Rx for any questions regarding your supplemental coverage.

How do I request an exception to the formulary?

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

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

Please Note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

You or your prescriber should contact Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision

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

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

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

For each of your drugs not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you get a formulary exception.

If you are a current enrollee with a level-of-care change and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call Optum Rx. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week. You may also visit [medicare.gov](https://www.medicare.gov).

Formulary

The formulary below provides information about your covered drugs. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., *atenolol*). The abbreviations in the "Requirements/Limits" column tell you if there are any special requirements for coverage of your drug

Last updated date: 09/16/2024

Requirements/Limits	Helpful Tips
B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from OptumRx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered. This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
COXANTO	4	PA; NDS
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium packet</i>	1	
<i>diclofenac potassium capsule</i>	4	NDS
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	4	NDS
<i>diclofenac sodium dr</i>	3	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	1	PA
<i>diclofenac sodium external solution 2%</i>	4	PA; NDS
DICLONA	4	NDS
<i>diflunisal tablet 500mg</i>	1	
<i>ec-naproxen tablet delayed release 500mg</i>	1	
ELYXYB	3	PA
<i>etodolac capsule, tablet</i>	1	
FLECTOR	3	QL(60 EA per 30 days); PA
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	4	NDS
<i>ibuprofen/famotidine</i>	1	QL(90 EA per 30 days); PA
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	3	
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>ketoprofen capsule 25mg</i>	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75MG/SPRAY	4	QL(5 EA per 30 days); NDS
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days)
LICART	3	QL(30 EA per 30 days); PA
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium cr tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	4	QL(60 EA per 30 days); PA; NDS
<i>naproxen suspension</i>	4	PA; NDS
<i>naproxen tablet delayed release 500mg</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>naproxen tablet 250mg, 375mg, 500mg</i>	1	
OXAPROZIN CAPSULE	4	PA; NDS
<i>oxaprozin tablet</i>	1	
<i>piroxicam capsule</i>	1	
RELAFEN DS	4	NDS
SPRIX	4	QL(5 EA per 30 days); NDS
<i>sulindac tablet</i>	1	
TOLECTIN 600	3	ST
<i>tolmetin sodium capsule</i>	1	
<i>tolmetin sodium tablet 600mg</i>	1	
Opioid Analgesics, Long-acting		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL(60 EA per 30 days); NDS
BELBUCA FILM 750MCG, 900MCG	4	QL(60 EA per 30 days); NDS
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
CONZIP	3	PA; NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	1	NDS
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	4	NDS
<i>hydrocodone bitartrate er capsule extended release 12 hour</i>	1	NDS
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20mg, 30mg, 40mg, 60mg, 80mg</i>	3	ST; NDS
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100mg, 120mg</i>	4	ST; NDS
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	NDS
<i>levorphanol tartrate tablet</i>	4	NDS
<i>methadone hcl oral solution, tablet</i>	1	NDS
<i>methadone hcl injection</i>	4	NDS
<i>methadone hydrochloride intensol</i>	1	NDS
<i>methadone hydrochloride concentrate</i>	1	NDS
<i>mitigo</i>	1	B/D; NDS
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	1	NDS
<i>morphine sulfate er tablet extended release</i>	1	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	4	NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40MG	3	ST; NDS
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST; NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 40MG	3	ST; NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST; NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	ST; NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST; NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride er</i>	1	NDS
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA; NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hydrochloride er</i>	1	NDS
XTAMPZA ER	2	NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/caffeine/dihydrocodeine capsule</i>	1	QL(300 EA per 30 days); NDS
<i>acetaminophen/codeine</i>	1	NDS
APADAZ	3	NDS
<i>ascomp/codeine</i>	1	NDS
BENZHYDROCODONE/ACETAMINOPHEN	3	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS
<i>codeine sulfate tablet</i>	1	NDS
DEMEROL INJECTION 75MG/ML	3	PA; NDS
DILAUDID INJECTION 0.2MG/ML	3	NDS
<i>duramorph</i>	1	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	1	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	PA; NDS
FENTANYL CITRATE TABLET	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 25mcg/0.5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, suppository, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
LORTAB ELIXIR 300MG/15ML; 10MG/15ML	3	NDS
<i>meperidine hcl oral solution</i>	1	NDS
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>meperidine hcl tablet 50mg</i>	1	NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS
<i>morphine sulfate oral solution, suppository, tablet</i>	1	NDS
<i>morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D; NDS
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	NDS
<i>nalbuphine hydrochloride</i>	1	NDS
NALOCET	4	NDS
NUCYNTA TABLET 50MG, 75MG	3	NDS
NUCYNTA TABLET 100MG	4	NDS
OXAYDO	4	NDS
OXYCODONE AND ACETAMINOPHEN	4	NDS
<i>oxycodone hcl capsule</i>	1	NDS
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	4	NDS
<i>oxycodone hydrochloride/acetaminophen solution 325mg/5ml; 5mg/5ml</i>	1	NDS
<i>oxycodone hydrochloride capsule, concentrate, solution, tablet</i>	1	NDS
<i>oxycodone hydrochloride tablet abuse-deterrent 10mg</i>	1	NDS
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 2.5MG, 300MG; 5MG	4	NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS
PROLATE	4	NDS
QDOLO	4	NDS
SEGLENTIS	3	QL(120 EA per 30 days); ST; NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
<i>tramadol hydrochloride tablet</i>	1	NDS
<i>tramadol hydrochloride solution</i>	3	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl jelly</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride solution</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine/prilocaine cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	1	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	1	PA
LIDOCAN	3	PA
LIDOTRAL GEL, SOLUTION	3	PA
<i>lydexa</i>	4	NDS
PLIAGLIS CREAM	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
QUTENZA	4	QL(4 EA per 90 days); PA; NDS
SYNERA	3	
ZTLIDO	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hcl tablet</i>	1	
VIVITROL	4	NDS
<i>Opioid Dependence</i>		
BRIXADI	4	NDS
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>lofexidine hydrochloride</i>	4	QL(224 EA per 14 days); NDS
LUCEMYRA	4	QL(224 EA per 14 days); NDS
SUBLOCADE	4	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL(60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL(90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9MG; 0.71MG	3	QL(180 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL(30 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG	3	QL(360 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL(60 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL(90 EA per 30 days)
<i>Opioid Reversal Agents</i>		
KLOXXADO	3	ST
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	3	
ZIMHI	3	ST
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL(60 EA per 30 days)
NICOTROL INHALER	3	QL(2688 EA per 365 days)
NICOTROL NS	2	QL(360 ML per 365 days)
TYRVAYA	3	QL(8.4 ML per 30 days)
<i>varenicline starting month box</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	4	PA; NDS
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate ointment 0.1%</i>	1	
HUMATIN	4	NDS
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate injection 1gm</i>	4	NDS
<i>tobramycin sulfate injection</i>	1	
ZEMDRI	4	NDS
<i>Antibacterials, Other</i>		
AEMCOLO	3	PA

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>aztreonam injection 1gm</i>	1	
<i>aztreonam injection 2gm</i>	4	NDS
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	4	NDS
DALVANCE	4	NDS
<i>daptomycin</i>	4	NDS
DAPTOMYCIN/SODIUM CHLORIDE	3	
IMPAVIDO	4	NDS
KIMYRSA	4	NDS
LIKMEZ	3	PA
<i>lincomycin hcl injection</i>	1	
<i>linezolid tablet</i>	1	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	4	QL(1800 ML per 28 days); NDS
<i>linezolid injection 600mg/300ml</i>	1	
<i>linezolid injection 600mg/300ml; 0.9%</i>	4	NDS
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
NITROFURANTOIN SUSPENSION 50MG/5ML	4	NDS
<i>nitrofurantoin suspension 25mg/5ml</i>	4	NDS
ORBACTIV	4	NDS
SIVEXTRO	4	QL(6 EA per 30 days); NDS
<i>tigecycline</i>	4	NDS
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
<i>vancomycin hcl injection 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	1	
<i>vancomycin hydrochloride injection 1.75gm, 1gm, 2gm, 500mg, 750mg</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
VIBATIV INJECTION 750MG	4	NDS
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XACDURO	4	NDS
XENLETA	4	NDS
ZYVOX INJECTION 200MG/100ML	4	NDS
Beta-lactam, Cephalosporins		
AVYCAZ	4	NDS
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	1	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin injection 2gm, 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	1	
<i>cefixime capsule</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
FETROJA	4	NDS
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	4	NDS
ZERBAXA	4	NDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN	4	NDS
<i>nafticillin sodium injection 10gm, 1gm, 2gm</i>	1	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g sodium</i>	4	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
Carbapenems		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
MEROPENEM/SODIUM CHLORIDE	3	
RECARBRIO	4	NDS
VABOMERE	3	
Macrolides		
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
DIFICID	4	NDS
<i>erythromycin dr tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	4	NDS
Quinolones		
BAXDELA	4	NDS
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	NDS
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	1	
DORYX MPC TABLET DELAYED RELEASE 60MG	4	NDS
<i>doxy 100</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate tablet</i>	1	
<i>doxycycline suspension reconstituted</i>	1	
LYMEPAK	4	NDS
MINOCIN INJECTION	4	NDS
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
<i>mondoxyne nl capsule 100mg</i>	1	
NUZYRA INJECTION	4	NDS
NUZYRA TABLET	4	QL(30 EA per 14 days); NDS
SEYSARA	4	NDS
<i>tetracycline hydrochloride capsule</i>	1	
XERAVA	4	NDS
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	4	PA; NDS
ELEPSIA XR	4	NDS
EPIDIOLEX	4	PA; NDS
EPRONTIA	3	
<i>felbamate</i>	1	
FINTEPLA	4	PA; NDS
FYCOMPA SUSPENSION	4	NDS
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	NDS
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine tablet chewable, tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	
NAYZILAM	3	QL(10 EA per 30 days)
<i>roweepra tablet 500mg</i>	1	
SPRITAM	3	
<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 er capsule extended release 24 hour 100mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	4	NDS
<i>topiramate er capsule er 24 hour sprinkle</i>	1	
<i>topiramate capsule sprinkle, tablet</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</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	4	PA; NDS
<i>diazepam rectal gel</i>	1	
<i>divalproex sodium dr tablet delayed release</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium capsule delayed release sprinkle</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL(180 EA per 30 days)
LIBERVANT	3	QL(10 EA per 30 days)
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>pregabalin capsule 300mg</i>	1	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin solution</i>	1	QL(900 ML per 30 days)
<i>primidone tablet</i>	1	
SYMPAZAN	4	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	4	PA; NDS
<i>vigadrone</i>	4	PA; NDS
VIGAFYDE	4	PA; NDS
<i>vigpoder</i>	4	PA; NDS
ZTALMY	4	PA; NDS
<i>Sodium Channel Agents</i>		
APTIOM	4	NDS
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	1	
<i>lacosamide tablet</i>	1	
<i>lacosamide oral solution</i>	3	
<i>lacosamide injection</i>	4	NDS
<i>oxcarbazepine</i>	1	
<i>oxcarbazepine er tablet extended release 24 hour 600mg</i>	4	NDS
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	4	NDS
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	4	NDS
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	4	NDS
XCOPRI TABLET	4	PA; NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
ZONISADE	3	ST
<i>zonisamide</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	2	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	2	QL(56 EA per 365 days); ST
<i>Cholinesterase Inhibitors</i>		
ADLARITY	3	ST
<i>donepezil hcl tablet disintegrating</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution, tablet</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	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	1	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	4	QL(30 EA per 30 days); ST; NDS
AUVELITY	4	QL(60 EA per 30 days); ST; NDS
<i>bupropion hcl tablet 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tablet</i>	1	
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	1	QL(90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>quetiapine fumarate tablet 150mg</i>	1	QL(90 EA per 30 days)
SPRAVATO 56MG DOSE	4	PA; NDS
SPRAVATO 84MG DOSE	4	PA; NDS
ZURZUVAE CAPSULE 30MG	4	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	4	QL(28 EA per 14 days); PA; NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	4	QL(30 EA per 30 days); ST; NDS
MARPLAN	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
CITALOPRAM HYDROBROMIDE CAPSULE	3	ST
<i>citalopram hydrobromide solution, tablet</i>	1	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL(30 EA per 30 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	1	
FETZIMA	3	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	3	QL(56 EA per 365 days); ST
<i>fluoxetine dr</i>	1	QL(4 EA per 28 days)
<i>fluoxetine hydrochloride capsule, solution, tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL(60 EA per 30 days)
<i>nefazodone hydrochloride</i>	3	
<i>paroxetine</i>	1	QL(30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension</i>	1	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
PEXEVA TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
PEXEVA TABLET 30MG	3	QL(60 EA per 30 days)
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPSULE	3	ST
<i>sertraline hydrochloride concentrate</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER	3	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er</i>	1	
VIIBRYD STARTER PACK	3	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl capsule</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate capsule</i>	1	
Antiemetics		
Antiemetics, Other		
BARHEMSYS	3	B/D
BONJESTA	3	QL(60 EA per 30 days)
<i>compro</i>	1	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL(120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>meclizine hydrochloride tablet 25mg, 50mg</i>	1	
PHENERGAN FORTIS	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hydrochloride</i>	1	B/D
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL(2 EA per 30 days); B/D
ANZEMET TABLET 50MG	3	QL(5 EA per 30 days); B/D
APONVIE	3	
<i>aprepitant capsule 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	1	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND SUSPENSION RECONSTITUTED	3	QL(6 EA per 30 days); B/D
<i>granisetron hydrochloride tablet</i>	1	QL(30 EA per 30 days); B/D
<i>ondansetron hcl solution</i>	1	QL(450 ML per 30 days); B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL(14 EA per 28 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	1	
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
SANCUSO	4	QL(2 EA per 30 days); NDS
SUSTOL	4	QL(1.2 ML per 30 days); NDS
SYNDROS	4	QL(120 ML per 30 days); PA; NDS
VARUBI TABLET THERAPY PACK	3	QL(4 EA per 28 days); B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
<i>amphotericin b liposome</i>	4	B/D; NDS
<i>amphotericin b injection</i>	1	B/D
<i>casposfungin acetate injection 70mg</i>	1	
<i>casposfungin acetate injection 50mg</i>	3	
<i>clotrimazole troche</i>	1	
<i>clotrimazole solution</i>	1	QL(60 ML per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>clotrimazole cream</i>	1	QL(90 GM per 30 days)
CRESEMBA INJECTION	4	NDS
CRESEMBA CAPSULE	4	PA; NDS
<i>econazole nitrate cream</i>	1	
ERAXIS	4	NDS
ERTACZO	4	NDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	4	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>itraconazole capsule</i>	1	PA
<i>itraconazole solution</i>	4	PA; NDS
JUBLIA	4	NDS
<i>ketoconazole shampoo, tablet</i>	1	
<i>ketoconazole cream</i>	1	QL(90 GM per 30 days)
<i>klayesta</i>	1	QL(120 GM per 30 days)
<i>micafungin</i>	1	
MICAFUNGIN/SODIUM CHLORIDE	3	
NOXAFIL PACKET, SUSPENSION	4	PA; NDS
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension, tablet</i>	1	
<i>nystatin powder</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
ORAVIG	4	NDS
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
<i>posaconazole dr</i>	4	PA; NDS
<i>posaconazole injection</i>	4	NDS
<i>posaconazole suspension</i>	4	PA; NDS
REZZAYO	4	NDS
<i>sulconazole nitrate solution</i>	1	
<i>tavaborole</i>	1	PA
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days)
<i>terconazole cream</i>	1	
TOLSURA	4	PA; NDS
VIVJOA	3	PA
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	4	NDS
<i>voriconazole injection</i>	4	PA; NDS
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
COLCHICINE CAPSULE	2	
COLCHICINE TABLET 0.6MG	2	
<i>febuxostat</i>	1	
GLOPERBA	3	ST
KRYSTEXXA	4	PA; NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	2	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	2	QL(2 ML per 28 days); PA
AJOVY	3	QL(4.5 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	2	QL(3 ML per 28 days); PA
QULIPTA	4	QL(30 EA per 30 days); PA; NDS
UBRELVY	4	QL(16 EA per 30 days); PA; NDS
<i>Ergot Alkaloids</i>		
CAFERGOT TABLET	3	QL(24 EA per 28 days)
<i>dihydroergotamine mesylate injection</i>	4	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate nasal solution</i>	4	QL(8 ML per 30 days); PA; NDS
ERGOMAR	4	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
MIGERGOT	4	QL(20 EA per 28 days); NDS
TRUDHESA	3	QL(12 ML per 28 days); PA
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
VYEPTI	3	QL(3 ML per 84 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	1	QL(12 EA per 30 days)
<i>almotriptan malate tablet 12.5mg</i>	1	QL(12 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
ONZETRA XSAIL	3	QL(16 EA per 30 days)
REYVOW TABLET 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABLET 100MG	3	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	1	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL(9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	1	QL(9 EA per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan solution</i>	1	QL(12 EA per 30 days)
TOSYMRA	3	QL(12 EA per 30 days)
ZEMBRACE SYMTOUCH	4	QL(8 ML per 30 days); NDS
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide solution</i>	3	
<i>pyridostigmine bromide tablet 60mg</i>	1	
VYVGART HYTRULO	4	PA; NDS
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
<i>cycloserine</i>	4	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid syrup, tablet</i>	1	
<i>isoniazid injection</i>	3	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
<i>rifampin capsule, injection</i>	1	
SIRTURO	4	NDS
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO	4	NDS
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	4	NDS
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	4	NDS
BENDEKA	4	NDS
<i>busulfan</i>	4	NDS
<i>carmustine</i>	4	NDS
CISPLATIN INJECTION 50MG	4	NDS
<i>cisplatin injection 100mg/100ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION	4	NDS
<i>cyclophosphamide capsule, tablet</i>	1	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 2GM/10ML, 500MG/2.5ML, 500MG/ML	4	NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025
Last Updated: 09/16/2024

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>cyclophosphamide injection 1000mg/10ml, 1gm/2ml, 1gm, 2000mg/20ml, 2gm/4ml, 2gm, 500mg/5ml, 500mg</i>	4	NDS
EVOMELA	4	NDS
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	4	NDS
<i>ifosfamide injection 3gm</i>	1	
LEUKERAN	4	NDS
MATULANE	4	NDS
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	4	NDS
TEMODAR INJECTION	4	NDS
<i>thiotepa injection 100mg, 15mg</i>	4	NDS
VALCHLOR	4	PA; NDS
VIVIMUSTA	4	NDS
YONDELIS	4	NDS
ZANOSAR	4	NDS
ZEPZELCA	4	PA; NDS
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	4	PA; NDS
<i>bicalutamide</i>	1	
ERLEADA	4	PA; NDS
EULEXIN	4	NDS
<i>flutamide</i>	1	
<i>nilutamide</i>	4	NDS
NUBEQA	4	PA; NDS
XTANDI	4	PA; NDS
YONSA	4	PA; NDS
Antiangiogenic Agents		
<i>lenalidomide</i>	4	PA; NDS
POMALYST	4	PA; NDS
REVLIMID	4	PA; NDS
THALOMID	4	PA; NDS
Antiestrogens/Modifiers		
EMCYT	4	NDS
<i>fulvestrant</i>	4	NDS
ORSERDU	4	PA; NDS
SOLTAMOX	4	NDS
<i>tamoxifen citrate tablet</i>	1	
<i>toremifene citrate</i>	4	NDS
Antimetabolites		
<i>cladribine</i>	4	B/D; NDS
<i>clofarabine</i>	4	NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	3	
<i>floxuridine injection</i>	4	B/D; NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	4	PA; NDS
<i>gemcitabine hydrochloride injection 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 2gm/20ml</i>	4	NDS
<i>hydroxyurea capsule</i>	1	
INFUGEM	4	NDS
<i>mercaptopurine tablet</i>	1	
<i>nelarabine</i>	4	NDS
NIPENT	4	NDS
<i>pemetrexed disodium</i>	4	NDS
PEMETREXED INJECTION 1GM/40ML	3	
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG, 850MG/34ML	4	NDS
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	4	NDS
PEMFEXY	4	NDS
PEMRYDI RTU	4	NDS
PRALATREXATE	4	PA; NDS
PURIXAN	4	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	4	PA; NDS
TABLOID	4	NDS
VYXEOS	4	PA; NDS
<i>Antineoplastics, Other</i>		
ABRAXANE	4	NDS
<i>adriamycin injection 50mg</i>	1	B/D
ADSTILADRIN	4	PA; NDS
AKEEGA	4	PA; NDS
ANKTIVA	4	PA; NDS
<i>arsenic trioxide</i>	4	NDS
ASPARLAS	4	NDS
<i>azacitidine</i>	4	NDS
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB INJECTION 3.5MG	4	PA; NDS
<i>bortezomib injection 1mg, 2.5mg</i>	1	PA
<i>bortezomib injection 3.5mg/1.4ml</i>	3	PA
<i>bortezomib injection 3.5mg</i>	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
COLUMVI	4	PA; NDS
<i>dactinomycin</i>	4	NDS
<i>decitabine</i>	4	NDS
<i>docetaxel injection 160mg/8ml, 20mg/2ml, 80mg/8ml</i>	4	NDS
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	4	NDS
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELLENCEN INJECTION 50MG/25ML	3	
ELREXFIO	4	PA; NDS
ELZONRIS	4	PA; NDS
EPKINLY	4	PA; NDS
<i>eribulin mesylate</i>	4	PA; NDS
ETHYOL	4	NDS
HALAVEN	4	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	4	PA; NDS
<i>idarubicin hcl</i>	4	NDS
IMDELLTRA	4	PA; NDS
INREBIC	4	PA; NDS
IWILFIN	4	PA; NDS
IXEMPRA KIT	4	NDS
JEVTANA	4	PA; NDS
KIMMTRAK	4	PA; NDS
KISQALI FEMARA 200 DOSE	4	PA; NDS
KISQALI FEMARA 400 DOSE	4	PA; NDS
KISQALI FEMARA 600 DOSE	4	PA; NDS
LAZCLUZE TABLET 240MG	4	PA; NDS
LAZCLUZE TABLET 80MG	4	QL(60 EA per 30 days); PA; NDS
<i>leucovorin calcium tablet</i>	1	
<i>leucovorin calcium injection 500mg</i>	1	
<i>levoleucovorin injection 50mg</i>	4	NDS
LONSURF	4	PA; NDS
LYSODREN	4	NDS
<i>mitomycin injection 20mg, 40mg, 5mg</i>	4	NDS
OGSIVEO	4	PA; NDS
OJEMDA	4	PA; NDS
ONCASPAR	4	NDS
ONUREG	4	PA; NDS
PACLITAXEL PROTEIN-BOUND PARTICLES	4	NDS
PEMETREXED INJECTION 100MG/4ML	4	NDS
PHEGO	4	PA; NDS
PHOTOFRIN	4	NDS
PROLEUKIN	4	NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>romidepsin injection 10mg</i>	4	PA; NDS
RYLAZE	4	NDS
RYTELO	4	PA; NDS
SYNRIBO	4	NDS
TALVEY	4	PA; NDS
TECVAYLI	4	PA; NDS
TICE BCG	3	
TRUSELTIQ	4	PA; NDS
<i>valrubicin</i>	4	NDS
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
VONJO	4	PA; NDS
ZALTRAP	4	PA; NDS
ZOLINZA	4	PA; NDS
Antineoplastics		
OPDUALAG	4	PA; NDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	4	NDS
<i>irinotecan hydrochloride</i>	4	NDS
<i>irinotecan injection 500mg/25ml</i>	4	NDS
KYPROLIS	4	PA; NDS
ONIVYDE	4	NDS
<i>topotecan hcl injection 4mg</i>	4	NDS
<i>topotecan hydrochloride</i>	4	NDS
Molecular Target Inhibitors		
ALECENSA	4	PA; NDS
ALIQOPA	4	PA; NDS
ALUNBRIG TABLET THERAPY PACK	4	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	4	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	4	QL(30 EA per 30 days); PA; NDS
AUGTYRO	4	PA; NDS
AYVAKIT	4	QL(30 EA per 30 days); PA; NDS
BALVERSA	4	PA; NDS
BELEODAQ	4	PA; NDS
BOSULIF	4	PA; NDS
BRAFTOVI CAPSULE 75MG	4	PA; NDS
BRUKINSA	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
CABOMETYX TABLET 40MG, 60MG	4	PA; NDS
CABOMETYX TABLET 20MG	4	QL(30 EA per 30 days); PA; NDS
CALQUENCE	4	PA; NDS
CAPRELSA TABLET 300MG	4	PA; NDS
CAPRELSA TABLET 100MG	4	QL(60 EA per 30 days); PA; NDS
COMETRIQ	4	PA; NDS
COPIKTRA	4	PA; NDS
COTELLIC	4	PA; NDS
<i>dasatinib</i>	4	PA; NDS
DAURISMO	4	PA; NDS
ERIVEDGE	4	PA; NDS
<i>erlotinib hydrochloride tablet</i>	4	PA; NDS
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	4	PA; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); PA; NDS
EXKIVITY	4	NDS
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	4	NDS
FOTIVDA	4	PA; NDS
FRUZAQLA	4	PA; NDS
FYARRO	4	PA; NDS
GAVRETO	4	PA; NDS
<i>gefitinib</i>	4	PA; NDS
GILOTRIF	4	QL(30 EA per 30 days); PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	PA; NDS
ICLUSIG TABLET 30MG, 45MG	4	PA; NDS
ICLUSIG TABLET 10MG, 15MG	4	QL(30 EA per 30 days); PA; NDS
IDHIFA	4	QL(30 EA per 30 days); PA; NDS
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	4	PA; NDS
INLYTA	4	PA; NDS
INQOVI	4	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	4	PA; NDS
JAKAFI TABLET 10MG	4	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	4	PA; NDS
JAYPIRCA TABLET 50MG	4	QL(30 EA per 30 days); PA; NDS
KISQALI	4	PA; NDS
KOSELUGO	4	PA; NDS
KRAZATI	4	PA; NDS
<i>lapatinib ditosylate</i>	4	PA; NDS
LENVIMA 10 MG DAILY DOSE	4	PA; NDS
LENVIMA 12MG DAILY DOSE	4	PA; NDS
LENVIMA 14 MG DAILY DOSE	4	PA; NDS
LENVIMA 18 MG DAILY DOSE	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
LENVIMA 20 MG DAILY DOSE	4	PA; NDS
LENVIMA 24 MG DAILY DOSE	4	PA; NDS
LENVIMA 4 MG DAILY DOSE	4	PA; NDS
LENVIMA 8 MG DAILY DOSE	4	PA; NDS
LORBRENA	4	PA; NDS
LUMAKRAS	4	PA; NDS
LYNPARZA TABLET	4	PA; NDS
LYTGOBI	4	PA; NDS
MEKINIST	4	PA; NDS
MEKTOVI	4	PA; NDS
NERLYNX	4	QL(180 EA per 30 days); PA; NDS
NINLARO	4	PA; NDS
ODOMZO	4	PA; NDS
OJJAARA	4	PA; NDS
<i>pazopanib hydrochloride</i>	4	PA; NDS
PEMAZYRE	4	QL(30 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE	4	PA; NDS
PIQRAY 250MG DAILY DOSE	4	PA; NDS
PIQRAY 300MG DAILY DOSE	4	PA; NDS
QINLOCK	4	PA; NDS
RETEVMO CAPSULE	4	PA; NDS
RETEVMO TABLET 120MG, 160MG	4	PA; NDS
RETEVMO TABLET 80MG	4	QL(60 EA per 30 days); PA; NDS
RETEVMO TABLET 40MG	4	QL(90 EA per 30 days); PA; NDS
REZLIDHIA	4	PA; NDS
ROZLYTREK	4	PA; NDS
RUBRACA	4	PA; NDS
RYDAPT	4	PA; NDS
SCEMBLIX TABLET 40MG	4	PA; NDS
SCEMBLIX TABLET 100MG	4	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABLET 20MG	4	QL(60 EA per 30 days); PA; NDS
<i>sorafenib</i>	4	PA; NDS
<i>sorafenib tosylate</i>	4	PA; NDS
SPRYCEL	4	PA; NDS
STIVARGA	4	PA; NDS
<i>sunitinib malate</i>	4	PA; NDS
TABRECTA	4	QL(120 EA per 30 days); PA; NDS
TAFINLAR	4	PA; NDS
TAGRISSO TABLET 80MG	4	PA; NDS
TAGRISSO TABLET 40MG	4	QL(30 EA per 30 days); PA; NDS
TALZENNA	4	PA; NDS
TASIGNA	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
TAZVERIK	4	PA; NDS
<i>temsirolimus</i>	4	NDS
TEPMETKO	4	PA; NDS
TIBSOVO	4	PA; NDS
TORPENZ	4	QL(30 EA per 30 days); PA; NDS
TRUQAP	4	PA; NDS
TUKYSA	4	PA; NDS
TURALIO	4	PA; NDS
VANFLYTA	4	PA; NDS
VENCLEXTA STARTING PACK	4	PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	4	PA; NDS
VERZENIO	4	PA; NDS
VIJOICE PACKET	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	4	QL(56 EA per 28 days); PA; NDS
VITRAKVI	4	PA; NDS
VIZIMPRO	4	PA; NDS
XALKORI	4	PA; NDS
XOSPATA	4	PA; NDS
XPOVIO	4	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	4	PA; NDS
XPOVIO 80 MG TWICE WEEKLY	4	PA; NDS
ZEJULA CAPSULE	4	PA; NDS
ZEJULA TABLET 200MG, 300MG	4	PA; NDS
ZEJULA TABLET 100MG	4	QL(30 EA per 30 days); PA; NDS
ZELBORAF	4	PA; NDS
ZYDELIG	4	PA; NDS
ZYKADIA TABLET	4	PA; NDS
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
ADCETRIS	4	PA; NDS
ALYMSYS	4	PA; NDS
ARZERRA	4	PA; NDS
AVASTIN	4	PA; NDS
BAVENCIO	4	PA; NDS
BESPOUSA	4	PA; NDS
BLINCYTO	4	PA; NDS
CYRAMZA	4	PA; NDS
DANYELZA	4	PA; NDS
DARZALEX	4	PA; NDS
DARZALEX FASPRO	4	PA; NDS
ELAHERE	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
EMPLICITI	4	PA; NDS
ENHERTU	4	PA; NDS
ERBITUX	4	PA; NDS
GAZYVA	4	PA; NDS
HERCEPTIN HYLECTA	4	PA; NDS
HERCEPTIN INJECTION 150MG	4	PA; NDS
HERZUMA	4	PA; NDS
IMFINZI	4	PA; NDS
IMJUDO	4	PA; NDS
JEMPERLI	4	PA; NDS
KADCYLA	4	PA; NDS
KANJINTI	4	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	4	PA; NDS
LIBTAYO	4	PA; NDS
LOQTORZI	4	PA; NDS
LUMOXITI	4	PA; NDS
LUNSUMIO	4	PA; NDS
MARGENZA	4	PA; NDS
MONJUVI	4	PA; NDS
MVASI	4	PA; NDS
MYLOTARG	4	PA; NDS
OGIVRI	4	PA; NDS
ONTRUZANT	4	PA; NDS
OPDIVO	4	PA; NDS
PADCEV	4	PA; NDS
PERJETA	4	PA; NDS
POLIVY	4	PA; NDS
PORTRAZZA	4	PA; NDS
POTELIGEO	4	PA; NDS
RIABNI	4	PA; NDS
RITUXAN	4	PA; NDS
RITUXAN HYCELA	4	PA; NDS
RUXIENCE	4	PA; NDS
RYBREVANT	4	PA; NDS
SARCLISA	4	PA; NDS
TECENTRIQ	4	PA; NDS
TECENTRIQ HYBREZA	4	PA; NDS
TEVIMBRA	4	PA; NDS
TIVDAK	4	PA; NDS
TRAZIMERA	4	PA; NDS
TRODELVY	4	PA; NDS
TRUXIMA	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
UNITUXIN	4	PA; NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	4	NDS
VEGZELMA	4	PA; NDS
YERVOY	4	PA; NDS
ZEVALIN Y-90	4	NDS
ZIRABEV	4	PA; NDS
ZYNLONTA	4	PA; NDS
ZYNYZ	4	PA; NDS
Retinoids		
<i>bexarotene</i>	4	PA; NDS
PANRETIN	4	NDS
<i>tretinoin capsule 10mg</i>	4	NDS
Treatment Adjuncts		
<i>dexrazoxane</i>	4	NDS
ELITEK	4	NDS
KHAPZORY	4	NDS
MESNEX TABLET	4	NDS
VORANIGO TABLET 40MG	4	PA; NDS
VORANIGO TABLET 10MG	4	QL(60 EA per 30 days); PA; NDS
VORAXAZE	4	NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	NDS
EMVERM	3	
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	NDS
ARTESUNATE	4	NDS
<i>atovaquone</i>	3	
<i>atovaquone/proguanil hcl</i>	1	
BENZNIDAZOLE	2	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet</i>	1	
<i>mefloquine hcl</i>	1	
<i>nitazoxanide</i>	4	NDS
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	4	PA; NDS
<i>quinine sulfate capsule 324mg</i>	1	PA

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
SOVUNA	3	ST
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tablet</i>	1	
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
GOCOVRI	4	PA; NDS
NOURIANZ	4	PA; NDS
ONGENTYS	3	ST
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	3	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	3	PA
<i>tolcapone</i>	4	QL(180 EA per 30 days); NDS
<i>Dopamine Agonists</i>		
<i>apomorphine hydrochloride injection</i>	4	QL(90 ML per 30 days); PA; NDS
<i>bromocriptine mesylate capsule, tablet</i>	3	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 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 tablet</i>	1	
DHIVY	3	ST
DUOPA	4	PA; NDS
INBRIJA	4	PA; NDS
RYTARY	3	ST
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
XADAGO	4	QL(30 EA per 30 days); ST; NDS
ZELAPAR	4	NDS
Antipsychotics		
<i>1st Generation/Typical</i>		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl concentrate</i>	1	
<i>fluphenazine hcl tablet 1mg</i>	1	
<i>fluphenazine hydrochloride elixir, injection</i>	1	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	
<i>haloperidol decanoate injection</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate capsule 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</i>	1	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	4	NDS
ABILIFY MAINTENA	4	NDS
ABILIFY MYCITE MAINTENANCE KIT	4	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	4	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	4	ST; NDS
<i>aripiprazole odt tablet disintegrating 15mg</i>	1	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(60 EA per 30 days); NDS
<i>aripiprazole tablet</i>	1	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	1	QL(750 ML per 30 days)
ARISTADA	4	NDS
ARISTADA INITIO	4	NDS
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)
CAPLYTA	4	QL(30 EA per 30 days); PA; NDS
FANAPT	4	QL(60 EA per 30 days); ST; NDS
FANAPT TITRATION PACK	3	QL(16 EA per 365 days); ST
INVEGA HAFYERA	4	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	4	NDS
INVEGA TRINZA	4	NDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>lurasidone hydrochloride tablet 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	4	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE	4	PA; NDS
NUPLAZID TABLET 10MG	4	PA; NDS
<i>olanzapine odt</i>	1	QL(30 EA per 30 days)
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL(60 EA per 30 days)
PERSERIS	4	NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	1	QL(90 EA per 30 days)
REXULTI	4	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	4	NDS
<i>risperidone er injection 12.5mg, 25mg</i>	3	
<i>risperidone er injection 37.5mg, 50mg</i>	4	NDS
<i>risperidone odt</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	1	QL(240 ML per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
SECUADO	4	QL(30 EA per 30 days); ST; NDS
UZEDY	4	ST; NDS
VRAYLAR CAPSULE THERAPY PACK	3	QL(14 EA per 365 days)
VRAYLAR CAPSULE	4	QL(30 EA per 30 days); NDS
<i>ziprasidone hcl</i>	1	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	4	NDS
ZYPREXA TABLET 20MG	4	QL(30 EA per 30 days); NDS
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	1	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL(90 EA per 30 days)
<i>clozapine tablet 200mg</i>	1	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	1	QL(180 EA per 30 days)
<i>clozapine tablet 100mg, 25mg</i>	1	QL(270 EA per 30 days)
VERSACLOZ	4	QL(540 ML per 30 days); NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet</i>	1	
<i>baclofen suspension</i>	4	ST; NDS
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	4	B/D; NDS
BACLOFEN ORAL SOLUTION 10MG/5ML	3	ST
BACLOFEN ORAL SOLUTION 5MG/5ML	4	ST; NDS
BOTOX	3	PA
<i>dantrolene sodium capsule</i>	1	
<i>dantrolene sodium injection</i>	4	NDS
DYSPORT	3	PA
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D
GABLOFEN INJECTION 40000MCG/20ML, 50MCG/ML	4	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML	4	B/D; NDS
LYVISPAH PACKET 20MG	3	QL(120 EA per 30 days); ST
LYVISPAH PACKET 5MG	3	QL(270 EA per 30 days); ST
LYVISPAH PACKET 10MG	3	QL(90 EA per 30 days); ST
MYOBLOC	3	PA
OZOBAX	4	ST; NDS
OZOBAX DS	4	ST; NDS
<i>revonto</i>	4	NDS
SOHONOS CAPSULE 5MG	4	QL(112 EA per 28 days); PA; NDS
SOHONOS CAPSULE 2.5MG	4	QL(224 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1.5MG	4	QL(364 EA per 28 days); PA; NDS
SOHONOS CAPSULE 10MG	4	QL(56 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1MG	4	QL(560 EA per 28 days); PA; NDS
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	4	PA; NDS
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	4	NDS
<i>foscarnet sodium injection 6000mg/250ml</i>	4	B/D; NDS
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	4	NDS
PREVYMIS	4	NDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	4	NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE SOLUTION	4	QL(600 ML per 30 days); NDS
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION	3	
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	4	NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACKET 150MG; 37.5MG	4	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABLET 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABLET 400MG; 100MG	4	QL(84 EA per 365 days); PA; NDS
HARVONI PACKET 33.75MG; 150MG	4	QL(168 EA per 365 days); PA; NDS
HARVONI PACKET 45MG; 200MG	4	QL(336 EA per 365 days); PA; NDS
HARVONI TABLET 90MG; 400MG	4	QL(168 EA per 365 days); PA; NDS
HARVONI TABLET 45MG; 200MG	4	QL(336 EA per 365 days); PA; NDS
LEDIPASVIR/SOFOSBUVIR	4	QL(168 EA per 365 days); PA; NDS
MAVYRET TABLET	4	QL(336 EA per 365 days); PA; NDS
MAVYRET PACKET	4	QL(560 EA per 365 days); PA; NDS
<i>ribavirin tablet 200mg</i>	1	
SOFOSBUVIR/VELPATASVIR	4	QL(84 EA per 365 days); PA; NDS
SOVALDI TABLET	4	QL(336 EA per 365 days); PA; NDS
SOVALDI PACKET 150MG	4	QL(168 EA per 365 days); PA; NDS
SOVALDI PACKET 200MG	4	QL(336 EA per 365 days); PA; NDS
VIEKIRA PAK	4	QL(672 EA per 365 days); NDS
VOSEVI	4	QL(84 EA per 365 days); PA; NDS
ZEPATIER	4	QL(112 EA per 365 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	4	QL(30 EA per 30 days); NDS
CABENUVA	4	NDS
DOVATO	4	QL(30 EA per 30 days); NDS
GENVOYA	4	QL(30 EA per 30 days); NDS
ISENTRESS HD	4	QL(60 EA per 30 days); NDS
ISENTRESS PACKET, TABLET	4	QL(60 EA per 30 days); NDS
ISENTRESS TABLET CHEWABLE 25MG	2	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL(180 EA per 30 days); NDS
JULUCA	4	QL(30 EA per 30 days); NDS
STRIBILD	4	QL(30 EA per 30 days); NDS
TIVICAY PD	4	QL(180 EA per 30 days); NDS
TIVICAY TABLET 10MG	3	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	4	QL(30 EA per 30 days); NDS
TIVICAY TABLET 50MG	4	QL(60 EA per 30 days); NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
VOCABRIA	4	NDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	4	QL(30 EA per 30 days); NDS
DELSTRIGO	4	QL(30 EA per 30 days); NDS
EDURANT	4	QL(30 EA per 30 days); NDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days); NDS
<i>efavirenz tablet</i>	1	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	1	QL(90 EA per 30 days)
<i>etravirine</i>	4	QL(60 EA per 30 days); NDS
INTELENCE TABLET 25MG	3	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	1	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	1	QL(1200 ML per 30 days)
<i>nevirapine tablet</i>	1	QL(60 EA per 30 days)
PIFELTRO	4	QL(30 EA per 30 days); NDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate</i>	1	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine</i>	1	QL(30 EA per 30 days)
<i>abacavir tablet</i>	1	QL(60 EA per 30 days)
<i>abacavir solution</i>	1	QL(960 ML per 30 days)
CIMDUO	4	QL(30 EA per 30 days); NDS
DESCOVY	4	QL(30 EA per 30 days); NDS
<i>emtricitabine</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</i>	4	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	4	QL(30 EA per 30 days); NDS
EMTRIVA SOLUTION	3	QL(850 ML per 30 days)
<i>lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	QL(960 ML per 30 days)
<i>lamivudine tablet 300mg</i>	1	QL(30 EA per 30 days)
<i>lamivudine tablet 150mg</i>	1	QL(60 EA per 30 days)
ODEFSEY	4	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION	3	
<i>stavudine capsule</i>	3	
<i>tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
TRIUMEQ	4	QL(30 EA per 30 days); NDS
TRIUMEQ PD	3	QL(180 EA per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
TRIZIVIR	4	QL(60 EA per 30 days); NDS
VIREAD POWDER	4	QL(240 GM per 30 days); NDS
VIREAD TABLET 150MG, 200MG, 250MG	4	QL(30 EA per 30 days); NDS
<i>zidovudine capsule</i>	1	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	1	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	1	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	4	NDS
<i>maraviroc tablet 300mg</i>	4	QL(120 EA per 30 days); NDS
<i>maraviroc tablet 150mg</i>	4	QL(60 EA per 30 days); NDS
RUKOBIA	4	QL(60 EA per 30 days); NDS
SELZENTRY SOLUTION	4	NDS
SELZENTRY TABLET 25MG	3	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	4	QL(60 EA per 30 days); NDS
SUNLENCA INJECTION	4	NDS
SUNLENCA TABLET THERAPY PACK 300MG	4	QL(10 EA per 365 days); NDS
SUNLENCA TABLET THERAPY PACK 300MG	4	QL(8 EA per 365 days); NDS
TROGARZO	4	NDS
TYBOST	2	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	4	QL(120 EA per 30 days); NDS
<i>atazanavir sulfate capsule 300mg</i>	1	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	1	
<i>atazanavir capsule 200mg</i>	1	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	4	QL(30 EA per 30 days); NDS
<i>darunavir tablet 600mg</i>	4	QL(60 EA per 30 days); NDS
EVOTAZ	4	QL(30 EA per 30 days); NDS
<i>fosamprenavir calcium</i>	4	QL(120 EA per 30 days); NDS
LEXIVA SUSPENSION	3	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET	3	QL(360 EA per 30 days)
NORVIR SOLUTION	3	QL(480 ML per 30 days)
PREZCOBIX	4	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION	4	QL(400 ML per 30 days); NDS
PREZISTA TABLET 75MG	3	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	4	QL(180 EA per 30 days); NDS
REYATAZ PACKET	4	QL(180 EA per 30 days); NDS
<i>ritonavir</i>	1	QL(360 EA per 30 days)
SYMTUZA	4	QL(30 EA per 30 days); NDS
VIRACEPT TABLET 625MG	4	QL(120 EA per 30 days); NDS
VIRACEPT TABLET 250MG	4	QL(300 EA per 30 days); NDS
Anti-influenza Agents		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>amantadine hcl capsule, solution</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL(1080 ML per 365 days)
RAPIVAB	4	NDS
RELENZA DISKHALER	3	QL(240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	2	
XOFLUZA TABLET THERAPY PACK 20MG	2	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>famciclovir tablet</i>	1	
SITAVIG	3	QL(2 EA per 30 days)
<i>valacyclovir hydrochloride</i>	1	QL(120 EA per 30 days)
VYJUVEK	4	PA; NDS
Antiviral, Coronavirus Agents		
LAGEVRIO	2	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days); (300mg-100mg Pak)
VEKLURY INJECTION 100MG	4	QL(4 EA per 3 days); NDS
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL(120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL(900 EA per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	1	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL(720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam concentrate, oral solution</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL(150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL(30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL(90 EA per 30 days)
<i>midazolam hcl injection 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL(120 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI	3	PA
<i>Mood Stabilizers</i>		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	
ADLYXIN	3	QL(6 ML per 28 days)
ADLYXIN STARTER PACK	3	QL(12 ML per 365 days)
ALOGLIPTIN	3	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	ST
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
<i>bexagliflozin</i>	3	QL(30 EA per 30 days); ST
BRENZAVVY	3	QL(30 EA per 30 days); ST
BYDUREON BCISE	3	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	3	QL(4.8 ML per 28 days); PA
CYCLOSET	3	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL(30 EA per 30 days)
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	1	PA
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 625mg</i>	4	PA; NDS
<i>miglitol</i>	1	
MOUNJARO	2	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
NESINA	3	QL(30 EA per 30 days); ST
OSENI TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
QTERN	3	ST
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	2	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	3	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	3	ST
SEGLUROMET	3	ST
<i>sitagliptin</i>	3	QL(30 EA per 30 days); ST
SOLIQUA 100/33	2	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
STEGLUJAN	3	ST
SYMLINPEN 120	4	PA; NDS
SYMLINPEN 60	4	PA; NDS
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	QL(30 EA per 30 days)
TRIJARDY XR	2	
TRULICITY	2	QL(2 ML per 28 days); PA
XIGDUO XR	2	
XULTOPHY 100/3.6	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	4	NDS
GLUCAGEN HYPOKIT	3	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
ZEGALOGUE	3	ST
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	4	PA; NDS
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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 KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN LISPRO	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>argatroban/sodium chloride</i>	4	NDS
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	4	NDS
CEPROTIN	4	NDS
<i>dabigatran etexilate</i>	3	QL(60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	2	QL(60 EA per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
ELIQUIS TABLET 5MG	2	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	NDS
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	NDS
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
TISSEEL KIT	4	NDS
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	4	QL(600 ML per 30 days); NDS
XARELTO TABLET 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
ADAKVEO	4	PA; NDS
ALVAIZ	4	PA; NDS
<i>anagrelide hydrochloride</i>	1	
APHEXDA	4	NDS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	4	PA; NDS
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FABHALTA	4	QL(60 EA per 30 days); PA; NDS
FULPHILA	4	PA; NDS
FYLNETRA	4	PA; NDS
GRANIX	4	ST; NDS
LEUKINE INJECTION 250MCG	4	PA; NDS
MULPLETA	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
NEULASTA	4	PA; NDS
NEULASTA ONPRO KIT	4	PA; NDS
NEUPOGEN	4	ST; NDS
NIVESTYM	4	ST; NDS
NPLATE	4	PA; NDS
NYVEPRIA	4	PA; NDS
<i>plerixafor</i>	4	NDS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA; NDS
PROMACTA	4	PA; NDS
REBLOZYL	4	PA; NDS
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RELEUKO INJECTION 300MCG/ML, 480MCG/1.6ML	4	ST; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	4	PA; NDS
ROLVEDON	4	PA; NDS
STIMUFEND	4	PA; NDS
UDENYCA	4	PA; NDS
UDENYCA ONBODY	4	PA; NDS
VAFSEO TABLET 150MG	3	QL(90 EA per 30 days); PA
VAFSEO TABLET 300MG	4	QL(60 EA per 30 days); PA; NDS
XOLREMDI	4	QL(120 EA per 30 days); PA; NDS
ZARXIO	4	NDS
ZIEXTENZO	4	PA; NDS
<i>Hemostasis Agents</i>		
<i>aminocaproic acid solution, tablet</i>	4	NDS
<i>tranexamic acid tablet</i>	1	
<i>Platelet Modifying Agents</i>		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	2	
CABLIVI	4	QL(30 EA per 30 days); PA; NDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	4	PA; NDS
<i>eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	4	NDS
KENGREAL	4	NDS
<i>prasugrel hydrochloride</i>	1	
TAVALISSE	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
YOSPRALA	3	QL(30 EA per 30 days)
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine</i>	1	
CLONIDINE HYDROCHLORIDE ER	3	ST
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	4	PA; NDS
<i>guanfacine hydrochloride</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>Alpha-adrenergic Blocking Agents</i>		
<i>phenoxybenzamine hydrochloride</i>	4	PA; NDS
<i>prazosin hydrochloride capsule</i>	1	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil</i>	1	
EDARBI	3	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
VALSARTAN SOLUTION	4	ST; NDS
<i>valsartan tablet</i>	1	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate solution, tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<i>Antiarrhythmics</i>		
<i>amiodarone hydrochloride tablet</i>	1	
<i>digitek tablet 0.125mg, 0.25mg</i>	1	
<i>digoxin solution</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>disopyramide phosphate capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
NORPACE CR	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>propafenone hydrochloride tablet 300mg</i>	1	
<i>quinidine sulfate tablet</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride af</i>	1	
SOTALOL HYDROCHLORIDE INJECTION	4	NDS
<i>sotalol hydrochloride tablet 160mg, 80mg</i>	1	
<i>Beta-adrenergic Blocking Agents</i>		
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
HEMANGEOL	4	NDS
INDERAL XL	3	
INNOPRAN XL	3	
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
CLEVIPREX	4	NDS
CONJUPRI	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
LEVAMLODIPINE	3	ST
<i>nicardipine hcl capsule</i>	3	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 6MG/ML	4	NDS
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 capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadytl er</i>	1	
<i>verapamil hcl er tablet extended release</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	4	NDS
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
ASPRUZYO SPRINKLE	3	QL(60 EA per 30 days); ST
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	4	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CORLANOR SOLUTION	3	QL(450 ML per 30 days); PA
CORLANOR TABLET	3	QL(60 EA per 30 days); PA
DEFITELIO	4	NDS
<i>dobutamine hcl/d5w injection 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w injection 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	2	QL(240 EA per 30 days)
ENTRESTO TABLET	2	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	1	
EVKEEZA	4	PA; NDS
FILSPARI	4	QL(30 EA per 30 days); PA; NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
<i>ivabradine hydrochloride</i>	1	QL(60 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
LODOCO	3	PA
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	PA; NDS
<i>milrinone lactate in dextrose</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	3	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VECAMYL	4	NDS
VYNDAMAX	4	QL(30 EA per 30 days); PA; NDS
<i>Diuretics, Loop</i>		
<i>bumetanide injection, tablet</i>	1	
<i>ethacrynate sodium</i>	4	NDS
<i>ethacrynic acid tablet</i>	1	
FUROSCIX	3	PA
<i>furosemide injection, oral solution, tablet</i>	1	
SOANZ	3	ST
<i>toremide tablet</i>	1	
<i>Diuretics, Potassium-sparing</i>		
<i>amiloride hcl tablet</i>	1	
<i>triamterene capsule</i>	3	
<i>Diuretics, Thiazide</i>		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tablet 120mg, 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
<i>gemfibrozil tablet</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
LIVALO	2	ST
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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, Other</i>		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tablet</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPSULE 10MG, 5MG	4	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	4	QL(60 EA per 30 days); PA; NDS
LEQVIO	3	QL(3 ML per 180 days); PA
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
ROSUVASTATIN/EZETIMIBE	3	ST
ROSZET	3	ST
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	1	
KERENDIA	3	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
FARXIGA	2	QL(30 EA per 30 days)
INPEFA	3	ST
INVOKANA	3	QL(30 EA per 30 days); ST
JARDIANCE	2	QL(30 EA per 30 days)
STEGLATRO TABLET 15MG	3	QL(30 EA per 30 days); ST
STEGLATRO TABLET 5MG	3	QL(60 EA per 30 days); ST
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	NDS
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin solution 0.4mg/spray</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(30 EA per 30 days); PA

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR	3	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet</i>	1	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	1	QL(240 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
DYANA VEL XR TABLET EXTENDED RELEASE	3	QL(30 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL(150 EA per 30 days); PA
XELSTRYM	3	QL(30 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL(240 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 100mg, 18mg, 25mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	1	QL(60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL(30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	QL(30 EA per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	1	
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 45mg, 54mg, 63mg, 72mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	1	
<i>methylphenidate hydrochloride tablet</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL(90 EA per 30 days)
ONYDA XR	3	QL(120 ML per 30 days); PA
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 45MG, 54MG, 63MG, 72MG	3	QL(30 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
<i>Central Nervous System, Other</i>		
ALLZITAL	3	
AQNEURSA	4	QL(120 EA per 30 days); PA; NDS
AUSTEDO	4	QL(120 EA per 30 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL(56 EA per 365 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL(84 EA per 365 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL(210 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	4	QL(30 EA per 30 days); PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	4	QL(60 EA per 30 days); PA; NDS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	4	QL(90 EA per 30 days); PA; NDS
BUTALBITAL/ACETAMINOPHEN CAPSULE	4	NDS
<i>butalbital/acetaminophen tablet 300mg; 50mg, 325mg; 50mg</i>	1	
<i>butalbital/aspirin/caffeine capsule</i>	1	
<i>caffeine citrate solution 60mg/3ml</i>	4	NDS
<i>clonidine hydrochloride injection 100mcg/ml, 500mcg/ml</i>	1	B/D
COBENFY	4	QL(60 EA per 30 days); PA; NDS
COBENFY STARTER PACK	4	QL(112 EA per 365 days); PA; NDS
<i>edaravone</i>	4	PA; NDS
EXSERVAN	4	PA; NDS
FIRDAPSE	4	QL(300 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK	4	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	4	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 0; 40MG	4	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	4	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	4	QL(60 EA per 30 days); PA; NDS
NUEDEXTA	4	PA; NDS
PRIALT	4	B/D; NDS
QALSODY	4	PA; NDS
RADICAVA	4	PA; NDS
RADICAVA ORS	4	PA; NDS
RADICAVA ORS STARTER KIT	4	PA; NDS
RELYVRIO	4	QL(60 EA per 30 days); PA; NDS
<i>riluzole</i>	1	
TEGLUTIK	4	PA; NDS
<i>tencon tablet 325mg; 50mg</i>	1	
<i>tetrabenazine tablet 12.5mg</i>	1	PA
<i>tetrabenazine tablet 25mg</i>	4	PA; NDS
TIGLUTIK	4	PA; NDS
VEOZAH	3	QL(30 EA per 30 days); PA
<i>Fibromyalgia Agents</i>		
SAVELLA	2	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN	4	QL(4 EA per 28 days); PA; NDS
AVONEX INJECTION 30MCG/0.5ML	4	QL(4 EA per 28 days); PA; NDS
BAFIERTAM	4	QL(120 EA per 30 days); PA; NDS
BETASERON	4	QL(15 EA per 30 days); PA; NDS
BRIUMVI	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>dalfampridine er</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA; NDS
EXTAVIA	4	QL(15 EA per 30 days); PA; NDS
<i>fingolimod hydrochloride</i>	4	QL(30 EA per 30 days); PA; NDS
GILENYA CAPSULE 0.25MG	4	QL(60 EA per 30 days); PA; NDS
<i>glatiramer acetate injection 40mg/ml</i>	4	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate injection 20mg/ml</i>	4	QL(30 ML per 30 days); PA; NDS
<i>glatopa injection 40mg/ml</i>	4	QL(12 ML per 28 days); PA; NDS
<i>glatopa injection 20mg/ml</i>	4	QL(30 ML per 30 days); PA; NDS
KESIMPTA	4	QL(0.4 ML per 28 days); PA; NDS
MAVENCLAD	4	PA; NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(24 EA per 365 days); PA; NDS
MAYZENT TABLET 0.25MG	4	QL(120 EA per 30 days); PA; NDS
MAYZENT TABLET 1MG, 2MG	4	QL(30 EA per 30 days); PA; NDS
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	4	PA; NDS
OCREVUS ZUNOVO	4	QL(23 ML per 168 days); PA; NDS
PLEGRIDY	4	QL(1 ML per 28 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	4	QL(2 ML per 365 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	4	QL(4 ML per 365 days); PA; NDS
PONVORY	4	QL(30 EA per 30 days); PA; NDS
PONVORY 14-DAY STARTER PACK	4	QL(28 EA per 365 days); PA; NDS
REBIF	4	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE	4	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE TITRATION PACK	4	QL(8.4 ML per 365 days); PA; NDS
REBIF TITRATION PACK	4	QL(8.4 ML per 365 days); PA; NDS
TASCENSO ODT	4	QL(30 EA per 30 days); PA; NDS
<i>teriflunomide</i>	4	QL(30 EA per 30 days); PA; NDS
TYSABRI	4	PA; NDS
VUMERITY	4	QL(120 EA per 30 days); PA; NDS
ZEPOSIA	4	QL(30 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK	4	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	4	QL(56 EA per 365 days); PA; NDS; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	4	QL(74 EA per 365 days); PA; NDS; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
ARESTIN	4	NDS
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE INJECTION 5.16MG	4	NDS
<i>kourzeq</i>	1	
<i>lidocaine hcl solution 4%</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</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ABSORICA LD	4	NDS
<i>accutane</i>	1	
<i>acitretin</i>	1	
ADAPALENE/BENZOYL PEROXIDE PAD	4	NDS
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
ADAPALENE PAD	3	
ADAPALENE SOLUTION	4	NDS
<i>amnestem</i>	1	
ARAZLO	3	QL(90 GM per 30 days)
AVITA	3	PA
<i>azelaic acid</i>	1	QL(100 GM per 30 days)
AZELEX	3	QL(100 GM per 30 days)
BENZOLYL PEROXIDE FORTE- HC	4	NDS
BENZOYL PEROXIDE- HC	3	
<i>brimonidine tartrate gel 0.33%</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FABIOR	3	QL(100 GM per 30 days)
FINACEA FOAM	2	QL(50 GM per 30 days)
<i>isotretinoin capsule</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>myorisan</i>	1	
NORITATE	4	NDS
RETIN-A MICRO GEL 0.06%	3	PA
<i>rosadan</i>	1	
TAZAROTENE FOAM	3	QL(100 GM per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>tazarotene gel</i>	1	QL(100 GM per 30 days)
<i>tazarotene cream</i>	1	QL(60 GM per 30 days)
TAZORAC CREAM 0.05%	3	QL(60 GM per 30 days)
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
WINLEVI	3	PA
<i>zenatane</i>	1	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY	4	QL(6 ML per 28 days); PA; NDS
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotion</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
APEXICON E	4	NDS
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>betamethasone valerate foam</i>	1	QL(100 GM per 30 days)
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, shampoo, solution</i>	1	
CORDRAN TAPE	3	
<i>desonide cream</i>	1	
<i>desonide ointment</i>	1	QL(120 GM per 30 days)
<i>desoximetasone cream</i>	1	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	1	
<i>diflorasone diacetate ointment</i>	1	QL(60 GM per 30 days)
<i>doxepin hydrochloride cream 5%</i>	1	QL(90 GM per 30 days); PA
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	QL(60 GM per 30 days)
<i>fluocinonide cream 0.1%</i>	1	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	1	QL(60 GM per 30 days)
<i>fluocinonide solution</i>	1	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone butyrate lotion</i>	1	
<i>hydrocortisone valerate cream</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL(100 GM per 30 days)
HYFTOR	4	PA; NDS
IMPOYZ	4	NDS
KORSUVA	4	PA; NDS
LEXETTE	4	NDS
LOCOID LIPOCREAM	3	QL(60 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i>	1	
OPZELURA	4	QL(240 GM per 30 days); PA; NDS
PANDEL	4	NDS
PIMECROLIMUS	3	
<i>selenium sulfide</i>	1	
SERNIVO	3	
SPEVIGO INJECTION 450MG/7.5ML	4	QL(300 ML per 84 days); PA; NDS
SPEVIGO INJECTION 150MG/ML	4	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
<i>triamcinolone acetonide cream, lotion</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
ULTRAVATE LOTION	3	
VERDESO	4	NDS
ZORYVE CREAM 0.15%	3	PA
<i>Dermatological Agents, Other</i>		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
CALCIPOTRIENE FOAM	3	
<i>calcipotriene cream, ointment</i>	1	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
CARAC	4	NDS
<i>clotrimazole/betamethasone dipropionate lotion</i>	1	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	3	QL(300 GM per 30 days); ST
DUOBRII	4	PA; NDS
ENSTILAR	4	QL(420 GM per 28 days); NDS
FILSUVEZ	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
FLUOROURACIL CREAM 0.5%	4	NDS
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPPOSITORY	4	NDS
<i>imiquimod pump</i>	3	QL(56 GM per 30 days)
<i>imiquimod cream 5%</i>	1	QL(48 EA per 30 days)
<i>imiquimod cream 3.75%</i>	3	QL(56 EA per 30 days)
KLISYRI	4	ST; NDS
<i>methoxsalen capsule</i>	4	NDS
NEO-SYNALAR	3	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide ointment</i>	1	
OTEZLA TABLET 20MG, 30MG	4	QL(60 EA per 30 days); PA; NDS
<i>podofilox solution</i>	1	
RADIAURA	4	NDS
REGRANEX	4	PA; NDS
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SOFDRA	3	QL(40.2 ML per 30 days); PA
SORILUX	3	
SOTYKTU	4	QL(30 EA per 30 days); PA; NDS
<i>ssd</i>	1	
<i>urea lotion 40%</i>	1	
UVADEX	4	NDS
VEREGEN	4	NDS
VTAMA	4	PA; NDS
WYNZORA	4	QL(420 GM per 28 days); NDS
XERESE	4	QL(10 GM per 30 days); NDS
ZORYVE CREAM 0.3%	3	PA
ZYCLARA PUMP CREAM 2.5%	4	QL(15 GM per 30 days); NDS
<i>Pediculicides/Scabicides</i>		
<i>ivermectin cream 1%</i>	1	QL(45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	1	QL(5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	QL(60 GM per 30 days)
BENZOYL PEROXIDE GEL 6.5%	4	NDS
<i>ciclodan solution</i>	1	PA
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox gel, shampoo, suspension</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL(60 ML per 30 days)
<i>dapsone gel 7.5%</i>	1	
EPSOLAY	3	PA
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin cream</i>	1	
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJECTION 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	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
<i>carglumic acid</i>	4	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025
Last Updated: 09/16/2024

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
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 5%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>effer-k tablet effervescent 25meq</i>	1	
KABIVEN	4	B/D; NDS
<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>magnesium sulfate injection 50%</i>	1	
PERIKABIVEN	4	B/D; NDS
<i>plenamine</i>	1	B/D
POKONZA	4	NDS
<i>potassium chloride er</i>	1	
<i>potassium citrate er</i>	1	
PREMASOL INJECTION 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	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
TRAVASOL INJECTION 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	3	B/D
TROPHAMINE INJECTION 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	3	B/D
XENPOZYME	4	PA; NDS
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	4	NDS
CUVRIOR	4	PA; NDS
<i>deferasirox tablet</i>	1	PA
<i>deferasirox packet</i>	4	PA; NDS
<i>deferasirox tablet soluble 125mg</i>	1	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	4	PA; NDS
<i>deferiprone</i>	4	PA; NDS
FERRIPROX TWICE-A-DAY	4	PA; NDS
FERRIPROX SOLUTION	4	PA; NDS
FERRIPROX TABLET 1000MG	4	PA; NDS
JYNARQUE TABLET	4	QL(120 EA per 30 days); PA; NDS
JYNARQUE TABLET THERAPY PACK	4	QL(56 EA per 28 days); PA; NDS
<i>penicillamine tablet</i>	4	NDS
<i>penicillamine capsule</i>	4	PA; NDS
<i>tolvaptan tablet 15mg</i>	4	QL(30 EA per 30 days); PA; NDS
<i>tolvaptan tablet 30mg</i>	4	QL(60 EA per 30 days); PA; NDS
<i>trientine hydrochloride</i>	4	PA; NDS
XPHOZAH	4	QL(60 EA per 30 days); PA; NDS
<i>Phosphate Binders</i>		
AURYXIA	4	PA; NDS
<i>calcium acetate capsule</i>	1	
FOSRENOL PACKET	4	NDS
<i>lanthanum carbonate</i>	4	NDS
<i>sevelamer carbonate</i>	1	
VELPHORO	4	NDS
<i>Potassium Binders</i>		
KIONEX SUSPENSION	3	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i>	1	
VELTASSA	3	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	3	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
IBSRELA	4	QL(60 EA per 30 days); PA; NDS
<i>lactulose solution 10gm/15ml</i>	1	
LINZESS	2	QL(30 EA per 30 days)
LUBIPROSTONE	2	QL(60 EA per 30 days)
MOTEGRITY	2	QL(30 EA per 30 days)
RELISTOR TABLET	4	QL(90 EA per 30 days); ST; NDS
RELISTOR INJECTION 8MG/0.4ML	4	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	4	QL(18 ML per 30 days); ST; NDS
SYMPROIC	3	QL(30 EA per 30 days); ST
TRULANCE	3	QL(30 EA per 30 days)
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	4	PA; NDS
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>diphenoxylate/atropine liquid</i>	1	
<i>loperamide hcl capsule</i>	1	
MOTOFEN	3	
MYTESI	3	QL(60 EA per 30 days)
VIBERZI	4	QL(60 EA per 30 days); PA; NDS
XERMELO	4	QL(90 EA per 30 days); PA; NDS
<i>Antispasmodics, Gastrointestinal</i>		
ANASPAZ	3	
<i>belladonna/opium suppository 16.2mg; 30mg</i>	1	NDS
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	1	
DARTISLA ODT	3	PA
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, tablet</i>	1	
GLYCATE	3	PA
<i>glycopyrrolate oral solution, tablet</i>	1	PA

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
<i>hyoscyamine sulfate er tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate odt</i>	1	
<i>hyoscyamine sulfate sr tablet extended release 12 hour</i>	1	
<i>hyoscyamine sulfate elixir, solution, tablet</i>	1	
LEVBID	3	
LEVSIN TABLET	3	
<i>methscopolamine bromide tablet</i>	1	
NULEV	3	
OSCIMIN TABLET	3	
<i>Gastrointestinal Agents, Other</i>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
BYLVAY	4	PA; NDS
BYLVAY (PELLETS)	4	PA; NDS
CALCIUM DISODIUM VERSENATE	4	NDS
CHENODAL	4	PA; NDS
CLENPIQ	2	
EDETATE CALCIUM DISODIUM INJECTION	4	NDS
GATTEX	4	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
GIMOTI	4	ST; NDS
HELIDAC THERAPY	3	
IQIRVO	4	QL(30 EA per 30 days); PA; NDS
LIVDELZI	4	QL(30 EA per 30 days); PA; NDS
LIVMARLI SOLUTION 19MG/ML	4	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLUTION 9.5MG/ML	4	QL(90 ML per 30 days); PA; NDS
<i>metoclopramide hcl solution</i>	1	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>metoclopramide odt tablet disintegrating 5mg</i>	1	
MYALEPT	4	PA; NDS
<i>nitroglycerin ointment 0.4%</i>	1	
OICALIVA	4	QL(30 EA per 30 days); PA; NDS
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
RELTONE	4	NDS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUTAB	2	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
URSODIOL CAPSULE 200MG, 400MG	4	NDS
<i>ursodiol tablet</i>	1	
VOQUEZNA TABLET 10MG	3	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	3	QL(60 EA per 30 days); PA
VOWST	4	PA; NDS
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	4	PA; NDS
ZINPLAVA	4	NDS
ZORBTIVE	4	PA; NDS
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule</i>	1	
<i>Protectants</i>		
<i>misoprostol</i>	1	
<i>sucrafate suspension, tablet</i>	1	
<i>Proton Pump Inhibitors</i>		
<i>dexlansoprazole</i>	1	QL(30 EA per 30 days)
<i>esomeprazole magnesium</i>	1	QL(60 EA per 30 days)
KONVOMEF	3	QL(600 ML per 30 days)
<i>lansoprazole capsule delayed release</i>	1	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule</i>	3	QL(30 EA per 30 days)
<i>omeprazole/sodium bicarbonate packet</i>	4	QL(30 EA per 30 days); NDS
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)
RABEPRAZOLE SODIUM DR SPRINKLE	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ADZYNMA	4	PA; NDS
ALDURAZYME	4	PA; NDS
AMONDYS 45	4	PA; NDS
AMVUTTRA	4	QL(0.5 ML per 90 days); PA; NDS
ARALAST NP INJECTION 1000MG, 500MG	4	PA; NDS
<i>betaine anhydrous</i>	4	NDS
CERDELGA	4	PA; NDS
CEREZYME	4	PA; NDS
CHOLBAM	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CRYSVITA	4	PA; NDS
CYSTAGON	3	
DAYBUE	4	QL(3600 ML per 30 days); PA; NDS
<i>dichlorphenamide</i>	4	QL(120 EA per 30 days); PA; NDS
DOJOLVI	4	PA; NDS
ELAPRASE	4	PA; NDS
ELELYSO	4	PA; NDS
ELFABRIO	4	PA; NDS
ENDARI	4	PA; NDS
EVRYSDI	4	QL(240 ML per 30 days); PA; NDS
EXONDYS 51	4	PA; NDS
FABRAZYME	4	PA; NDS
GALAFOLD	4	QL(14 EA per 28 days); PA; NDS
GLASSIA	4	PA; NDS
JOENJA	4	QL(60 EA per 30 days); PA; NDS
KANUMA	4	PA; NDS
KEVEYIS	4	QL(120 EA per 30 days); PA; NDS
<i>l-glutamine</i>	4	PA; NDS
LAMZEDE	4	PA; NDS
LUMIZYME	4	PA; NDS
MEPSEVII	4	PA; NDS
<i>miglustat</i>	4	PA; NDS
MIPLYFFA	4	QL(90 EA per 30 days); PA; NDS
NAGLAZYME	4	PA; NDS
NEXVIAZYME	4	PA; NDS
<i>nitisinone</i>	4	NDS
NITYR	4	NDS
NULIBRY	4	PA; NDS
OLPRUVA	4	PA; NDS
ONPATTRO	4	PA; NDS
OPFOLDA	3	QL(8 EA per 28 days); PA
ORFADIN SUSPENSION	4	NDS
OXBRYTA TABLET SOLUBLE	4	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABLET 500MG	4	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABLET 300MG	4	QL(240 EA per 30 days); PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML	4	QL(28 ML per 28 days); PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
PALYNZIQ INJECTION 20MG/ML	4	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	4	QL(8 ML per 28 days); PA; NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	4	ST; NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	4	ST; NDS
PHEBURANE	4	NDS
POMBILITI	4	PA; NDS
PROCYSBI	4	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	4	PA; NDS
PYRUKYND TAPER PACK	4	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	4	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	4	QL(60 EA per 30 days); PA; NDS
RAVICTI	4	PA; NDS
REVCOVI	4	PA; NDS
<i>sapropterin dihydrochloride</i>	4	PA; NDS
<i>sodium phenylbutyrate powder, tablet</i>	4	NDS
SPINRAZA	4	PA; NDS
STRENSIQ	4	PA; NDS
SUCRAID	4	PA; NDS
TEGSEDI	4	PA; NDS
VILTEPSO	4	PA; NDS
VIMIZIM	4	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	4	ST; NDS
VOXZOGO	4	QL(30 EA per 30 days); PA; NDS
VPRIV	4	PA; NDS
VYNDAQEL	4	QL(120 EA per 30 days); PA; NDS
VYONDYS 53	4	PA; NDS
WAINUA	4	QL(0.8 ML per 28 days); PA; NDS
WELIREG	4	PA; NDS
XIAFLEX	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
XURIDEN	4	QL(120 EA per 30 days); PA; NDS
<i>yargesa</i>	4	PA; NDS
ZEMAIRA	4	PA; NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	
GEMTESA	3	
HYOPHEN	3	
<i>me/naphos/mb/hyo 1</i>	1	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride solution, tablet</i>	1	
OXYTROL	3	QL(8 EA per 28 days)
PHOSPHASAL	3	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<i>uretron d/s tablet 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg</i>	1	
URIBEL	3	
URIMAR-T TABLET	3	
URIMAR-T CAPSULE	4	NDS
<i>urin d/s</i>	1	
URNEVA	4	NDS
URO-MP	3	
URO-SP	3	
UROGESIC-BLUE	3	
USTELL	3	
UTIRA-C	3	
VESICARE LS	3	
VILAMIT MB	3	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride capsule</i>	1	
ENTADFI	3	QL(30 EA per 30 days); ST
<i>finasteride tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	1	
ELMIRON	4	NDS
LITHOSTAT	3	
THIOLA EC	4	NDS
<i>tiopronin</i>	4	NDS
<i>tiopronin dr</i>	4	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
ACTHAR	4	PA; NDS
ACTHAR GEL	4	PA; NDS
AGAMREE	4	PA; NDS
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	4	NDS
CORTISONE ACETATE TABLET 25MG	4	NDS
CORTROPHIN	4	PA; NDS
<i>deflazacort</i>	4	PA; NDS
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	4	PA; NDS
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
INTRAROSA	3	QL(28 EA per 28 days); PA
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate injection 500mg</i>	1	
<i>methylprednisolone tablet</i>	1	
<i>prednisolone sodium phosphate solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>prednisolone solution</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	4	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN	3	PA
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	4	NDS
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	4	NDS
<i>desmopressin acetate nasal solution 0.01%</i>	1	
EGRIFTA SV	4	QL(30 EA per 30 days); PA; NDS
FENSOLVI	4	QL(1 EA per 168 days); PA; NDS
GENOTROPIN	4	PA; NDS
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	4	PA; NDS
INCRELEX	4	PA; NDS
ISTURISA TABLET 10MG	4	QL(180 EA per 30 days); PA; NDS
ISTURISA TABLET 1MG	4	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	4	QL(360 EA per 30 days); PA; NDS
LUPRON DEPOT-PED (6-MONTH)	4	QL(1 EA per 168 days); PA; NDS
NGENLA	4	PA; NDS
NORDITROPIN FLEXPRO	4	PA; NDS
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10	4	PA; NDS
NUTROPIN AQ NUSPIN 20	4	PA; NDS
NUTROPIN AQ NUSPIN 5	4	PA; NDS
OMNITROPE	4	PA; NDS
PREGNYL	3	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NAACL	3	PA
SAIZEN	4	PA; NDS
SAIZENPREP RECONSTITUTIONKIT	4	PA; NDS
SEROSTIM	4	PA; NDS
SKYTROFA	4	PA; NDS
SOGROYA	4	PA; NDS
ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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 (Prostaglandins)</i>		
<i>carboprost tromethamine</i>	4	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	3	PA
AVEED	3	PA
<i>danazol capsule</i>	1	
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	4	PA; NDS
KYZATREX	3	PA
METHITEST	4	PA; NDS
<i>methyltestosterone capsule</i>	4	PA; NDS
NATESTO	3	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection</i>	1	PA
TESTOSTERONE PUMP GEL 1%	2	PA
<i>testosterone pump gel 1.62%</i>	1	PA
<i>testosterone topical solution</i>	1	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 40.5mg/2.5gm</i>	1	PA
<i>testosterone solution</i>	1	PA
TLANDO	3	PA
UNDECATREX	3	PA
XYOSTED	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL(91 EA per 91 days)
<i>amethyst</i>	1	
ANNOVERA	3	QL(1 EA per 360 days)
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL(91 EA per 91 days)
<i>camrese lo</i>	1	QL(91 EA per 91 days)
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	3	
<i>cryselle-28</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91 EA per 91 days)
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	1	
<i>estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL(91 EA per 91 days)
<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>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</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 tablet 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lo-zumandimine</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	3	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>mimvey</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
<i>rivelsa</i>	1	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tyblume</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>Progestins</i>		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	2	QL(0.65 ML per 90 days)
<i>emzahh</i>	1	
ENDOMETRIN	3	PA
<i>errin</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	
HYDROXYPROGESTERONE CAPROATE INJECTION 1.25GM/5ML	4	PA; NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
LILETTA	2	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL(1 ML per 90 days)
<i>megestrol acetate suspension, tablet</i>	1	
NEXPLANON	2	
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	1	
<i>norethindrone tablet</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
SKYLA	3	
<i>Selective Estrogen Receptor Modifying Agents</i>		
<i>clomid</i>	1	PA
OSPHENA	2	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>levo-t</i>	3	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection</i>	4	NDS
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	4	NDS
SYNTHROID TABLET	3	
THYROGEN	4	PA; NDS
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	1	
ELIGARD INJECTION 30MG	3	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	3	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	3	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	3	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	4	QL(4 EA per 365 days); PA; NDS
KORLYM	4	QL(120 EA per 30 days); PA; NDS
LANREOTIDE ACETATE	4	PA; NDS
LEUPROLIDE ACETATE INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	3	PA
LUPRON DEPOT (1-MONTH)	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH)	4	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH)	4	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH)	4	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH)	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	4	QL(1 EA per 84 days); PA; NDS
<i>mifepristone tablet 200mg</i>	1	
<i>mifepristone tablet 300mg</i>	4	QL(120 EA per 30 days); PA; NDS
MYCAPSSA	4	PA; NDS
MYFEMBREE	4	QL(30 EA per 30 days); PA; NDS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 1000mcg/ml, 20mg, 30mg, 500mcg/ml</i>	4	PA; NDS
ORGOVYX	4	PA; NDS
ORIAHNN	4	QL(56 EA per 28 days); PA; NDS
ORILISSA TABLET 150MG	4	QL(30 EA per 30 days); PA; NDS
ORILISSA TABLET 200MG	4	QL(60 EA per 30 days); PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
RECORLEV	4	QL(240 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT	4	PA; NDS
SIGNIFOR	4	QL(60 ML per 30 days); PA; NDS
SIGNIFOR LAR	4	QL(1 EA per 28 days); PA; NDS
SOMATULINE DEPOT	4	PA; NDS
SOMAVERT	4	PA; NDS
SUPPRELIN LA	4	QL(1 EA per 365 days); PA; NDS
SYNAREL	4	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL(1 EA per 84 days); PA
TRIPTODUR	4	QL(1 EA per 168 days); PA; NDS
ZOLADEX INJECTION 3.6MG	3	QL(1 EA per 28 days); PA
ZOLADEX INJECTION 10.8MG	3	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	4	PA; NDS
CINRYZE	4	PA; NDS
HAEGARDA	4	PA; NDS
<i>icatibant acetate</i>	4	PA; NDS
KALBITOR	4	PA; NDS
ORLADEYO	4	QL(30 EA per 30 days); PA; NDS
RUCONEST	4	PA; NDS
<i>sajazir</i>	4	PA; NDS
TAKHZYRO	4	PA; NDS
<i>Immunoglobulins</i>		
ALYGLO	4	PA; NDS
ASCENIV	4	PA; NDS
ATGAM	4	NDS
BEYFORTUS	3	
BIVIGAM INJECTION 10%, 5GM/50ML	4	PA; NDS
CUTAQUIG	4	PA; NDS
CUVITRU	4	PA; NDS
CYTOGAM INJECTION 50MG/ML	4	PA; NDS
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
GAMASTAN	2	PA

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
GAMMAGARD LIQUID	4	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	4	PA; NDS
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA; NDS
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
GAMUNEX-C	4	PA; NDS
HEPAGAM B INJECTION 312UNIT/ML	4	B/D; NDS
HIZENTRA	4	PA; NDS
HYPERHEP B INJECTION 110UNIT/0.5ML	3	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D; NDS
HYQVIA	4	PA; NDS
NABI-HB INJECTION 312UNIT/ML	4	B/D; NDS
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
PANZYGA	4	PA; NDS
PRIVIGEN	4	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	4	NDS
THYMOGLOBULIN	4	NDS
VARIZIG INJECTION 125UNIT/1.2ML	4	PA; NDS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	4	NDS
XEMBIFY	4	PA; NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	4	PA; NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA; NDS
ACTEMRA INJECTION 162MG/0.9ML	4	QL(3.6 ML per 28 days); PA; NDS
ARCALYST	4	PA; NDS
BENLYSTA INJECTION 200MG/ML	4	PA; NDS
BIMZELX	4	QL(2 ML per 28 days); PA; NDS
CIBINQO	4	QL(30 EA per 30 days); PA; NDS
COSENTYX SENSOREADY PEN	4	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY	4	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	4	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	4	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	4	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	4	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	4	QL(8 ML per 28 days); PA; NDS
EMPAVELI	4	PA; NDS
ENJAYMO	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
ENTYVIO INJECTION 300MG	4	PA; NDS
ENTYVIO INJECTION 108MG/0.68ML	4	QL(1.36 ML per 28 days); PA; NDS
GAMIFANT	4	PA; NDS
ILARIS INJECTION 150MG/ML	4	QL(2 ML per 28 days); PA; NDS
ILUMYA	4	QL(1 ML per 28 days); PA; NDS
KEVZARA	4	QL(2.28 ML per 28 days); PA; NDS
KINERET	4	PA; NDS
LEMTRADA	4	PA; NDS
LITFULO	4	QL(30 EA per 30 days); PA; NDS
NEMLUVIO	4	QL(2 EA per 28 days); PA; NDS
ODACTRA	3	QL(30 EA per 30 days); PA
OMVOH INJECTION 100MG/ML	4	QL(2 ML per 28 days); PA; NDS
OMVOH INJECTION 300MG/15ML	4	QL(3 ML per 365 days); PA; NDS
ORENCIA CLICKJECT	4	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	4	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	4	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	4	QL(4 ML per 28 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	4	QL(110 EA per 365 days); PA; NDS
PALFORZIA INITIAL DOSE ESCALATION	4	PA; NDS
PALFORZIA LEVEL 1	4	PA; NDS
PALFORZIA LEVEL 10	4	PA; NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	4	PA; NDS
PALFORZIA LEVEL 11 (TITRATION)	4	PA; NDS
PALFORZIA LEVEL 2	4	PA; NDS
PALFORZIA LEVEL 3	4	PA; NDS
PALFORZIA LEVEL 4	4	PA; NDS
PALFORZIA LEVEL 5	4	PA; NDS
PALFORZIA LEVEL 6	4	PA; NDS
PALFORZIA LEVEL 7	4	PA; NDS
PALFORZIA LEVEL 8	4	PA; NDS
PALFORZIA LEVEL 9	4	PA; NDS
PIASKY	4	PA; NDS
PROVENGE	4	PA; NDS
RIDAURA	4	NDS
RINVOQ	4	QL(30 EA per 30 days); PA; NDS
RINVOQ LQ	4	QL(360 ML per 30 days); PA; NDS
RYSTIGGO	4	PA; NDS
SAPHNELO	4	PA; NDS
SILIQ	4	QL(7.5 ML per 28 days); PA; NDS
SIMULECT	4	NDS
SKYRIZI PEN	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	4	QL(1 ML per 28 days); PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
SKYRIZI INJECTION 180MG/1.2ML	4	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	4	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	4	QL(3 ML per 365 days); PA; NDS
SOLIRIS	4	PA; NDS
STELARA INJECTION 130MG/26ML	4	PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	4	QL(3 ML per 84 days); PA; NDS
SYLVANT	4	PA; NDS
TALTZ INJECTION 20MG/0.25ML	4	QL(0.5 ML per 28 days); PA; NDS
TALTZ INJECTION 40MG/0.5ML	4	QL(1 ML per 28 days); PA; NDS
TALTZ INJECTION 80MG/ML	4	QL(4 ML per 28 days); PA; NDS
TAVNEOS	4	QL(180 EA per 30 days); PA; NDS
TEPEZZA	4	PA; NDS
TREMFYA INJECTION 200MG/20ML	4	PA; NDS
TREMFYA INJECTION 200MG/2ML	4	QL(2 ML per 28 days); PA; NDS
TREMFYA INJECTION 100MG/ML	4	QL(2 ML per 56 days); PA; NDS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA; NDS
TYENNE INJECTION 162MG/0.9ML	4	QL(3.6 ML per 28 days); PA; NDS
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	4	PA; NDS
VELSIPITY	4	QL(30 EA per 30 days); PA; NDS
VEOPOZ	4	PA; NDS
VYVGART	4	PA; NDS
XELJANZ XR	4	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLUTION	4	QL(300 ML per 30 days); PA; NDS
XELJANZ TABLET	4	QL(60 EA per 30 days); PA; NDS
XOLAIR	4	PA; NDS
ZILBRYSQ	4	PA; NDS
<i>Immunostimulants</i>		
ACTIMMUNE	4	PA; NDS
ALFERON N INJECTION 5000000UNIT/ML	4	NDS
BESREMI	4	PA; NDS
PEGASYS INJECTION 180MCG/ML	4	PA; NDS
<i>Immunosuppressants</i>		
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm starter package for crohns disease/uc/hs</i>	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>adalimumab-adbm starter package for psoriasis/uveitis</i>	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	4	QL(2 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 40mg/0.4ml</i>	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ASTAGRAF XL	3	B/D
AVSOLA	4	PA; NDS
<i>azathioprine tablet</i>	1	B/D
<i>azathioprine injection</i>	4	B/D; NDS
BENLYSTA INJECTION 120MG, 400MG	4	PA; NDS
CIMZIA STARTER KIT	4	QL(6 EA per 365 days); PA; NDS
CIMZIA INJECTION 200MG	4	QL(1 EA per 28 days); PA; NDS
CIMZIA INJECTION 200MG/ML	4	QL(2 EA per 28 days); PA; NDS
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D
<i>cyclosporine injection 50mg/ml</i>	4	NDS
ENBREL MINI	4	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK	4	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML	4	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	4	QL(8 ML per 28 days); PA; NDS
ENVARBUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARBUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	4	B/D; NDS
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	4	B/D; NDS
<i>gengraf capsule 100mg, 25mg</i>	1	B/D
<i>gengraf solution</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	4	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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-PEDIATRIC UC STARTER PACK	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 0	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	4	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
INFLECTRA	4	PA; NDS
INFLIXIMAB	4	PA; NDS
JYLAMVO	4	PA; NDS
<i>leflunomide</i>	1	
LUPKYNIS	4	QL(180 EA per 30 days); PA; NDS
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, tablet</i>	1	B/D
<i>mycophenolate mofetil injection, suspension reconstituted</i>	4	B/D; NDS
<i>mycophenolic acid dr</i>	1	B/D
MYHIBBIN	4	B/D; NDS
NULOJIX	4	NDS
ORENCIA INJECTION 250MG	4	PA; NDS
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL(1.6 ML per 28 days); PA
PEGASYS INJECTION 180MCG/0.5ML	4	PA; NDS
PROGRAF PACKET	3	B/D
RASUVO INJECTION 7.5MG/0.15ML	3	QL(0.6 ML per 28 days); PA
RASUVO INJECTION 10MG/0.2ML	3	QL(0.8 ML per 28 days); PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL(1 ML per 28 days); PA
RASUVO INJECTION 15MG/0.3ML	3	QL(1.2 ML per 28 days); PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL(1.4 ML per 28 days); PA
RASUVO INJECTION 20MG/0.4ML	3	QL(1.6 ML per 28 days); PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL(1.8 ML per 28 days); PA

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
RASUVO INJECTION 25MG/0.5ML	3	QL(2 ML per 28 days); PA
RASUVO INJECTION 30MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 7.5MG/0.3ML	3	QL(1.2 ML per 28 days); PA
REDITREX INJECTION 10MG/0.4ML	3	QL(1.6 ML per 28 days); PA
REDITREX INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
REDITREX INJECTION 15MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 17.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
REDITREX INJECTION 20MG/0.8ML	3	QL(3.2 ML per 28 days); PA
REDITREX INJECTION 22.5MG/0.9ML	3	QL(3.6 ML per 28 days); PA
REDITREX INJECTION 25MG/ML	3	QL(4 ML per 28 days); PA
REMICADE	4	PA; NDS
RENFLEXIS	4	PA; NDS
REZUROCK	4	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE SOLUTION	3	B/D
SIMPONI ARIA	4	PA; NDS
SIMPONI INJECTION 50MG/0.5ML	4	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJECTION 100MG/ML	4	QL(3 ML per 28 days); PA; NDS
<i>sirolimus tablet</i>	1	B/D
<i>sirolimus solution</i>	4	B/D; NDS
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
XATMEP	3	PA
Vaccines		
<i>abrysvo</i>	1	QL(1 EA per 252 days)
<i>acthib injection 0</i>	1	
<i>adacel</i>	1	
<i>arexvy</i>	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
<i>bexsero</i>	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	
<i>boostrix injection 2.5lf/0.5ml; 18.5mcg/0.5ml; 5lf/0.5ml</i>	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
<i>engerix-b</i>	1	B/D
GARDASIL 9 INJECTION 0	2	
<i>gardasil 9 injection 0</i>	1	
<i>havrix injection 1440elu/ml, 720elu/0.5ml</i>	1	
<i>heplisav-b</i>	1	B/D
<i>hiberix</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>imovax rabies (h.d.c.v.)</i>	1	B/D
INFANRIX	2	
<i>ipol inactivated ipv</i>	1	
IXCHIQ	2	
<i>ixiaro</i>	1	
<i>jynneos</i>	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
<i>m-m-r ii</i>	1	
<i>menactra</i>	1	
<i>menquadfi</i>	1	
<i>menveo</i>	1	
<i>mresvia</i>	1	QL(0.5 ML per 999 days)
<i>pediarix injection 25lfu/0.5ml; 10mcg/0.5ml; 58mcg/0.5ml; 0; 10lfu/0.5ml</i>	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA	2	
PENTACEL	2	
<i>prehevbrio</i>	1	B/D
<i>priorix</i>	1	
PROQUAD	2	
QUADRACEL	2	
<i>rabavert</i>	1	B/D
<i>recombivax hb</i>	1	B/D
ROTARIX	2	
<i>rotateq solution</i>	1	
<i>shingrix</i>	1	
<i>stamaril</i>	1	
<i>tdvax</i>	1	
<i>tenivac</i>	1	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	
TICOVAC	2	
<i>trumenba</i>	1	
<i>twinrix</i>	1	
TYPHIM VI INJECTION 25MCG/0.5ML	2	
<i>typhim vi injection 25mcg/0.5ml</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
VAXCHORA	2	
VAXELIS	2	
<i>yf-vax</i>	1	
Inflammatory Bowel Disease Agents		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>Aminosalicylates</i>		
<i>balsalazide disodium</i>	1	
DIPENTUM	4	NDS
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	
SFROWASA	4	NDS
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	NDS
<i>budesonide capsule delayed release particles 3mg</i>	1	
CORTIFOAM FOAM	3	
EOHILIA	4	QL(60 ML per 30 days); PA; NDS
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	4	NDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	4	QL(120 EA per 30 days); PA; NDS
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
<i>calcitonin salmon injection</i>	4	NDS
<i>calcitonin-salmon solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol capsule</i>	1	
EVENITY	4	QL(2.34 ML per 28 days); PA; NDS
FORTEO INJECTION 600MCG/2.4ML	4	PA; NDS
FOSAMAX PLUS D	3	QL(4 EA per 28 days)
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	4	NDS
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	
<i>risedronate sodium tablet 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL(4 EA per 28 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
TERIPARATIDE INJECTION 620MCG/2.48ML	4	PA; NDS
<i>teriparatide injection 600mcg/2.4ml</i>	4	PA; NDS
TYMLOS	4	PA; NDS
XGEVA	4	PA; NDS
<i>zoledronic acid injection 4mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
CLINOLIPID	3	B/D
COSELA	4	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY	2	
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	4	B/D; NDS
DUVYZAT	4	QL(360 ML per 30 days); PA; NDS
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL(200 EA per 30 days)
ELLA	2	
<i>fomepizole injection 1.5gm/1.5ml</i>	4	NDS
GIVLAARI	4	PA; NDS
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
<i>methergine tablet</i>	4	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tablet</i>	4	QL(56 EA per 365 days); NDS
METOPIRONE	4	NDS
NUTRILIPID	3	B/D
OMEGAVEN	4	B/D; NDS
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	2	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	2	QL(10 EA per 30 days)
ORLISTAT CAPSULE	3	PA
OXLUMO	4	PA; NDS
PEDMARK	4	NDS
RIVFLOZA INJECTION 128MG/0.8ML	4	QL(0.8 ML per 28 days); PA; NDS
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	4	QL(1 ML per 28 days); PA; NDS
SKYCLARYS	4	QL(90 EA per 30 days); PA; NDS
SMOFLIPID	3	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	4	NDS
TACHOSIL	4	NDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VISTOGARD	4	NDS
XENICAL	3	PA
ZOKINVY	4	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BEOVU	4	PA; NDS
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	2	
BYOOVIZ	4	PA; NDS
CEQUA	3	
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	4	PA; NDS
COMBIGAN	2	
CYCLOSPORINE EMULSION 0.05%	2	
CYSTADROPS	4	QL(20 ML per 28 days); NDS
CYSTARAN	4	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
ENSPRYNG	4	PA; NDS
EYLEA	4	PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
IZERVAY	4	PA; NDS
LUCENTIS SOLUTION PREFILLED SYRINGE	4	PA; NDS
LUCENTIS SOLUTION 0.3MG/0.05ML	4	PA; NDS
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
OXERVATE	4	QL(56 ML per 28 days); PA; NDS
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL(2.5 ML per 25 days)
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SUSVIMO	4	PA; NDS
SYFOVRE	4	PA; NDS
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	
VABYSMO	4	PA; NDS
VERKAZIA	4	QL(120 EA per 30 days); PA; NDS
VEVYE	4	PA; NDS
VISUDYNE	4	NDS
XIIDRA	3	QL(60 EA per 30 days)
ZYLET	3	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
<i>olopatadine hydrochloride solution 0.2%</i>	1	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	1	
XDEMVI	4	QL(10 ML per 42 days); NDS
ZIRGAN	3	
<i>Ophthalmic Anti-inflammatories</i>		
ACUVAIL	3	ST
<i>bromfenac sodium solution 0.07%</i>	3	QL(12 ML per 365 days)
<i>bromfenac sodium solution 0.075%</i>	3	ST
BROMSITE	3	ST
<i>dexamethasone sodium phosphate solution</i>	1	
DEXYCU	4	NDS
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	3	QL(4 ML per 30 days)
ILUVIEN	4	NDS
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL(20 GM per 365 days)
LOTEMAX OINTMENT	3	QL(14 GM per 365 days)
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
NEVANAC	3	QL(4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PROLENSA	3	QL(12 ML per 365 days)
RETISERT	4	NDS
XIPERE	4	PA; NDS
YUTIQ	4	NDS
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	1	
<i>carteolol hcl</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%, 0.2%</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tablet</i>	1	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL(2.5 ML per 25 days)
VUITY	3	QL(7.5 ML per 28 days); PA
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	4	NDS
IDOSE TR	4	ST; NDS
IYUZEH	3	ST
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
<i>travoprost</i>	1	QL(2.5 ML per 25 days)
VYZULTA	3	QL(5 ML per 25 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARMONAIR DIGIHALER	3	QL(1 EA per 30 days); ST
ARNUITY ELLIPTA	2	QL(30 EA per 30 days)
ASMANEX HFA	3	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1 EA per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL(34 GM per 30 days)
PULMICORT FLEXHALER	3	QL(2 EA per 30 days); ST
QVAR REDHALER	2	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate</i>	3	QL(23 GM per 30 days)
<i>carbinoxamine maleate solution, tablet</i>	1	
<i>clemastine fumarate syrup</i>	1	
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>diphenhydramine hcl elixir</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL(30.5 GM per 30 days)
RYCLORA	3	
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	4	ST; NDS
ZYFLO	4	ST; NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL(25.8 GM per 30 days)
DUAKLIR PRESSAIR	4	QL(2 EA per 30 days); ST; NDS
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	4	QL(60 ML per 30 days); NDS
LONHALA MAGNAIR STARTER KIT	4	QL(60 ML per 30 days); NDS
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL(8 GM per 30 days)

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
TIOTROPIUM BROMIDE	2	QL(30 EA per 30 days)
TUDORZA PRESSAIR	3	QL(1 EA per 30 days); ST
YUPELRI	4	QL(90 ML per 30 days); B/D; NDS
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(48 GM per 30 days)
<i>albuterol sulfate syrup</i>	3	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate</i>	1	QL(120 ML per 30 days); PA
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL(2 EA per 30 days); ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	2	
<i>formoterol fumarate nebulization solution</i>	3	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	1	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	1	QL(90 EA per 30 days); B/D
PROAIR DIGIHALER	3	QL(2 EA per 30 days)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL(4 GM per 30 days)
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate tablet</i>	3	
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
XOPENEX HFA	3	QL(30 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON	4	PA; NDS
KALYDECO PACKET	4	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET	4	QL(60 EA per 30 days); PA; NDS
KITABIS PAK	4	B/D; NDS
ORKAMBI TABLET	4	QL(112 EA per 28 days); PA; NDS
ORKAMBI PACKET	4	QL(56 EA per 28 days); PA; NDS
PULMOZYME	4	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	4	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	4	QL(60 EA per 30 days); PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
TOBI PODHALER	4	QL(224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	4	B/D; NDS
TRIKAFTA THERAPY PACK	4	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TABLET THERAPY PACK	4	QL(84 EA per 28 days); PA; NDS
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
OHTUVAYRE	4	QL(150 ML per 30 days); PA; NDS
<i>roflumilast</i>	1	PA
<i>theophylline er tablet extended release 24 hour</i>	1	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	4	QL(90 EA per 30 days); PA; NDS
<i>alyq</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	4	QL(30 EA per 30 days); PA; NDS
<i>bosentan</i>	4	QL(60 EA per 30 days); PA; NDS
<i>epoprostenol sodium</i>	4	PA; NDS
LIQREV	4	PA; NDS
OPSUMIT	4	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1	4	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2	4	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3	4	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA; NDS
<i>sildenafil citrate suspension reconstituted</i>	1	PA
<i>sildenafil citrate tablet</i>	1	QL(90 EA per 30 days); PA
<i>sildenafil injection</i>	4	PA; NDS
<i>tadalafil tablet 20mg</i>	1	QL(60 EA per 30 days); PA
TADLIQ	4	QL(300 ML per 30 days); PA; NDS
TRACLEER TABLET SOLUBLE	4	QL(112 EA per 28 days); PA; NDS
<i>treprostinil</i>	4	PA; NDS
TYVASO	4	QL(87 ML per 30 days); PA; NDS
TYVASO DPI INSTITUTIONAL KIT	4	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	4	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 0	4	QL(224 EA per 28 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	4	QL(392 EA per 365 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	4	QL(504 EA per 365 days); PA; NDS
TYVASO REFILL KIT	4	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER KIT	4	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK	4	QL(400 EA per 365 days); PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
UPTRAVI INJECTION	4	PA; NDS
UPTRAVI TABLET	4	QL(60 EA per 30 days); PA; NDS
VENTAVIS	4	QL(270 ML per 30 days); PA; NDS
WINREVAIR	4	QL(1 EA per 21 days); PA; NDS
<i>Pulmonary Fibrosis Agents</i>		
OFEV	4	PA; NDS
<i>pirfenidone</i>	4	PA; NDS
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine solution</i>	1	B/D
ADVAIR HFA	2	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 232/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL(1 EA per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
BREYNA	3	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
BRONCHITOL	4	QL(560 EA per 28 days); PA; NDS
CINQAIR	4	PA; NDS
COMBIVENT RESPIMAT	2	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL(17.6 GM per 30 days); PA
FASENRA PEN	4	PA; NDS
FASENRA INJECTION 10MG/0.5ML	3	PA
FASENRA INJECTION 30MG/ML	4	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	4	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	4	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	4	QL(3 ML per 28 days); PA; NDS
<i>promethazine vc</i>	1	

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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>ribavirin solution reconstituted 6gm</i>	4	NDS
STIOLTO RESPIMAT	3	QL(24 GM per 30 days); ST
TEZSPIRE	4	QL(1.91 ML per 28 days); PA; NDS
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	4	NDS
<i>cyclobenzaprine hydrochloride er</i>	1	PA
<i>cyclobenzaprine hydrochloride tablet</i>	1	PA
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>methocarbamol tablet 1000mg</i>	4	NDS
NORGESIC	3	
NORGESIC FORTE	4	NDS
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine/aspirin/caffeine</i>	1	
<i>orphengesic forte</i>	4	NDS
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	2	QL(30 EA per 30 days)
DAYVIGO	3	QL(30 EA per 30 days); PA
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL(30 EA per 30 days)
EDLUAR	3	QL(30 EA per 30 days)
<i>estazolam</i>	1	QL(30 EA per 30 days)
<i>eszopiclone</i>	1	QL(30 EA per 30 days)
HETLIOZ	4	QL(30 EA per 30 days); PA; NDS
HETLIOZ LQ	4	QL(158 ML per 30 days); PA; NDS
QUVIVIQ	3	QL(30 EA per 30 days); PA
<i>ramelteon</i>	1	QL(30 EA per 30 days)
<i>tasimelteon</i>	4	QL(30 EA per 30 days); PA; NDS
<i>temazepam</i>	1	QL(30 EA per 30 days)
<i>triazolam</i>	1	QL(60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>zolpidem tartrate</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

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
LUMRYZ	4	QL(30 EA per 30 days); PA; NDS
LUMRYZ STARTER PACK	4	QL(56 EA per 365 days); PA; NDS
<i>modafinil tablet</i>	1	QL(30 EA per 30 days); PA
SODIUM OXYBATE	4	QL(540 ML per 30 days); PA; NDS
SUNOSI	3	QL(30 EA per 30 days); PA
WAKIX	4	QL(60 EA per 30 days); PA; NDS
XYREM	4	QL(540 ML per 30 days); PA; NDS
XYWAV	4	QL(540 ML per 30 days); PA; NDS

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025
Last Updated: 09/16/2024

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	41	ADALIMUMAB-ADBM	84
<i>abacavir sulfate</i>	41	PSORIASIS/UVEITIS STARTER	
<i>abacavir sulfate/lamivudine</i>	41	<i>adalimumab-adbm starter package for</i>	84
ABELCET	23	<i>crohns disease/uc/hs</i>	
ABILIFY ASIMTUFII	37	<i>adalimumab-adbm starter package for</i>	85
ABILIFY MAINTENA	37	<i>psoriasis/uveitis</i>	
ABILIFY MYCITE MAINTENANCE KIT	37	ADAPALENE	60
ABILIFY MYCITE STARTER KIT	37	ADAPALENE/BENZOYL PEROXIDE	60
<i>abiraterone acetate</i>	27	ADBRY	61
ABRAXANE	28	ADCETRIS	33
<i>abrysvo</i>	87	ADDERALL XR	56
ABSORICA LD	60	<i>adefovir dipivoxil</i>	40
<i>acamprosate calcium dr</i>	12	ADEMPAS	97
<i>acarbose</i>	44	ADLARITY	20
<i>accutane</i>	60	ADLYXIN	44
<i>acebutolol hydrochloride</i>	51	ADLYXIN STARTER PACK	44
<i>acetaminophen/caffeine/dihydrocodeine</i>	10	ADMELOG	46
<i>acetaminophen/codeine</i>	10	ADMELOG SOLOSTAR	46
<i>acetazolamide</i>	94	ADRENALIN	52
<i>acetazolamide er</i>	94	<i>adriamycin</i>	28
<i>acetazolamide sodium</i>	52	ADSTILADRIN	28
<i>acetic acid</i>	94	ADV AIR HFA	98
<i>acetic acid 0.25%</i>	73	ADZYNMA	69
<i>acetylcysteine</i>	98	AEMCOLO	13
<i>acitretin</i>	60	<i>afirmelle</i>	75
ACTEMRA	82	AFREZZA	46
ACTEMRA ACTPEN	82	AGAMREE	73
ACTHAR	73	AIMOVIG	25
ACTHAR GEL	73	AIRDUO DIGIHALER 113/14	98
<i>acthib</i>	87	AIRDUO DIGIHALER 232/14	98
ACTIMMUNE	84	AIRDUO DIGIHALER 55/14	98
ACUVAIL	93	AIRDUO RESPICLICK 113/14	98
<i>acyclovir</i>	43	AIRDUO RESPICLICK 232/14	98
<i>acyclovir</i>	63	AIRDUO RESPICLICK 55/14	98
<i>acyclovir sodium</i>	43	AJOVY	25
<i>adacel</i>	87	AKEEGA	28
ADAKVEO	48	AKYNZEO	23
ADALIMUMAB-ADBM	85	<i>albendazole</i>	35
ADALIMUMAB-ADBM CROHNS/UC/HS	84	<i>albuterol sulfate</i>	96
STARTER		<i>albuterol sulfate hfa</i>	96
		<i>alclometasone dipropionate</i>	61
		ALCOHOL PREP PADS	90
		ALDURAZYME	69
		ALECENSA	30
		<i>alendronate sodium</i>	89

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
ALFERON N	84	<i>amlodipine besylate</i>	52
<i>alfuzosin hcl er</i>	73	<i>amlodipine besylate/benazepril hydrochloride</i>	52
ALINIA	35	<i>amlodipine besylate/valsartan</i>	52
ALIQOPA	30	<i>amlodipine/olmesartan medoxomil ammonium lactate</i>	61
<i>aliskiren</i>	52	<i>amnesteem</i>	60
ALKINDI SPRINKLE	73	AMONDYS 45	69
<i>allopurinol</i>	24	<i>amoxapine</i>	22
ALLZITAL	57	<i>amoxicillin</i>	15
<i>almotriptan</i>	25	<i>amoxicillin/clavulanate potassium</i>	15
<i>almotriptan malate</i>	25	<i>amoxicillin/clavulanate potassium er</i>	15
ALOGLIPTIN	44	<i>amphetamine/dextroamphetamine</i>	56
ALOGLIPTIN/METFORMIN HCL	44	<i>amphotericin b</i>	23
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	44	<i>amphotericin b liposome</i>	23
ALOGLIPTIN/PIOGLITAZONE	44	<i>ampicillin</i>	15
<i>alosetron hydrochloride</i>	67	<i>ampicillin sodium</i>	15
<i>alprazolam</i>	43	<i>ampicillin/sulbactam</i>	15
<i>alprazolam er</i>	43	<i>ampicillin-sulbactam</i>	15
<i>alprazolam odt</i>	43	AMVUTTRA	69
<i>alprazolam xr</i>	43	<i>anagrelide hydrochloride</i>	48
<i>altavera</i>	75	ANASPAZ	67
ALTOPREV	54	<i>anastrozole</i>	30
ALUNBRIG	30	ANDRODERM	75
ALVAIZ	48	ANKTIVA	28
<i>alyacen 1/35</i>	75	ANNOVERA	75
<i>alyacen 7/7/7</i>	75	ANORO ELLIPTA	98
ALYGLO	81	ANZEMET	23
ALYMSYS	33	APADAZ	10
<i>alyq</i>	97	APEXICON E	61
<i>amabelz</i>	75	APHEXDA	48
<i>amantadine hcl</i>	43	APLENZIN	20
<i>ambrisentan</i>	97	<i>apomorphine hydrochloride</i>	36
<i>amcinonide</i>	61	APONVIE	23
<i>amethia</i>	75	<i>apraclonidine</i>	94
<i>amethyst</i>	75	<i>aprepitant</i>	23
<i>amikacin sulfate</i>	13	APTIOM	19
<i>amiloride hcl</i>	54	APTIVUS	42
<i>amiloride/hydrochlorothiazide</i>	52	AQNEURSA	57
<i>aminocaproic acid</i>	49	ARALAST NP	69
AMINOSYN II	64	ARANESP ALBUMIN FREE	48
AMINOSYN-PF	64	ARAZLO	60
AMINOSYN-PF 7%	64	ARCALYST	82
<i>amiodarone hydrochloride</i>	50	ARESTIN	60
<i>amitriptyline hcl</i>	22	<i>arexvy</i>	87
<i>amitriptyline hydrochloride</i>	22		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>arformoterol tartrate</i>	96	<i>aubra</i>	75
<i>argatroban</i>	47	<i>aubra eq</i>	75
<i>argatroban/sodium chloride</i>	47	AUGMENTIN	16
ARIKAYCE	13	AUGTYRO	30
<i>aripiprazole</i>	37	<i>aurovela 1.5/30</i>	75
<i>aripiprazole odt</i>	37	<i>aurovela 1/20</i>	75
ARISTADA	37	<i>aurovela 24 fe</i>	75
ARISTADA INITIO	37	<i>aurovela fe 1.5/30</i>	75
<i>armodafinil</i>	99	<i>aurovela fe 1/20</i>	76
ARMONAIR DIGIHALER	94	AURYXIA	66
ARNUITY ELLIPTA	94	AUSTEDO	57
<i>arsenic trioxide</i>	28	AUSTEDO XR	57
ARTESUNATE	35	AUSTEDO XR PATIENT TITRATION	57
ARZERRA	33	KIT	
ASCENIV	81	AUVELITY	20
<i>ascomp/codeine</i>	10	AUVI-Q	96
<i>asenapine maleate sl</i>	37	AVASTIN	33
<i>ashlyna</i>	75	AVEED	75
ASMANEX HFA	94	<i>aviane</i>	76
ASMANEX TWISTHALER 120	94	AVITA	60
METERED DOSES		AVONEX	58
ASMANEX TWISTHALER 14 METERED	94	AVONEX PEN	58
DOSES		AVSOLA	85
ASMANEX TWISTHALER 30 METERED	94	AVYCAZ	15
DOSES		<i>ayuna</i>	76
ASMANEX TWISTHALER 60 METERED	95	AYVAKIT	30
DOSES		<i>azacitidine</i>	28
ASPARLAS	28	<i>azathioprine</i>	85
<i>aspirin/dipyridamole</i>	49	<i>azelaic acid</i>	60
<i>aspirin/dipyridamole er</i>	49	<i>azelastine hcl</i>	92
ASPRUZYO SPRINKLE	53	<i>azelastine hcl</i>	95
ASTAGRAF XL	85	<i>azelastine hydrochloride</i>	95
<i>atazanavir</i>	42	<i>azelastine hydrochloride/fluticasone</i>	95
<i>atazanavir sulfate</i>	42	<i>propionate</i>	
<i>atenolol</i>	51	AZELEX	60
<i>atenolol/chlorthalidone</i>	53	<i>azithromycin</i>	16
ATGAM	81	<i>aztreonam</i>	14
<i>atomoxetine</i>	56	<i>azurette</i>	76
<i>atomoxetine hydrochloride</i>	56	<i>bacitracin</i>	92
ATORVALIQ	54	<i>bacitracin/polymyxin b</i>	91
<i>atorvastatin calcium</i>	54	<i>baclofen</i>	39
<i>atovaquone</i>	35	BAFIERTAM	58
<i>atovaquone/proguanil hcl</i>	35	<i>balsalazide disodium</i>	89
<i>atropine sulfate</i>	91	BALVERSA	30
ATROVENT HFA	95	<i>balziva</i>	76

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
BAQSIMI ONE PACK	46	<i>betaine anhydrous</i>	69
BAQSIMI TWO PACK	46	<i>betamethasone dipropionate</i>	61
BARACLUDE	40	<i>betamethasone dipropionate augmented</i>	61
BARHEMSYS	22	<i>betamethasone valerate</i>	61
BASAGLAR KWIKPEN	46	BETASERON	58
BASAGLAR TEMPO PEN	46	<i>betaxolol hcl</i>	51
BAVENCIO	33	<i>betaxolol hcl</i>	93
BAXDELA	16	<i>bethanechol chloride</i>	73
<i>bcg vaccine</i>	87	BEVESPI AEROSPHERE	98
BD INSULIN SYRINGE	90	<i>bexagliflozin</i>	44
SAFETYGLIDE/1ML/29G X 1/2"		<i>bexarotene</i>	35
B-D INSULIN SYRINGE ULTRAFINE	90	<i>bexsero</i>	87
II/0.3ML/31G X 5/16"		BEYFORTUS	81
BD INSULIN SYRINGE ULTRA-	90	<i>bicalutamide</i>	27
FINE/0.5ML/30G X 12.7MM		BICILLIN L-A	16
BD INSULIN SYRINGE ULTRA-	90	BIKTARVY	40
FINE/1ML/31G X 8MM		<i>bimatoprost</i>	94
BD PEN NEEDLE/ORIGINAL/ULTRA-	90	BIMZELX	82
FINE/29G X 12.7MM		BINOSTO	89
BELBUCA	9	<i>bismuth subcitrate</i>	68
BELEODAQ	30	<i>pot/metronidazole/tetracycline hydrochlo</i>	
<i>belladonna/opium</i>	67	<i>bisoprolol fumarate</i>	51
BELRAPZO	26	<i>bisoprolol fumarate/hydrochlorothiazide</i>	53
BELSOMRA	99	BIVIGAM	81
<i>benazepril hcl</i>	50	<i>bleomycin sulfate</i>	28
<i>benazepril hydrochloride</i>	50	BLINCYTO	33
<i>benazepril</i>	53	<i>blisovi 24 fe</i>	76
<i>hydrochloride/hydrochlorothiazide</i>		<i>blisovi fe 1.5/30</i>	76
BENDAMUSTINE HYDROCHLORIDE	26	<i>blisovi fe 1/20</i>	76
BENDEKA	26	BONJESTA	22
BENLYSTA	82	BOOSTRIX	87
BENLYSTA	85	BORTEZOMIB	28
BENZHYDROCODONE/ACETAMINOPH	10	<i>bosentan</i>	97
EN		BOSULIF	30
BENZNIDAZOLE	35	BOTOX	39
BENZOLYL PEROXIDE FORTE- HC	60	BRAFTOVI	30
BENZOYL PEROXIDE	63	BRENZAVVY	44
BENZOYL PEROXIDE- HC	60	BREO ELLIPTA	98
<i>benztropine mesylate</i>	36	BREYNA	98
BEOVU	91	BREZTRI AEROSPHERE	98
<i>bepotastine besilate</i>	92	<i>briellyn</i>	76
BERINERT	81	BRILINTA	49
BESIVANCE	92	<i>brimonidine tartrate</i>	60
BESPONSA	33	<i>brimonidine tartrate</i>	94
BESREMI	84		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
BRIMONIDINE TARTRATE/TIMOLOL	91	<i>calcipotriene/betamethasone dipropionate</i>	62
MALEATE		<i>calcitonin salmon</i>	89
<i>brinzolamide</i>	94	<i>calcitonin-salmon</i>	89
BRIUMVI	58	<i>calcitriol</i>	89
BRIVIACT	17	<i>calcium acetate</i>	66
BRIXADI	12	CALCIUM DISODIUM VERSENATE	68
<i>bromfenac sodium</i>	93	CALQUENCE	31
<i>bromocriptine mesylate</i>	36	<i>camila</i>	79
BROMSITE	93	<i>camrese</i>	76
BRONCHITOL	98	<i>camrese lo</i>	76
BRUKINSA	30	CAMZYOS	53
<i>budesonide</i>	89	<i>candesartan cilexetil</i>	50
<i>budesonide</i>	95	<i>candesartan cilexetil/hydrochlorothiazide</i>	53
<i>budesonide er</i>	89	CAPLYTA	37
<i>bumetanide</i>	54	CAPRELSA	31
<i>buprenorphine</i>	9	<i>captopril</i>	50
<i>buprenorphine hcl</i>	12	<i>captopril/hydrochlorothiazide</i>	53
<i>buprenorphine hcl/naloxone hcl</i>	12	CARAC	62
<i>buprenorphine hydrochloride/naloxone</i>	12	<i>carbamazepine</i>	19
<i>hydrochloride</i>		<i>carbamazepine er</i>	19
<i>bupropion hcl</i>	20	<i>carbidopa</i>	36
<i>bupropion hydrochloride</i>	20	<i>carbidopa/levodopa</i>	36
<i>bupropion hydrochloride er (sr)</i>	13	<i>carbidopa/levodopa er</i>	36
<i>bupropion hydrochloride er (sr)</i>	20	<i>carbidopa/levodopa odt</i>	36
<i>bupropion hydrochloride er (xl)</i>	20	<i>carbidopa/levodopa/entacapone</i>	36
<i>bupirone hcl</i>	43	<i>carbinoxamine maleate</i>	95
<i>bupirone hydrochloride</i>	43	<i>carboprost tromethamine</i>	75
<i>busulfan</i>	26	<i>carglumic acid</i>	64
BUTALBITAL/ACETAMINOPHEN	58	<i>carisoprodol</i>	99
<i>butalbital/acetaminophen/caffeine/codeine</i>	10	<i>carmustine</i>	26
<i>butalbital/aspirin/caffeine</i>	58	<i>carteolol hcl</i>	93
<i>butalbital/aspirin/caffeine/codeine</i>	10	<i>cartia xt</i>	52
<i>butorphanol tartrate</i>	10	<i>carvedilol</i>	51
BYDUREON BCISE	44	<i>carvedilol phosphate er</i>	51
BYETTA	44	<i>caspofungin acetate</i>	23
BYLVAY	68	CAYSTON	96
BYLVAY (PELLETS)	68	<i>cefaclor</i>	15
BYOOVIZ	91	<i>cefadroxil</i>	15
CABENUVA	40	<i>cefazolin</i>	15
<i>cabergoline</i>	80	<i>cefazolin sodium</i>	15
CABLIVI	49	<i>cefdinir</i>	15
CABOMETYX	31	<i>cefepime</i>	15
CAFERGOT	25	<i>cefepime hydrochloride</i>	15
<i>caffeine citrate</i>	58	<i>cefepime/dextrose</i>	15
CALCIPOTRIENE	62	<i>cefixime</i>	15

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025
Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>cefotaxime sodium</i>	15	CINQAIR	98
<i>cefotetan</i>	15	CINRYZE	81
<i>cefoxitin sodium</i>	15	<i>ciprofloxacin</i>	16
<i>cefpodoxime proxetil</i>	15	<i>ciprofloxacin</i>	94
<i>cefprozil</i>	15	<i>ciprofloxacin hcl</i>	16
<i>ceftazidime</i>	15	<i>ciprofloxacin hydrochloride</i>	16
<i>ceftriaxone sodium</i>	15	<i>ciprofloxacin hydrochloride</i>	92
<i>cefuroxime axetil</i>	15	<i>ciprofloxacin i.v.-in d5w</i>	16
<i>cefuroxime sodium</i>	15	<i>ciprofloxacin/dexamethasone</i>	94
<i>celecoxib</i>	8	CISPLATIN	26
<i>cephalexin</i>	15	CITALOPRAM HYDROBROMIDE	21
CEPROTIN	47	<i>cladribine</i>	27
CEQUA	91	<i>claravis</i>	60
CERDELGA	69	<i>clarithromycin</i>	16
CEREZYME	69	<i>clarithromycin er</i>	16
<i>chateal</i>	76	<i>clemastine fumarate</i>	95
<i>chateal eq</i>	76	CLENPIQ	68
CHEMET	66	CLEVIPREX	52
CHENODAL	68	CLIMARA PRO	76
<i>chlordiazepoxide hcl</i>	43	<i>clindacin etz pledgets</i>	14
<i>chlordiazepoxide hydrochloride</i>	44	<i>clindamycin hcl</i>	14
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	67	<i>clindamycin hydrochloride</i>	14
<i>chlordiazepoxide/ amitriptyline</i>	20	<i>clindamycin palmitate hydrochloride</i>	14
<i>chlorhexidine gluconate</i>	60	<i>clindamycin phosphate</i>	14
<i>chloroquine phosphate</i>	35	<i>clindamycin phosphate</i>	64
<i>chlorpromazine hcl</i>	37	<i>clindamycin phosphate/benzoyl peroxide</i>	60
<i>chlorpromazine hydrochloride</i>	37	CLINIMIX 4.25%/DEXTROSE 10%	64
<i>chlorthalidone</i>	54	CLINIMIX 4.25%/DEXTROSE 5%	65
<i>chlorzoxazone</i>	99	CLINIMIX 5%/DEXTROSE 15%	65
CHOLBAM	69	CLINIMIX 5%/DEXTROSE 20%	65
<i>cholestyramine light</i>	55	CLINIMIX 6/5	65
CHORIONIC GONADOTROPIN	74	CLINIMIX 8/10	65
CIBINQO	82	CLINIMIX 8/14	65
<i>ciclodan</i>	63	CLINIMIX E 2.75%/DEXTROSE 5%	65
<i>ciclopirox</i>	64	CLINIMIX E 4.25%/DEXTROSE 10%	65
<i>ciclopirox nail lacquer</i>	63	CLINIMIX E 4.25%/DEXTROSE 5%	65
<i>ciclopirox olamine</i>	63	CLINIMIX E 5%/DEXTROSE 15%	65
<i>cidofovir</i>	39	CLINIMIX E 5%/DEXTROSE 20%	65
<i>cilostazol</i>	49	CLINIMIX E 8/10	65
CIMDUO	41	CLINIMIX E 8/14	65
CIMERLI	91	<i>clinisol sf 15%</i>	65
CIMZIA	85	CLINOLIPID	90
CIMZIA STARTER KIT	85	<i>clobazam</i>	18
<i>cinacalcet hydrochloride</i>	89	<i>clobetasol propionate</i>	61
		<i>clobetasol propionate e</i>	61

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>clofarabine</i>	27	COTEMPLA XR-ODT	56
<i>clomid</i>	79	COXANTO	8
<i>clomipramine hcl</i>	22	CREON	70
<i>clomipramine hydrochloride</i>	22	CRESEMBA	24
<i>clonazepam</i>	18	CRINONE	79
<i>clonazepam odt</i>	18	<i>cromolyn sodium</i>	70
<i>clonidine</i>	50	<i>cromolyn sodium</i>	92
<i>clonidine hydrochloride</i>	50	<i>cromolyn sodium</i>	97
<i>clonidine hydrochloride</i>	58	<i>cryselle-28</i>	76
CLONIDINE HYDROCHLORIDE ER	50	CRYSVITA	70
<i>clopidogrel</i>	49	CURITY GAUZE PADS 2"X2" 12 PLY	90
<i>clorazepate dipotassium</i>	44	CUTAQUIG	81
<i>clotrimazole</i>	23	CUVITRU	81
<i>clotrimazole/betamethasone dipropionate</i>	62	CUVRIOR	66
<i>clozapine</i>	38	<i>cyclobenzaprine hydrochloride</i>	99
<i>clozapine odt</i>	38	<i>cyclobenzaprine hydrochloride er</i>	99
COARTEM	35	<i>cyclophosphamide</i>	26
COBENFY	58	CYCLOPHOSPHAMIDE	26
COBENFY STARTER PACK	58	MONOHYDRATE	
<i>codeine sulfate</i>	10	<i>cycloserine</i>	26
COLCHICINE	25	CYCLOSET	44
<i>colesevelam hydrochloride</i>	55	<i>cyclosporine</i>	85
<i>colestipol hcl</i>	55	CYCLOSPORINE	91
<i>colistimethate sodium</i>	14	<i>cyclosporine modified</i>	85
COLUMVI	29	<i>cyproheptadine hcl</i>	95
COMBIGAN	91	<i>cyproheptadine hydrochloride</i>	95
COMBIVENT RESPIMAT	98	CYRAMZA	33
COMETRIQ	31	<i>cyred</i>	76
COMPLERA	41	CYSTADROPS	91
<i>compro</i>	22	CYSTAGON	70
CONCERTA	56	CYSTARAN	91
CONJUPRI	52	<i>cytarabine</i>	28
<i>constulose</i>	67	<i>cytarabine aqueous</i>	28
CONZIP	9	CYTOGAM	81
COPIKTRA	31	<i>dabigatran etexilate</i>	47
CORDRAN	61	<i>dactinomycin</i>	29
CORLANOR	53	<i>dalfampridine er</i>	59
CORTIFOAM	89	DALVANCE	14
CORTISONE ACETATE	73	<i>danazol</i>	75
CORTROPHIN	73	<i>dantrolene sodium</i>	39
COSELA	90	DANYELZA	33
COSENTYX	82	<i>dapsone</i>	26
COSENTYX SENSOREADY PEN	82	<i>dapsone</i>	64
COSENTYX UNOREADY	82	DAPTACEL	87
COTELLIC	31	<i>daptomycin</i>	14

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
DAPTOMYCIN/SODIUM CHLORIDE	14	<i>dextrose 5%/sodium chloride 0.9%</i>	65
<i>darifenacin hydrobromide er</i>	72	DEXYCU	93
DARTISLA ODT	67	DHIVY	36
<i>darunavir</i>	42	DIACOMIT	18
DARZALEX	33	<i>diazepam</i>	44
DARZALEX FASPRO	33	<i>diazepam intensol</i>	44
<i>dasatinib</i>	31	<i>diazepam rectal gel</i>	18
<i>dasetta 1/35</i>	76	<i>diazoxide</i>	46
<i>dasetta 7/7/7</i>	76	<i>dichlorphenamide</i>	70
DAURISMO	31	<i>diclofenac epolamine</i>	8
DAYBUE	70	<i>diclofenac potassium</i>	8
<i>daysee</i>	76	<i>diclofenac sodium</i>	8
DAYVIGO	99	<i>diclofenac sodium</i>	62
<i>deblitane</i>	79	<i>diclofenac sodium</i>	93
<i>decitabine</i>	29	<i>diclofenac sodium dr</i>	8
<i>deferasirox</i>	66	<i>diclofenac sodium er</i>	8
<i>deferiprone</i>	66	DICLONA	8
<i>deferoxamine mesylate</i>	90	<i>dicloxacillin sodium</i>	16
DEFITELIO	53	<i>dicyclomine hcl</i>	67
<i>deflazacort</i>	73	<i>dicyclomine hydrochloride</i>	67
DELSTRIGO	41	DIFICID	16
<i>delyla</i>	76	<i>diflorasone diacetate</i>	61
<i>demeclocycline hcl</i>	17	<i>diflunisal</i>	8
DEMEROL	10	<i>difluprednate</i>	93
DENGVAXIA	87	<i>digitek</i>	50
DEPO-SUBQ PROVERA 104	79	<i>digoxin</i>	50
DESCOVY	41	<i>dihydroergotamine mesylate</i>	25
<i>desipramine hydrochloride</i>	22	DILANTIN	19
<i>desmopressin acetate</i>	74	DILAUDID	10
<i>desogestrel/ethinyl estradiol</i>	76	<i>diltiazem hcl</i>	52
<i>desonide</i>	61	<i>diltiazem hcl cd</i>	52
<i>desoximetasone</i>	61	<i>diltiazem hcl er</i>	52
DESVENLAFAXINE ER	21	<i>diltiazem hydrochloride</i>	52
<i>dexamethasone</i>	73	<i>diltiazem hydrochloride er</i>	52
<i>dexamethasone sodium phosphate</i>	93	<i>dilt-xr</i>	52
<i>dexlansoprazole</i>	69	<i>dimethyl fumarate</i>	59
<i>dexmethylphenidate hcl</i>	56	<i>dimethyl fumarate starterpack</i>	59
<i>dexmethylphenidate hcl er</i>	56	DIPENTUM	89
<i>dexmethylphenidate hydrochloride</i>	57	<i>diphenhydramine hcl</i>	95
<i>dexmethylphenidate hydrochloride er</i>	56	<i>diphenoxylate hydrochloride/atropine</i>	67
<i>dexrazoxane</i>	35	<i>sulfate</i>	
<i>dextroamphetamine sulfate</i>	56	<i>diphenoxylate/atropine</i>	67
<i>dextroamphetamine sulfate er</i>	56	DIPHThERIA/TETANUS TOXOIDS	87
<i>dextrose 5%</i>	65	ADSORBED PEDIATRIC	
<i>dextrose 5%/sodium chloride 0.45%</i>	65	<i>disopyramide phosphate</i>	51

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>disulfiram</i>	12	<i>duloxetine hcl</i>	21
<i>divalproex sodium</i>	18	<i>duloxetine hydrochloride</i>	21
<i>divalproex sodium dr</i>	18	DUOBRII	62
<i>divalproex sodium er</i>	18	DUOPA	36
<i>dobutamine hcl</i>	53	DUPIXENT	82
<i>dobutamine hcl/d5w</i>	53	<i>duramorph</i>	10
<i>dobutamine hydrochloride/dextrose 5%</i>	53	DURYSTA	94
<i>docetaxel</i>	29	<i>dutasteride</i>	73
<i>dofetilide</i>	51	<i>dutasteride/tamsulosin hydrochloride</i>	73
DOJOLVI	70	DUVYZAT	90
<i>dolishale</i>	76	DYANAVEL XR	56
<i>donepezil hcl</i>	20	DYSPORT	39
<i>donepezil hydrochloride</i>	20	EASY COMFORT INSULIN	90
<i>donepezil hydrochloride odt</i>	20	SYRINGE/0.3ML/31G X 1/2"	
<i>dopamine hydrochloride</i>	53	EASY TOUCH SAFETY PEN	90
<i>dopamine hydrochloride/dextrose</i>	53	NEEDLES/30G X 1/4"	
<i>dopamine/d5w</i>	53	<i>ec-naproxen</i>	8
DOPTELET	49	<i>econazole nitrate</i>	24
DORYX MPC	17	<i>edaravone</i>	58
<i>dorzolamide hcl/timolol maleate</i>	91	EDARBI	50
<i>dorzolamide hydrochloride</i>	94	EDARBYCLOR	53
<i>dotti</i>	76	EDETATE CALCIUM DISODIUM	68
DOVATO	40	EDLUAR	99
<i>doxazosin mesylate</i>	73	EDURANT	41
<i>doxepin hcl</i>	22	<i>efavirenz</i>	41
<i>doxepin hydrochloride</i>	22	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	41
<i>doxepin hydrochloride</i>	61	<i>fumarate</i>	
<i>doxepin hydrochloride</i>	99	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	41
<i>doxercalciferol</i>	89	<i>fumarate</i>	
<i>doxorubicin hcl</i>	29	<i>effe-k</i>	65
<i>doxorubicin hydrochloride</i>	29	EGRIFTA SV	74
<i>doxorubicin hydrochloride liposomal</i>	29	ELAHERE	33
<i>doxy 100</i>	17	ELAPRASE	70
<i>doxycycline</i>	17	ELELYSO	70
<i>doxycycline hyclate</i>	17	ELEPSIA XR	17
<i>doxycycline hyclate</i>	60	<i>eletriptan hydrobromide</i>	25
<i>doxycycline monohydrate</i>	17	ELFABRIO	70
<i>doxylamine succinate/pyridoxine</i>	22	ELIGARD	80
<i>hydrochloride</i>		<i>elinest</i>	76
DRIZALMA SPRINKLE	21	ELIQUIS	47
<i>dronabinol</i>	23	ELIQUIS STARTER PACK	47
DROXIA	28	ELITEK	35
<i>droxidopa</i>	50	ELLA	90
DUAKLIR PRESSAIR	95	ELLENCE	29
DULERA	98	ELMIRON	73

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
ELREXFIO	29	EPIVIR HBV	40
ELYXYB	8	EPKINLY	29
ELZONRIS	29	<i>eplerenone</i>	55
EMCYT	27	EPOGEN	48
EMEND	23	<i>epoprostenol sodium</i>	97
EMFLAZA	73	EPRONTIA	17
EMGALITY	25	EPSOLAY	64
EMPAVELI	82	<i>eptifibatide</i>	49
EMPLICITI	34	ERAXIS	24
EMSAM	21	ERBITUX	34
<i>emtricitabine</i>	41	<i>ergoloid mesylates</i>	20
<i>emtricitabine/tenofovir disoproxil</i>	41	ERGOMAR	25
<i>emtricitabine/tenofovir disoproxil fumarate</i>	41	<i>ergotamine tartrate/caffeine</i>	25
EMTRIVA	41	<i>eribulin mesylate</i>	29
EMVERM	35	ERIVEDGE	31
<i>emzahh</i>	79	ERLEADA	27
<i>enalapril maleate</i>	50	<i>erlotinib hydrochloride</i>	31
<i>enalapril maleate/hydrochlorothiazide</i>	53	<i>errin</i>	79
ENBREL	85	ERTACZO	24
ENBREL MINI	85	<i>ertapenem</i>	16
ENBREL SURECLICK	85	<i>ertapenem sodium</i>	16
ENDARI	70	<i>ery</i>	64
<i>endocet</i>	10	<i>erythromycin</i>	64
ENDOMETRIN	79	<i>erythromycin</i>	92
<i>engerix-b</i>	87	<i>erythromycin dr</i>	16
ENHERTU	34	<i>erythromycin ethylsuccinate</i>	16
ENJAYMO	82	<i>erythromycin/benzoyl peroxide</i>	60
<i>enoxaparin sodium</i>	48	<i>escitalopram oxalate</i>	21
<i>enpresse-28</i>	76	<i>esomeprazole magnesium</i>	69
ENSPRYNG	91	<i>estarylla</i>	76
ENSTILAR	62	<i>estazolam</i>	99
<i>entacapone</i>	36	<i>estradiol</i>	76
ENTADFI	73	<i>estradiol/norethindrone acetate</i>	76
<i>entecavir</i>	40	ESTRING	76
ENTRESTO	53	<i>eszopiclone</i>	99
ENTYVIO	83	<i>ethacrynate sodium</i>	54
<i>enulose</i>	67	<i>ethacrynic acid</i>	54
ENVARUSUS XR	85	<i>ethambutol hydrochloride</i>	26
EOHILIA	89	<i>ethosuximide</i>	18
EPCLUSA	40	<i>ethynodiol diacetate/ethinyl estradiol</i>	76
EPIDIOLEX	17	ETHYOL	29
<i>epinastine hcl</i>	92	<i>etodolac</i>	8
<i>epinephrine</i>	53	<i>etonogestrel/ethinyl estradiol</i>	76
EPINEPHRINE	96	ETOPOPHOS	30
<i>epitol</i>	19	<i>etravirine</i>	41

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
EUCRISA	61	FERRIPROX TWICE-A-DAY	66
EULEXIN	27	<i>fesoterodine fumarate er</i>	72
<i>euthyrox</i>	80	FETROJA	15
EVENITY	89	FETZIMA	21
<i>everolimus</i>	31	FETZIMA TITRATION PACK	21
<i>everolimus</i>	85	FIASP	46
EVKEEZA	53	FIASP FLEXTOUCH	46
EVOMELA	27	FIASP PENFILL	46
EVOTAZ	42	FILSPARI	53
EVRYSDI	70	FILSUVEZ	62
<i>exemestane</i>	30	FINACEA	60
EXKIVITY	31	<i>finasteride</i>	73
EXONDYS 51	70	<i> fingolimod hydrochloride</i>	59
EXSERVAN	58	FINTEPLA	17
EXTAVIA	59	FIRDAPSE	58
EYLEA	91	FIRMAGON	80
EZALLOR SPRINKLE	54	<i>flac</i>	94
<i>ezetimibe</i>	55	FLAREX	93
<i>ezetimibe/simvastatin</i>	55	<i>flavoxate hcl</i>	72
FABHALTA	48	FLEBOGAMMA DIF	81
FABIOR	60	<i>flecainide acetate</i>	51
FABRAZYME	70	FLECTOR	8
<i>falmina</i>	76	FLOLIPID	54
<i>famciclovir</i>	43	<i>floxuridine</i>	28
<i>famotidine</i>	69	<i>fluconazole</i>	24
FANAPT	37	<i>fluconazole in sodium chloride</i>	24
FANAPT TITRATION PACK	37	<i>flucytosine</i>	24
FARXIGA	55	<i>fludarabine phosphate</i>	31
FASENRA	98	<i>fludrocortisone acetate</i>	73
FASENRA PEN	98	<i>flunisolide</i>	95
<i>fayosim</i>	76	<i>fluocinolone acetonide</i>	61
<i>febuxostat</i>	25	<i>fluocinolone acetonide</i>	94
<i>felbamate</i>	17	<i>fluocinolone acetonide body</i>	61
<i>felodipine er</i>	52	<i>fluocinolone acetonide ear drops</i>	94
FEMRING	76	<i>fluocinolone acetonide scalp</i>	61
<i>femynor</i>	76	<i>fluocinolone acetonide topical</i>	61
<i>fenofibrate</i>	54	<i>fluocinonide</i>	61
<i>fenofibrate micronized</i>	54	<i>fluocinonide emulsified base</i>	61
<i>fenofibric acid dr</i>	54	<i>fluorometholone</i>	93
FENSOLVI	74	<i>fluorouracil</i>	28
<i>fentanyl</i>	9	FLUOROURACIL	63
FENTANYL CITRATE	10	<i>fluoxetine dr</i>	21
<i>fentanyl citrate oral transmucosal</i>	10	<i>fluoxetine hydrochloride</i>	21
FENTORA	11	<i>fluphenazine decanoate</i>	37
FERRIPROX	66	<i>fluphenazine hcl</i>	37

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>fluphenazine hydrochloride</i>	37	GAMASTAN	81
<i>flurbiprofen</i>	8	GAMIFANT	83
<i>flurbiprofen sodium</i>	93	GAMMAGARD LIQUID	82
<i>flutamide</i>	27	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	82
<i>fluticasone propionate</i>	61	GAMMAKED	82
<i>fluticasone propionate</i>	95	GAMMAPLEX	82
FLUTICASONE	98	GAMUNEX-C	82
PROPIONATE/SALMETEROL		<i>ganciclovir</i>	39
<i>fluticasone propionate/salmeterol diskus</i>	98	GARDASIL 9	87
<i>fluvastatin</i>	54	<i>gatifloxacin</i>	93
<i>fluvastatin sodium er</i>	54	GATTEX	68
<i>fluvoxamine maleate</i>	21	<i>gavilyte-c</i>	68
<i>fluvoxamine maleate er</i>	21	<i>gavilyte-g</i>	68
FML	93	<i>gavilyte-n/flavor pack</i>	68
FML FORTE	93	GAVRETO	31
FOLOTYN	28	GAZYVA	34
<i>fomepizole</i>	90	<i>gefitinib</i>	31
<i>fondaparinux sodium</i>	48	GELNIQUE	72
<i>formoterol fumarate</i>	96	<i>gemcitabine hydrochloride</i>	28
FORTEO	89	<i>gemfibrozil</i>	54
FOSAMAX PLUS D	89	GEMTESA	72
<i>fosamprenavir calcium</i>	42	<i>generlac</i>	67
<i>foscarnet sodium</i>	39	<i>gengraf</i>	85
<i>fosinopril sodium</i>	50	GENOTROPIN	74
<i>fosinopril sodium/hydrochlorothiazide</i>	53	GENOTROPIN MINIQUICK	74
FOSRENOL	66	<i>gentak</i>	93
FOTIVDA	31	<i>gentamicin sulfate</i>	13
FRAGMIN	48	<i>gentamicin sulfate</i>	93
<i>frovatriptan succinate</i>	25	<i>gentamicin sulfate pediatric</i>	13
FRUZAQLA	31	GENVOYA	40
FULPHILA	48	GILENYA	59
<i>fulvestrant</i>	27	GILOTRIF	31
FUROSCIX	54	GIMOTI	68
<i>furosemide</i>	54	GIVLAARI	90
FUZEON	42	GLASSIA	70
FYARRO	31	<i>glatiramer acetate</i>	59
<i>fyavolv</i>	76	<i>glatopa</i>	59
FYCOMPA	17	GLEOSTINE	27
FYLNETRA	48	<i>glimepiride</i>	45
<i>gabapentin</i>	18	<i>glipizide</i>	45
GABLOFEN	39	<i>glipizide er</i>	45
GALAFOLD	70	<i>glipizide xl</i>	45
<i>galantamine hydrobromide</i>	20	<i>glipizide/metformin hydrochloride</i>	45
<i>galantamine hydrobromide er</i>	20	GLOPERBA	25
<i>gallifrey</i>	79		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
GLUCAGEN HYPOKIT	46	HUMALOG JUNIOR KWIKPEN	46
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	46	HUMALOG KWIKPEN	46
<i>glyburide</i>	45	HUMALOG MIX 50/50	46
<i>glyburide/metformin hydrochloride</i>	45	HUMALOG MIX 50/50 KWIKPEN	46
GLYCATE	67	HUMALOG MIX 75/25	46
<i>glycopyrrolate</i>	67	HUMALOG MIX 75/25 KWIKPEN	46
<i>glydo</i>	12	HUMATIN	13
GLYXAMBI	45	HUMATROPE	74
GOCOVRI	36	HUMIRA	86
<i>granisetron hydrochloride</i>	23	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	85
GRANIX	48	HUMIRA PEN	86
<i>griseofulvin microsize</i>	24	HUMIRA PEN-CD/UC/HS STARTER	85
<i>griseofulvin ultramicrosize</i>	24	HUMIRA PEN-PEDIATRIC UC STARTER PACK	86
<i>guanfacine hydrochloride</i>	50	HUMIRA PEN-PS/UV STARTER	86
<i>guanfacine hydrochloride er</i>	57	HUMULIN 70/30	46
GVOKE HYPOPEN 1-PACK	46	HUMULIN 70/30 KWIKPEN	46
GVOKE HYPOPEN 2-PACK	46	HUMULIN N	46
GVOKE KIT	46	HUMULIN N KWIKPEN	47
GVOKE PFS	46	HUMULIN R	47
HAEGARDA	81	HUMULIN R U-500 (CONCENTRATED)	47
<i>hailey 1.5/30</i>	76	HUMULIN R U-500 KWIKPEN	47
<i>hailey 24 fe</i>	76	<i>hydralazine hcl</i>	56
HALAVEN	29	<i>hydralazine hydrochloride</i>	56
<i>halobetasol propionate</i>	62	<i>hydrochlorothiazide</i>	54
<i>haloperidol</i>	37	<i>hydrocodone bitartrate er</i>	9
<i>haloperidol decanoate</i>	37	<i>hydrocodone bitartrate/acetaminophen</i>	11
<i>haloperidol lactate</i>	37	<i>hydrocodone/acetaminophen</i>	11
HARVONI	40	<i>hydrocodone/ibuprofen</i>	11
<i>havrix</i>	87	<i>hydrocortisone</i>	62
<i>heather</i>	79	<i>hydrocortisone</i>	73
HELIDAC THERAPY	68	<i>hydrocortisone</i>	89
HEMANGEOL	51	HYDROCORTISONE	63
HEPAGAM B	82	ACETATE/PRAMOXINE HYDROCHLORIDE	
<i>heparin sodium</i>	48	<i>hydrocortisone butyrate</i>	62
<i>heparin sodium/dextrose</i>	48	<i>hydrocortisone butyrate (lipid)</i>	62
<i>heplisav-b</i>	87	<i>hydrocortisone butyrate (lipophilic)</i>	62
HERCEPTIN	34	<i>hydrocortisone valerate</i>	62
HERCEPTIN HYLECTA	34	<i>hydromorphone hcl</i>	11
HERZUMA	34	<i>hydromorphone hcl er</i>	9
HETLIOZ	99	<i>hydromorphone hydrochloride</i>	11
HETLIOZ LQ	99	<i>hydromorphone hydrochloride er</i>	9
<i>hiberix</i>	87	<i>hydroxychloroquine sulfate</i>	35
HIZENTRA	82		
HUMALOG	46		

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
HYDROXYPROGESTERONE	79	IMJUDO	34
CAPROATE		<i>imovax rabies (h.d.c.v.)</i>	88
<i>hydroxyurea</i>	28	IMPAVIDO	14
<i>hydroxyzine hcl</i>	95	IMPOYZ	62
<i>hydroxyzine hydrochloride</i>	95	IMVEXXY MAINTENANCE PACK	77
<i>hydroxyzine pamoate</i>	95	IMVEXXY STARTER PACK	77
HYFTOR	62	INBRIJA	36
HYOPHEN	72	<i>incassia</i>	79
<i>hyoscyamine sulfate</i>	68	INCRELEX	74
<i>hyoscyamine sulfate er</i>	68	INCRUSE ELLIPTA	95
<i>hyoscyamine sulfate odt</i>	68	<i>indapamide</i>	54
<i>hyoscyamine sulfate sr</i>	68	INDERAL XL	51
HYPERHEP B	82	INDOCIN	8
HYQVIA	82	<i>indomethacin</i>	8
<i>ibandronate sodium</i>	89	<i>indomethacin er</i>	8
IBRANCE	29	INFANRIX	88
IBRANCE	31	INFLECTRA	86
IBSRELA	67	INFLIXIMAB	86
<i>ibu</i>	8	INFUGEM	28
<i>ibuprofen</i>	8	INGREZZA	58
<i>ibuprofen lysine</i>	8	INLYTA	31
<i>ibuprofen/famotidine</i>	8	INNOPRAN XL	51
<i>icatibant acetate</i>	81	INPEFA	55
<i>iclevia</i>	76	INQOVI	31
ICLUSIG	31	INREBIC	29
<i>icosapent ethyl</i>	55	INSULIN LISPRO	47
<i>idarubicin hcl</i>	29	INTELENCE	41
IDHIFA	31	INTRALIPID	90
IDOSE TR	94	INTRAROSA	73
<i>ifosfamide</i>	27	<i>introvale</i>	77
IGALMI	44	INVEGA HAFYERA	37
ILARIS	83	INVEGA SUSTENNA	37
ILEVRO	93	INVEGA TRINZA	37
ILUMYA	83	INVOKAMET	45
ILUVIEN	93	INVOKAMET XR	45
<i>imatinib mesylate</i>	31	INVOKANA	55
IMBRUVICA	31	<i>ipol inactivated ipv</i>	88
IMDELLTRA	29	<i>ipratropium bromide</i>	95
IMFINZI	34	<i>ipratropium bromide/albuterol sulfate</i>	98
<i>imipenem/cilastatin</i>	16	IQIRVO	68
<i>imipramine hcl</i>	22	<i>irbesartan</i>	50
<i>imipramine hydrochloride</i>	22	<i>irbesartan/hydrochlorothiazide</i>	53
<i>imipramine pamoate</i>	22	<i>irinotecan</i>	30
<i>imiquimod</i>	63	<i>irinotecan hydrochloride</i>	30
<i>imiquimod pump</i>	63	ISENTRESS	40

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
ISENTRESS HD	40	JYLAMVO	86
<i>isoniazid</i>	26	JYNARQUE	66
<i>isosorbide dinitrate</i>	55	<i>jynneos</i>	88
<i>isosorbide dinitrate/hydralazine</i>	53	KABIVEN	65
<i>hydrochloride</i>		KADCYLA	34
<i>isosorbide mononitrate</i>	55	KALBITOR	81
<i>isosorbide mononitrate er</i>	55	<i>kalliga</i>	77
<i>isotretinoin</i>	60	KALYDECO	96
<i>isradipine</i>	52	KANJINTI	34
ISTURISA	74	KANUMA	70
<i>itraconazole</i>	24	<i>kariva</i>	77
<i>ivabradine hydrochloride</i>	53	KAZANO	45
<i>ivermectin</i>	35	<i>kelnor 1/35</i>	77
<i>ivermectin</i>	63	<i>kelnor 1/50</i>	77
IWILFIN	29	KENGREAL	49
IXCHIQ	88	KEPIVANCE	60
IXEMPRA KIT	29	KERENDIA	55
<i>ixiaro</i>	88	KESIMPTA	59
IYUZEH	94	<i>ketoconazole</i>	24
IZERVAY	92	<i>ketoprofen</i>	8
JAKAFI	31	KETOROLAC TROMETHAMINE	8
<i>jantoven</i>	48	<i>ketorolac tromethamine</i>	93
JANUMET	45	KEVEYIS	70
JANUMET XR	45	KEVZARA	83
JANUVIA	45	KEYTRUDA	34
JARDIANCE	55	KHAPZORY	35
JATENZO	75	KIMMTRAK	29
JAYPIRCA	31	KIMYRSA	14
JEMPERLI	34	KINERET	83
<i>jencycla</i>	79	KINRIX	88
JENTADUETO	45	KIONEX	66
JENTADUETO XR	45	KISQALI	31
JEVTANA	29	KISQALI FEMARA 200 DOSE	29
<i>jinteli</i>	77	KISQALI FEMARA 400 DOSE	29
JOENJA	70	KISQALI FEMARA 600 DOSE	29
<i>jolessa</i>	77	KITABIS PAK	96
<i>joyeaux</i>	77	<i>klayesta</i>	24
JUBLIA	24	KLISYRI	63
JULUCA	40	<i>klor-con 10</i>	65
<i>junel 1.5/30</i>	77	<i>klor-con 8</i>	65
<i>junel 1/20</i>	77	<i>klor-con m10</i>	65
<i>junel fe 1.5/30</i>	77	<i>klor-con m15</i>	65
<i>junel fe 1/20</i>	77	<i>klor-con m20</i>	65
<i>junel fe 24</i>	77	<i>klor-con/ef</i>	65
JUXTAPID	55	KLOXXADO	13

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
KONVOMEF	69	LENVIMA 18 MG DAILY DOSE	31
KORLYM	80	LENVIMA 20 MG DAILY DOSE	32
KORSUVA	62	LENVIMA 24 MG DAILY DOSE	32
KOSELUGO	31	LENVIMA 4 MG DAILY DOSE	32
<i>kourzeq</i>	60	LENVIMA 8 MG DAILY DOSE	32
KRAZATI	31	LEQVIO	55
KRYSTEXXA	25	<i>lessina</i>	77
<i>kurvelo</i>	77	<i>letrozole</i>	30
KYPROLIS	30	<i>leucovorin calcium</i>	29
KYZATREX	75	LEUKERAN	27
<i>labetalol hydrochloride</i>	51	LEUKINE	48
<i>lacosamide</i>	19	LEUPROLIDE ACETATE	80
<i>lactulose</i>	67	<i>levalbuterol</i>	96
LAGEVRIO	43	<i>levalbuterol hcl</i>	96
<i>lamivudine</i>	40	<i>levalbuterol hydrochloride</i>	96
<i>lamivudine</i>	41	<i>levalbuterol tartrate hfa</i>	96
<i>lamivudine/zidovudine</i>	41	LEVAMLODIPINE	52
<i>lamotrigine</i>	18	LEVBID	68
<i>lamotrigine er</i>	17	<i>levetiracetam</i>	18
<i>lamotrigine odt</i>	17	<i>levetiracetam er</i>	18
<i>lamotrigine starter kit/blue</i>	18	<i>levobunolol hcl</i>	94
<i>lamotrigine starter kit/green</i>	18	<i>levocetirizine dihydrochloride</i>	95
<i>lamotrigine starter kit/orange</i>	18	<i>levofloxacin</i>	16
<i>lamotrigine titration</i>	18	<i>levofloxacin</i>	93
LAMZEDE	70	<i>levofloxacin in d5w</i>	16
LANREOTIDE ACETATE	80	<i>levoleucovorin</i>	29
<i>lansoprazole</i>	69	<i>levonest</i>	77
<i>lanthanum carbonate</i>	66	<i>levonorgestrel and ethinyl estradiol</i>	77
LANTUS	47	<i>levonorgestrel/ethinyl estradiol</i>	77
LANTUS SOLOSTAR	47	<i>levora 0.15/30-28</i>	77
<i>lapatinib ditosylate</i>	31	<i>levorphanol tartrate</i>	9
<i>larin 1.5/30</i>	77	<i>levo-t</i>	80
<i>larin 1/20</i>	77	<i>levothyroxine sodium</i>	80
<i>larin 24 fe</i>	77	<i>levoxyl</i>	80
<i>larin fe 1.5/30</i>	77	LEVSIN	68
<i>larin fe 1/20</i>	77	LEXETTE	62
<i>latanoprost</i>	94	LEXIVA	42
LAZCLUZE	29	<i>l-glutamine</i>	70
LEDIPASVIR/SOFOSBUVIR	40	LIBERVANT	18
<i>leflunomide</i>	86	LIBTAYO	34
LEMTRADA	83	LICART	8
<i>lenalidomide</i>	27	<i>lidocaine</i>	12
LENVIMA 10 MG DAILY DOSE	31	<i>lidocaine hcl</i>	12
LENVIMA 12MG DAILY DOSE	31	<i>lidocaine hcl</i>	51
LENVIMA 14 MG DAILY DOSE	31	<i>lidocaine hcl</i>	60

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>lidocaine hcl jelly</i>	12	<i>loteprednol etabonate</i>	93
<i>lidocaine hydrochloride</i>	12	<i>lovastatin</i>	54
<i>lidocaine hydrochloride viscous</i>	60	<i>low-ogestrel</i>	77
<i>lidocaine viscous</i>	60	<i>loxapine</i>	37
<i>lidocaine/prilocaine</i>	12	<i>loxapine succinate</i>	37
LIDOCAN	12	<i>lo-zumandimine</i>	77
LIDOTRAL	12	LUBIPROSTONE	67
LIKMEZ	14	LUCEMYRA	13
LILETTA	79	LUCENTIS	92
<i>lincomycin hcl</i>	14	LUMAKRAS	32
<i>linezolid</i>	14	LUMIGAN	94
LINZESS	67	LUMIZYME	70
LIORESAL INTRATHECAL	39	LUMOXITI	34
<i>liothyronine sodium</i>	80	LUMRYZ	100
LIQREV	97	LUMRYZ STARTER PACK	100
<i>lisinopril</i>	50	LUNSUMIO	34
<i>lisinopril/hydrochlorothiazide</i>	53	LUPKYNIS	86
LITFULO	83	LUPRON DEPOT (1-MONTH)	80
<i>lithium</i>	44	LUPRON DEPOT (3-MONTH)	80
<i>lithium carbonate</i>	44	LUPRON DEPOT (4-MONTH)	80
<i>lithium carbonate er</i>	44	LUPRON DEPOT (6-MONTH)	80
LITHOSTAT	73	LUPRON DEPOT-PED (1-MONTH)	80
LIVALO	54	LUPRON DEPOT-PED (3-MONTH)	80
LIVDELZI	68	LUPRON DEPOT-PED (6-MONTH)	74
LIVMARLI	68	<i>lurasidone hydrochloride</i>	37
LIVTENCITY	39	<i>lutera</i>	77
LOCOID LIPOCREAM	62	LYBALVI	38
LODOCO	53	<i>lydexa</i>	12
<i>lofexidine hydrochloride</i>	13	<i>lyleq</i>	79
LOKELMA	67	<i>lyllana</i>	77
LONHALA MAGNAIR REFILL KIT	95	LYMEPAK	17
LONHALA MAGNAIR STARTER KIT	95	LYNPARZA	32
LONSURF	29	LYSODREN	29
<i>loperamide hcl</i>	67	LYTGOBI	32
<i>lopinavir/ritonavir</i>	42	LYUMJEV	47
LOQTORZI	34	LYUMJEV KWIKPEN	47
<i>lorazepam</i>	44	LYVISPAH	39
<i>lorazepam intensol</i>	44	<i>lyza</i>	79
LORBRENA	32	<i>mafenide acetate</i>	64
LOREEV XR	44	<i>magnesium sulfate</i>	65
LORTAB	11	<i>malathion</i>	63
<i>losartan potassium</i>	50	<i>maraviroc</i>	42
<i>losartan potassium/hydrochlorothiazide</i>	53	MARGENZA	34
LOTEMAX	93	<i>marlissa</i>	77
LOTEMAX SM	93	MARPLAN	21

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
MATULANE	27	<i>methoxsalen</i>	63
<i>matzim la</i>	52	<i>methscopolamine bromide</i>	68
MAVENCLAD	59	<i>methsuximide</i>	18
MAVYRET	40	<i>methyl dopa</i>	50
MAYZENT	59	<i>methylergonovine maleate</i>	90
MAYZENT STARTER PACK	59	<i>methylphenidate hydrochloride</i>	57
<i>me/naphos/mb/hyo 1</i>	72	<i>methylphenidate hydrochloride cd</i>	57
<i>meclizine hcl</i>	22	<i>methylphenidate hydrochloride er</i>	57
<i>meclizine hydrochloride</i>	23	<i>methylphenidate hydrochloride er (la)</i>	57
<i>medroxyprogesterone acetate</i>	79	<i>methylprednisolone</i>	73
<i>mefloquine hcl</i>	35	<i>methylprednisolone dose pack</i>	73
<i>megestrol acetate</i>	79	<i>methylprednisolone sodium succinate</i>	73
MEKINIST	32	<i>methyltestosterone</i>	75
MEKTOVI	32	<i>metoclopramide hcl</i>	68
<i>meloxicam</i>	8	<i>metoclopramide hydrochloride</i>	68
<i>memantine hcl titration pak</i>	20	<i>metoclopramide odt</i>	68
<i>memantine hydrochloride</i>	20	<i>metolazone</i>	54
<i>memantine hydrochloride er</i>	20	METOPIRONE	90
<i>menactra</i>	88	<i>metoprolol succinate er</i>	51
MENEST	77	<i>metoprolol tartrate</i>	51
<i>menquadfi</i>	88	<i>metronidazole</i>	14
<i>menveo</i>	88	<i>metronidazole</i>	60
<i>meperidine hcl</i>	11	<i>metronidazole vaginal</i>	14
MEPSEVII	70	<i>metyrosine</i>	53
<i>mercaptapurine</i>	28	<i>mexiletine hcl</i>	51
<i>meropenem</i>	16	<i>mibelas 24 fe</i>	77
MEROPENEM/SODIUM CHLORIDE	16	<i>micalafungin</i>	24
<i>mesalamine</i>	89	MICAFUNGIN/SODIUM CHLORIDE	24
<i>mesalamine dr</i>	89	<i>microgestin 1.5/30</i>	77
<i>mesalamine er</i>	89	<i>microgestin 1/20</i>	77
MESNEX	35	<i>microgestin 24 fe</i>	77
<i>metformin hydrochloride</i>	45	<i>microgestin fe 1.5/30</i>	77
<i>metformin hydrochloride er</i>	45	<i>microgestin fe 1/20</i>	77
<i>methadone hcl</i>	9	<i>midazolam hcl</i>	44
<i>methadone hydrochloride</i>	9	<i>midodrine hcl</i>	50
<i>methadone hydrochloride intensol</i>	9	<i>mifepristone</i>	80
<i>methamphetamine hcl</i>	56	MIGERGOT	25
<i>methazolamide</i>	94	<i>miglitol</i>	45
<i>methenamine hippurate</i>	14	<i>miglustat</i>	70
<i>methergine</i>	90	<i>mili</i>	77
<i>methimazole</i>	81	<i>milrinone lactate</i>	53
METHITEST	75	<i>milrinone lactate in dextrose</i>	53
<i>methocarbamol</i>	99	<i>mimvey</i>	78
<i>methotrexate</i>	86	MINOCIN	17
<i>methotrexate sodium</i>	86	<i>minocycline hcl</i>	17

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>minocycline hydrochloride</i>	17	NABI-HB	82
<i>minoxidil</i>	56	<i>nabumetone</i>	8
MIPLYFFA	70	<i>nadolol</i>	51
<i>mirtazapine</i>	20	NAFCILLIN	16
<i>mirtazapine odt</i>	20	<i>nafcillin sodium</i>	16
<i>misoprostol</i>	69	NAGLAZYME	70
<i>mitigo</i>	9	<i>nalbuphine hydrochloride</i>	11
<i>mitomycin</i>	29	NALOCET	11
<i>mitoxantrone hcl</i>	59	<i>naloxone hcl</i>	13
<i>m-m-r ii</i>	88	<i>naloxone hydrochloride</i>	13
<i>modafinil</i>	100	<i>naltrexone hcl</i>	12
<i>moexipril hcl</i>	50	NAMZARIC	20
<i>molindone hydrochloride</i>	37	<i>naproxen</i>	8
<i>mometasone furoate</i>	62	<i>naproxen dr</i>	8
<i>mometasone furoate</i>	95	<i>naproxen sodium</i>	8
<i>mondoxyne nl</i>	17	<i>naproxen sodium cr</i>	8
MONJUVI	34	<i>naproxen sodium er</i>	8
<i>mono-lynyah</i>	78	<i>naproxen/esomeprazole magnesium</i>	8
<i>montelukast sodium</i>	95	<i>naratriptan hcl</i>	25
<i>morphine sulfate</i>	11	NATACYN	93
<i>morphine sulfate er</i>	9	<i>nateglinide</i>	45
<i>morphine sulfate/sodium chloride</i>	11	NATESTO	75
MOTTEGRITY	67	NAYZILAM	18
MOTOFEN	67	<i>nebivolol</i>	51
MOUNJARO	45	<i>nebivolol hydrochloride</i>	51
<i>moxifloxacin hydrochloride/sodium</i>	17	<i>necon 0.5/35-28</i>	78
<i>hydrochloride</i>		<i>nefazodone hydrochloride</i>	21
<i>moxifloxacin hydrochloride</i>	17	<i>nelarabine</i>	28
<i>moxifloxacin hydrochloride</i>	93	NEMLUVIO	83
<i>mresvia</i>	88	<i>neomycin sulfate</i>	13
MULPLETA	48	<i>neomycin/bacitracin/polymyxin</i>	92
MULTAQ	51	<i>neomycin/polymyxin/bacitracin</i>	92
<i>mupirocin</i>	64	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	92
MVASI	34	<i>one</i>	
MYALEPT	68	<i>neomycin/polymyxin/dexamethasone</i>	92
MYCAPSSA	80	<i>neomycin/polymyxin/gramicidin</i>	92
<i>mycophenolate mofetil</i>	86	<i>neomycin/polymyxin/hc</i>	94
<i>mycophenolic acid dr</i>	86	<i>neomycin/polymyxin/hydrocortisone</i>	94
MYFEMBREE	80	<i>neo-polycin</i>	92
MYHIBBIN	86	<i>neo-polycin hc</i>	92
MYLOTARG	34	NEO-SYNALAR	63
MYOBLOC	39	NERLYNX	32
<i>myorisan</i>	60	NESINA	45
MYRBETRIQ	72	NEULASTA	49
MYTESI	67	NEULASTA ONPRO KIT	49

Drug Name	Page #	Drug Name	Page #
NEUPOGEN	49	<i>norgestimate/ethinyl estradiol</i>	78
NEUPRO	36	NORITATE	60
NEVANAC	93	NORLIQVA	52
<i>nevirapine</i>	41	<i>norlyroc</i>	79
<i>nevirapine er</i>	41	NORPACE CR	51
NEXICLON XR	50	<i>nortrel 0.5/35 (28)</i>	78
NEXLETOL	55	<i>nortrel 1/35</i>	78
NEXLIZET	55	<i>nortrel 7/7/7</i>	78
NEXPLANON	79	<i>nortriptyline hcl</i>	22
NEXTERONE	51	<i>nortriptyline hydrochloride</i>	22
NEXVIAZYME	70	NORVIR	42
NGENLA	74	NOURIANZ	36
<i>niacin er</i>	55	NOVAREL	74
<i>nicardipine hcl</i>	52	NOVOLIN 70/30	47
NICOTROL INHALER	13	NOVOLIN 70/30 FLEXPEN	47
NICOTROL NS	13	NOVOLIN 70/30 FLEXPEN RELION	47
<i>nifedipine er</i>	52	NOVOLIN 70/30 RELION	47
<i>nilutamide</i>	27	NOVOLIN N	47
<i>nimodipine</i>	52	NOVOLIN N FLEXPEN	47
NINLARO	32	NOVOLIN N FLEXPEN RELION	47
NIPENT	28	NOVOLIN N RELION	47
<i>nitazoxanide</i>	35	NOVOLIN R	47
<i>nitisinone</i>	70	NOVOLIN R FLEXPEN	47
NITRO-BID	55	NOVOLIN R FLEXPEN RELION	47
NITRO-DUR	55	NOVOLIN R RELION	47
NITROFURANTOIN	14	NOVOLOG	47
<i>nitrofurantoin macrocrystals</i>	14	NOVOLOG FLEXPEN	47
<i>nitrofurantoin monohydrate</i>	14	NOVOLOG FLEXPEN RELION	47
<i>nitrofurantoin monohydrate/macrocrystals</i>	14	NOVOLOG MIX 70/30	47
<i>nitroglycerin</i>	55	NOVOLOG MIX 70/30 PREFILLED	47
<i>nitroglycerin</i>	68	FLEXPEN	
<i>nitroglycerin transdermal</i>	55	NOVOLOG MIX 70/30 PREFILLED	47
NITYR	70	FLEXPEN RELION	
NIVESTYM	49	NOVOLOG MIX 70/30 RELION	47
<i>nizatidine</i>	69	NOVOLOG PENFILL	47
<i>nora-be</i>	79	NOVOLOG RELION	47
NORDITROPIN FLEXPEN	74	NOXAFIL	24
<i>norelgestromin/ethinyl estradiol</i>	78	NPLATE	49
<i>norethindrone</i>	79	NUBEQA	27
<i>norethindrone acetate</i>	79	NUCALA	98
<i>norethindrone acetate/ethinyl estradiol</i>	78	NUCYNTA	11
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	78	NUCYNTA ER	9
NORGESIC	99	NUEDEXTA	58
NORGESIC FORTE	99	NULEV	68
		NULIBRY	70

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
NULOJIX	86	<i>omeprazole dr</i>	69
NUPLAZID	38	<i>omeprazole/sodium bicarbonate</i>	69
NUTRILIPID	90	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	90
NUTROPIN AQ NUSPIN 10	74	(GEN 5)	
NUTROPIN AQ NUSPIN 20	74	OMNIPOD 5 DEXCOM G7G6 PODS	90
NUTROPIN AQ NUSPIN 5	74	(GEN 5)	
NUZYRA	17	OMNIPOD 5 G7 INTRO KIT (GEN 5)	90
<i>nyamyc</i>	24	OMNIPOD 5 G7 PODS (GEN 5)	90
<i>nylia 1/35</i>	78	OMNIPOD 5 LIBRE2 PLUS G6	90
<i>nylia 7/7/7</i>	78	OMNIPOD 5 LIBRE2 PLUS G6 PODS	90
NYMALIZE	52	OMNIPOD CLASSIC PDM STARTER	90
<i>nystatin</i>	24	KIT (GEN 3)	
<i>nystatin/triamcinolone</i>	63	OMNIPOD CLASSIC PODS (GEN 3)	90
<i>nystatin/triamcinolone acetonide</i>	63	OMNIPOD DASH INTRO KIT (GEN 4)	90
<i>nystop</i>	24	OMNIPOD DASH PDM KIT (GEN 4)	91
NYVEPRIA	49	OMNIPOD DASH PODS (GEN 4)	91
OCALIVA	68	OMNIPOD GO 10 UNITS/DAY	91
OCREVUS	59	OMNIPOD GO 15 UNITS/DAY	91
OCREVUS ZUNOVO	59	OMNIPOD GO 20 UNITS/DAY	91
OCTAGAM	82	OMNIPOD GO 25 UNITS/DAY	91
<i>octreotide acetate</i>	80	OMNIPOD GO 30 UNITS/DAY	91
ODACTRA	83	OMNIPOD GO 35 UNITS/DAY	91
ODEFSEY	41	OMNIPOD GO 40 UNITS/DAY	91
ODOMZO	32	OMNITROPE	74
OFEV	98	OMVOH	83
<i>ofloxacin</i>	17	ONCASPAR	29
<i>ofloxacin</i>	93	<i>ondansetron hcl</i>	23
<i>ofloxacin</i>	94	<i>ondansetron hydrochloride</i>	23
OGIVRI	34	<i>ondansetron odt</i>	23
OGSIVEO	29	ONGENTYS	36
OHTUVAYRE	97	ONIVYDE	30
OJEMDA	29	ONPATTRO	70
OJJAARA	32	ONTRUZANT	34
<i>olanzapine</i>	38	ONUREG	29
<i>olanzapine odt</i>	38	ONYDA XR	57
<i>olanzapine/fluoxetine</i>	20	ONZETRA XSAIL	25
<i>olmesartan medoxomil</i>	50	OPDIVO	34
<i>olmesartan medoxomil/hydrochlorothiazide</i>	53	OPDUALAG	30
<i>olopatadine hcl</i>	92	OPFOLDA	70
<i>olopatadine hcl</i>	95	OPSUMIT	97
<i>olopatadine hydrochloride</i>	92	OPVEE	13
OLPRUVA	70	OPZELURA	62
<i>omega-3-acid ethyl esters</i>	55	<i>oralone dental paste</i>	60
OMEGAVEN	90	ORAVIG	24
<i>omeprazole</i>	69	ORBACTIV	14

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
ORENCIA	83	<i>oxycodone hcl</i>	11
ORENCIA	86	OXYCODONE HCL ER	10
ORENCIA CLICKJECT	83	<i>oxycodone hydrochloride</i>	11
ORENITRAM	97	OXYCODONE HYDROCHLORIDE ER	10
ORENITRAM TITRATION KIT MONTH	97	OXYCODONE	11
1		HYDROCHLORIDE/ACETAMINOPHEN	
ORENITRAM TITRATION KIT MONTH	97	OXYCODONE/ACETAMINOPHEN	11
2		OXYCONTIN	10
ORENITRAM TITRATION KIT MONTH	97	<i>oxymorphone hydrochloride</i>	12
3		<i>oxymorphone hydrochloride er</i>	10
ORFADIN	70	<i>oxymorphone hydrochlorideer</i>	10
ORGOVYX	80	OXYTROL	72
ORIAHNN	80	OZEMPIC	45
ORILISSA	80	OZOBAX	39
ORKAMBI	96	OZOBAX DS	39
ORLADEYO	81	<i>pacerone</i>	51
ORLISTAT	91	PACLITAXEL PROTEIN-BOUND	29
<i>orphenadrine citrate er</i>	99	PARTICLES	
<i>orphenadrine/aspirin/caffeine</i>	99	PADCEV	34
<i>orphengesic forte</i>	99	PALFORZIA INITIAL DOSE	83
ORSERDU	27	ESCALATION	
ORTIKOS	89	PALFORZIA LEVEL 1	83
OSCIMIN	68	PALFORZIA LEVEL 10	83
<i>oseltamivir phosphate</i>	43	PALFORZIA LEVEL 11	83
OSENI	45	(MAINTENANCE)	
OSMOLEX ER	36	PALFORZIA LEVEL 11 (TITRATION)	83
OSPHENA	79	PALFORZIA LEVEL 2	83
OTEZLA	63	PALFORZIA LEVEL 3	83
OTEZLA	83	PALFORZIA LEVEL 4	83
OTREXUP	86	PALFORZIA LEVEL 5	83
OXACILLIN SODIUM	16	PALFORZIA LEVEL 6	83
<i>oxaliplatin</i>	27	PALFORZIA LEVEL 7	83
OXAPROZIN	9	PALFORZIA LEVEL 8	83
OXAYDO	11	PALFORZIA LEVEL 9	83
<i>oxazepam</i>	44	<i>paliperidone er</i>	38
OXBRYTA	70	<i>palonosetron hydrochloride</i>	23
<i>oxcarbazepine</i>	19	PALYNZIQ	70
<i>oxcarbazepine er</i>	19	PANCREAZE	71
OXERVATE	92	PANDEL	62
<i>oxiconazole nitrate</i>	24	PANRETIN	35
OXLUMO	91	<i>pantoprazole sodium</i>	69
OXTELLAR XR	19	PANZYGA	82
<i>oxybutynin chloride</i>	72	<i>paricalcitol</i>	89
<i>oxybutynin chloride er</i>	72	<i>paroxetine</i>	21
OXYCODONE AND ACETAMINOPHEN	11	<i>paroxetine hcl</i>	21

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>paroxetine hcl er</i>	21	PHESGO	29
<i>paroxetine hydrochloride</i>	21	<i>philith</i>	78
PAXLOVID	43	PHOSPHASAL	72
<i>pazopanib hydrochloride</i>	32	PHOTOFRIN	29
<i>pediarix</i>	88	PIASKY	83
PEDMARK	91	PIFELTRO	41
PEDVAX HIB	88	<i>pilocarpine hcl</i>	94
<i>peg-3350/electrolytes</i>	68	<i>pilocarpine hydrochloride</i>	60
<i>peg-3350/nacl/na bicarbonate/kcl</i>	68	PIMECROLIMUS	62
PEGASYS	84	<i>pimtrea</i>	78
PEGASYS	86	<i>pindolol</i>	51
PEMAZYRE	32	<i>pioglitazone hcl</i>	45
PEMETREXED	28	<i>pioglitazone hcl/metformin hcl</i>	45
PEMETREXED	29	<i>pioglitazone hydrochloride</i>	45
<i>pemetrexed disodium</i>	28	<i>piperacillin sodium/tazobactam sodium</i>	16
PEMFEXY	28	PIQRAY 200MG DAILY DOSE	32
PEMRYDI RTU	28	PIQRAY 250MG DAILY DOSE	32
PENBRAYA	88	PIQRAY 300MG DAILY DOSE	32
<i>penicillamine</i>	66	<i>pirfenidone</i>	98
<i>penicillin g sodium</i>	16	<i>piroxicam</i>	9
<i>penicillin v potassium</i>	16	<i>pitavastatin calcium</i>	54
PENTACEL	88	PLEGRIDY	59
<i>pentamidine isethionate</i>	35	PLEGRIDY STARTER PACK	59
<i>pentazocine/naloxone hcl</i>	12	<i>plenamine</i>	65
<i>pentoxifylline er</i>	53	<i>plerixafor</i>	49
PERIKABIVEN	65	PLIAGLIS	12
<i>perindopril erbumine</i>	50	<i>podofilox</i>	63
<i>perio gard</i>	60	POKONZA	65
PERJETA	34	POLIVY	34
<i>permethrin</i>	63	<i>polycin</i>	92
<i>perphenazine</i>	37	<i>polymyxin b sulfate/trimethoprim sulfate</i>	92
<i>perphenazine/amitriptyline</i>	20	POMALYST	27
PERSERIS	38	POMBILITI	71
PERTZYE	71	PONVORY	59
PEXEVA	22	PONVORY 14-DAY STARTER PACK	59
PHEBURANE	71	<i>portia-28</i>	78
<i>phenelzine sulfate</i>	21	PORTRAZZA	34
PHENERGAN FORTIS	23	<i>posaconazole</i>	24
<i>phenobarbital</i>	19	<i>posaconazole dr</i>	24
<i>phenobarbital sodium</i>	18	<i>potassium chloride er</i>	65
<i>phenoxybenzamine hydrochloride</i>	50	<i>potassium citrate er</i>	65
<i>phenytek</i>	19	POTELIGEO	34
<i>phenytoin</i>	19	PRALATREXATE	28
<i>phenytoin infatabs</i>	19	PRALUENT	55
<i>phenytoin sodium extended</i>	19	<i>pramipexole dihydrochloride</i>	36

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>pramipexole dihydrochloride er</i>	36	PROLATE	12
<i>prasugrel hydrochloride</i>	49	PROLENSA	93
<i>pravastatin sodium</i>	54	PROLEUKIN	29
<i>praziquantel</i>	35	PROLIA	89
<i>prazosin hydrochloride</i>	50	PROMACTA	49
PRED MILD	93	<i>promethazine hcl</i>	23
<i>prednisolone</i>	74	<i>promethazine hydrochloride</i>	23
<i>prednisolone acetate</i>	93	<i>promethazine vc</i>	98
<i>prednisolone sodium phosphate</i>	73	<i>promethegan</i>	23
<i>prednisone</i>	74	<i>propafenone hcl</i>	51
<i>pregabalin</i>	19	<i>propafenone hydrochloride</i>	51
PREGNYL	74	<i>propafenone hydrochloride er</i>	51
PREGNYL W/DILUENT BENZYL	74	<i>propranolol hcl</i>	51
ALCOHOL/NACL		<i>propranolol hcl er</i>	51
<i>prehevbrio</i>	88	<i>propranolol hydrochloride</i>	52
PREMARIN	78	<i>propranolol hydrochloride er</i>	51
PREMASOL	65	<i>propylthiouracil</i>	81
<i>premium lidocaine</i>	12	PROQUAD	88
PREMPHASE	78	PROSOL	65
PREMPRO	78	<i>protriptyline hcl</i>	22
<i>prenatal</i>	67	PROVENGE	83
<i>prevalite</i>	55	PULMICORT FLEXHALER	95
PREVYMIS	39	PULMOZYME	96
PREZCOBIX	42	PURIXAN	28
PREZISTA	42	<i>pyrazinamide</i>	26
PRIALT	58	<i>pyridostigmine bromide</i>	26
PRIFTIN	26	<i>pyrimethamine</i>	35
<i>primaquine phosphate</i>	35	PYRUKYND	71
<i>primidone</i>	19	PYRUKYND TAPER PACK	71
<i>priorix</i>	88	QALSODY	58
PRIVIGEN	82	QBRELIS	50
PROAIR DIGIHALER	96	QDOLO	12
<i>probenecid</i>	25	QINLOCK	32
<i>probenecid/colchicine</i>	25	QTERN	45
<i>prochlorperazine</i>	23	QUADRACEL	88
<i>prochlorperazine edisylate</i>	23	<i>quetiapine fumarate</i>	21
<i>prochlorperazine maleate</i>	23	<i>quetiapine fumarate</i>	38
PROCRIT	49	<i>quetiapine fumarate er</i>	38
<i>procto-med hc</i>	89	<i>quinapril hydrochloride</i>	50
<i>proctosol hc</i>	89	<i>quinapril/hydrochlorothiazide</i>	53
<i>proctozone-hc</i>	89	<i>quinidine sulfate</i>	51
PROCYSBI	71	<i>quinine sulfate</i>	35
<i>progesterone</i>	79	QULIPTA	25
PROGRAF	86	QUTENZA	12
PROLASTIN-C	71	QUVIVIQ	99

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
QVAR REDIHALER	95	RETEVMO	32
<i>rabavert</i>	88	RETIN-A MICRO	60
<i>rabeprazole sodium</i>	69	RETISERT	93
RABEPRAZOLE SODIUM DR	69	RETROVIR IV INFUSION	41
SPRINKLE		REVCOVI	71
RADIAURA	63	REVLIMID	27
RADICAVA	58	<i>revonto</i>	39
RADICAVA ORS	58	REXULTI	38
RADICAVA ORS STARTER KIT	58	REYATAZ	42
<i>raloxifene hydrochloride</i>	79	REYVOW	25
<i>ramelteon</i>	99	REZLIDHIA	32
<i>ramipril</i>	50	REZUROCK	87
<i>ranolazine er</i>	53	REZZAYO	24
RAPIVAB	43	RHOPRESSA	94
<i>rasagiline mesylate</i>	36	RIABNI	34
RASUVO	86	<i>ribavirin</i>	40
RAVICTI	71	<i>ribavirin</i>	99
RAYALDEE	89	RIDAURA	83
RAYOS	74	<i>rifabutin</i>	26
REBIF	59	<i>rifampin</i>	26
REBIF REBIDOSE	59	<i>riluzole</i>	58
REBIF REBIDOSE TITRATION PACK	59	<i>rimantadine hydrochloride</i>	43
REBIF TITRATION PACK	59	RINVOQ	83
REBLOZYL	49	RINVOQ LQ	83
RECARBRIO	16	<i>risedronate sodium</i>	89
<i>recombivax hb</i>	88	<i>risedronate sodium dr</i>	89
RECORLEV	81	RISPERDAL CONSTA	38
REDITREX	87	<i>risperidone</i>	38
REGRANEX	63	<i>risperidone er</i>	38
RELAFEN DS	9	<i>risperidone odt</i>	38
RELENZA DISKHALER	43	<i>ritonavir</i>	42
RELEUKO	49	RITUXAN	34
RELEXXII	57	RITUXAN HYCELA	34
RELISTOR	67	<i>rivastigmine tartrate</i>	20
RELTONE	68	<i>rivastigmine transdermal system</i>	20
RELYVRIO	58	<i>rivelsa</i>	78
REMICADE	87	RIVFLOZA	91
RENFLEXIS	87	<i>rizatriptan benzoate</i>	25
<i>repaglinide</i>	45	<i>rizatriptan benzoate odt</i>	25
REPATHA	55	ROCKLATAN	92
REPATHA PUSHTRONEX SYSTEM	55	<i>roflumilast</i>	97
REPATHA SURECLICK	55	ROLVEDON	49
RESTASIS	92	<i>romidepsin</i>	30
RESTASIS MULTIDOSE	92	<i>ropinirole er</i>	36
RETACRIT	49	<i>ropinirole hcl</i>	36

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>ropinirole hydrochloride</i>	36	SEREVENT DISKUS	96
<i>rosadan</i>	60	SERNIVO	62
<i>rosuvastatin calcium</i>	54	SEROSTIM	74
ROSUVASTATIN/EZETIMIBE	55	<i>sertraline hcl</i>	22
ROSZET	55	SERTRALINE HYDROCHLORIDE	22
ROTARIX	88	<i>setlakin</i>	78
<i>rotateq</i>	88	<i>sevelamer carbonate</i>	66
<i>roweepra</i>	18	SEYSARA	17
ROZLYTREK	32	SFROWASA	89
RUBRACA	32	<i>sharobel</i>	79
RUCONEST	81	<i>shingrix</i>	88
<i>rufinamide</i>	19	SIGNIFOR	81
RUKOBIA	42	SIGNIFOR LAR	81
RUXIENCE	34	SIKLOS	28
RYBELSUS	45	<i>sildenafil</i>	97
RYBREVANT	34	<i>sildenafil citrate</i>	97
RYCLORA	95	SILIQ	83
RYDAPT	32	<i>silodosin</i>	73
RYLAZE	30	<i>silver sulfadiazine</i>	63
RYSTIGGO	83	SIMBRINZA	92
RYTARY	36	<i>simliya</i>	78
RYTELO	30	<i>simpesse</i>	78
SAIZEN	74	SIMPONI	87
SAIZENPREP RECONSTITUTIONKIT	74	SIMPONI ARIA	87
<i>sajazir</i>	81	SIMULECT	83
SANCUSO	23	<i>simvastatin</i>	54
SANDIMMUNE	87	<i>sirolimus</i>	87
SANDOSTATIN LAR DEPOT	81	SIRTURO	26
SANTYL	63	<i>sitagliptin</i>	45
SAPHNELO	83	SITAVIG	43
<i>sapropterin dihydrochloride</i>	71	SIVEXTRO	14
SARCLISA	34	SKYCLARYS	91
SAVELLA	58	SKYLA	79
SAVELLA TITRATION PACK	58	SKYRIZI	83
<i>saxagliptin hydrochloride</i>	45	SKYRIZI PEN	83
<i>saxagliptin hydrochloride/metformin</i>	45	SKYTROFA	74
<i>hydrochloride er</i>		SMOFLIPID	91
SCSEMBLIX	32	SOAANZ	54
<i>scopolamine</i>	23	<i>sodium bicarbonate</i>	65
SECUADO	38	<i>sodium bicarbonate/dextrose</i>	65
SEGLENTIS	12	<i>sodium chloride</i>	65
SEGLUROMET	45	<i>sodium chloride 0.45%</i>	65
<i>selegiline hcl</i>	36	<i>sodium chloride 0.9%</i>	91
<i>selenium sulfide</i>	62	SODIUM OXYBATE	100
SELZENTRY	42	<i>sodium phenylacetate/sodium benzoate</i>	91

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>sodium phenylbutyrate</i>	71	STIMUFEND	49
<i>sodium polystyrene sulfonate</i>	67	STIOLTO RESPIMAT	99
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	68	STIVARGA	32
SOFDRA	63	STRENSIQ	71
SOFOSBUVIR/VELPATASVIR	40	<i>streptomycin sulfate</i>	13
SOGROYA	74	STRIBILD	40
SOHONOS	39	STRIVERDI RESPIMAT	96
<i>solifenacin succinate</i>	72	SUBLOCADE	13
SOLQUA 100/33	45	SUBOXONE	13
SOLIRIS	84	<i>subvenite</i>	18
SOLTAMOX	27	<i>subvenite starter kit/blue</i>	18
SOMATULINE DEPOT	81	<i>subvenite starter kit/green</i>	18
SOMAVERT	81	<i>subvenite starter kit/orange</i>	18
<i>sorafenib</i>	32	SUCRAID	71
<i>sorafenib tosylate</i>	32	<i>sucrafate</i>	69
SORILUX	63	<i>sulconazole nitrate</i>	24
<i>sorine</i>	51	<i>sulfacetamide sodium</i>	93
<i>sotalol hcl</i>	51	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	92
<i>sotalol hcl (af)</i>	51	<i>sulfadiazine</i>	17
SOTALOL HYDROCHLORIDE	51	<i>sulfamethoxazole/trimethoprim</i>	17
<i>sotalol hydrochloride (af)</i>	51	<i>sulfamethoxazole/trimethoprim ds</i>	17
<i>sotalol hydrochloride af</i>	51	<i>sulfasalazine</i>	89
SOTYKTU	63	<i>sulfatrim pediatric</i>	17
SOVALDI	40	<i>sulindac</i>	9
SOVUNA	36	<i>sumatriptan</i>	26
SPEVIGO	62	<i>sumatriptan succinate</i>	25
SPINRAZA	71	<i>sumatriptan succinate refill</i>	25
SPIRIVA RESPIMAT	95	<i>sumatriptan/naproxen sodium</i>	25
<i>spironolactone</i>	55	<i>sunitinib malate</i>	32
<i>spironolactone/hydrochlorothiazide</i>	53	SUNLENCA	42
SPRAVATO 56MG DOSE	21	SUNOSI	100
SPRAVATO 84MG DOSE	21	SUPPRELIN LA	81
<i>sprintec 28</i>	78	SUSTOL	23
SPRITAM	18	SUSVIMO	92
SPRIX	9	SUTAB	68
SPRYCEL	32	SYFOVRE	92
<i>sps</i>	67	SYLVANT	84
<i>sronyx</i>	78	SYMDEKO	96
<i>ssd</i>	63	SYMLINPEN 120	46
<i>stamaril</i>	88	SYMLINPEN 60	46
<i>stavudine</i>	41	SYMPAZAN	19
STEGLATRO	55	SYMPROIC	67
STEGLUJAN	46	SYMTUZA	42
STELARA	84	SYNAGIS	82

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
SYNAREL	81	TEGSEDI	71
SYNDROS	23	<i>telmisartan</i>	50
SYNERA	12	<i>telmisartan/amlodipine</i>	53
SYNJARDY	46	<i>telmisartan/hydrochlorothiazide</i>	53
SYNJARDY XR	46	<i>temazepam</i>	99
SYNRIBO	30	TEMODAR	27
SYNTHROID	80	<i>temsirolimus</i>	33
TABLOID	28	<i>tencon</i>	58
TABRECTA	32	<i>tenivac</i>	88
TACHOSIL	91	<i>tenofovir disoproxil fumarate</i>	41
<i>tacrolimus</i>	62	TEPEZZA	84
<i>tacrolimus</i>	87	TEPMETKO	33
<i>tadalafil</i>	73	<i>terazosin hcl</i>	73
<i>tadalafil</i>	97	<i>terazosin hydrochloride</i>	73
TADLIQ	97	<i>terbinafine hcl</i>	24
TAFINLAR	32	<i>terbutaline sulfate</i>	96
TAGRISSE	32	<i>terconazole</i>	24
TAKHZYRO	81	<i>teriflunomide</i>	59
TALTZ	84	TERIPARATIDE	90
TALVEY	30	TESTOSTERONE	75
TALZENNA	32	<i>testosterone cypionate</i>	75
<i>tamoxifen citrate</i>	27	<i>testosterone enanthate</i>	75
<i>tamsulosin hydrochloride</i>	73	TESTOSTERONE PUMP	75
<i>tarina 24 fe</i>	78	<i>testosterone topical solution</i>	75
<i>tarina fe 1/20</i>	78	<i>tetanus/diphtheria toxoids-adsorbed adult</i>	88
<i>tarina fe 1/20 eq</i>	78	<i>tetrabenazine</i>	58
TARPEYO	89	<i>tetracycline hydrochloride</i>	17
TASCENSO ODT	59	TEVIMBRA	34
TASIGNA	32	TEZSPIRE	99
<i>tasimelteon</i>	99	THALOMID	27
<i>tavorole</i>	24	<i>theophylline er</i>	97
TAVALISSE	49	THIOLA EC	73
TAVNEOS	84	<i>thioridazine hcl</i>	37
<i>taysofy</i>	78	<i>thiotepa</i>	27
TAZAROTENE	60	<i>thiothixene</i>	37
<i>tazicef</i>	15	THYMOGLOBULIN	82
TAZORAC	61	THYROGEN	80
<i>taztia xt</i>	52	<i>tiadylt er</i>	52
TAZVERIK	33	<i>tiagabine hydrochloride</i>	19
<i>tdvax</i>	88	TIBSOVO	33
TECENTRIQ	34	TICE BCG	30
TECENTRIQ HYBREZA	34	TICOVAC	88
TECVAYLI	30	<i>tigecycline</i>	14
TEFLARO	15	TIGLUTIK	58
TEGLUTIK	58	<i>timolol maleate</i>	25

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>timolol maleate</i>	94	<i>tranylcypramine sulfate</i>	21
<i>tinidazole</i>	14	TRAVASOL	66
<i>tiopronin</i>	73	<i>travoprost</i>	94
<i>tiopronin dr</i>	73	TRAZIMERA	34
TIOTROPIUM BROMIDE	96	<i>trazodone hydrochloride</i>	22
TISSEEL	48	TRECTOR	26
TIVDAK	34	TRELEGY ELLIPTA	99
TIVICAY	40	TRELSTAR MIXJECT	81
TIVICAY PD	40	TREMFYA	84
<i>tizanidine hcl</i>	39	<i>treprostinil</i>	97
<i>tizanidine hydrochloride</i>	39	TRESIBA	47
TLANDO	75	TRESIBA FLEXTOUCH	47
TOBI PODHALER	97	<i>tretinoin</i>	35
TOBRADEX	92	<i>tretinoin</i>	61
TOBRADEX ST	92	<i>tretinoin microsphere</i>	61
<i>tobramycin</i>	93	<i>tretinoin microsphere pump</i>	61
<i>tobramycin</i>	97	<i>triamcinolone acetanide</i>	62
<i>tobramycin sulfate</i>	13	<i>triamcinolone acetanide dental paste</i>	60
<i>tobramycin/dexamethasone</i>	92	<i>triamterene</i>	54
<i>tolcapone</i>	36	<i>triamterene/hydrochlorothiazide</i>	54
TOLECTIN 600	9	<i>triazolam</i>	99
<i>tolmetin sodium</i>	9	<i>trientine hydrochloride</i>	66
TOLSURA	24	<i>tri-estarylla</i>	78
<i>tolterodine tartrate</i>	72	<i>trifluoperazine hcl</i>	37
<i>tolterodine tartrate er</i>	72	<i>trifluoperazine hydrochloride</i>	37
<i>tolvaptan</i>	66	<i>trifluridine</i>	93
<i>topiramate</i>	18	<i>trihexyphenidyl hcl</i>	36
<i>topiramate er</i>	18	<i>trihexyphenidyl hydrochloride</i>	36
<i>topotecan hcl</i>	30	TRIJARDY XR	46
<i>topotecan hydrochloride</i>	30	TRIKAFTA	97
<i>toremifene citrate</i>	27	<i>tri-linyah</i>	78
TORPENZ	33	<i>tri-lo-mili</i>	78
<i>torseamide</i>	54	<i>trimethobenzamide hydrochloride</i>	23
TOSYMRA	26	<i>trimethoprim</i>	14
TOUJEO MAX SOLOSTAR	47	<i>tri-mili</i>	78
TOUJEO SOLOSTAR	47	<i>trimipramine maleate</i>	22
TRACLEER	97	TRINTELLIX	22
TRADJENTA	46	TRIPTODUR	81
TRAMADOL HCL ER	10	<i>tri-sprintec</i>	78
<i>tramadol hydrochloride</i>	12	TRIUMEQ	41
<i>tramadol hydrochloride er</i>	10	TRIUMEQ PD	41
<i>tramadol hydrochloride/acetaminophen</i>	12	<i>trivora-28</i>	78
<i>trandolapril</i>	50	<i>tri-vylibra</i>	78
<i>trandolapril/verapamil hcl er</i>	53	TRIZIVIR	42
<i>tranexamic acid</i>	49	TRODELVY	34

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
TROGARZO	42	UROGESIC-BLUE	72
TROPHAMINE	66	URO-MP	72
<i>tropium chloride</i>	72	URO-SP	72
<i>tropium chloride er</i>	72	URSODIOL	69
TRUDHESA	25	USTELL	72
TRULANCE	67	UTIRA-C	72
TRULICITY	46	UVADEX	63
<i>trumenba</i>	88	UZEDY	38
TRUQAP	33	VABOMERE	16
TRUSELTIQ	30	VABYSMO	92
TRUXIMA	34	VAFSEO	49
TUDORZA PRESSAIR	96	<i>valacyclovir hydrochloride</i>	43
TUKYSA	33	VALCHLOR	27
TURALIO	33	<i>valganciclovir</i>	39
<i>turqoz</i>	78	<i>valganciclovir hydrochloride</i>	39
<i>twinrix</i>	88	<i>valproic acid</i>	18
<i>tyblume</i>	78	<i>valrubicin</i>	30
TYBOST	42	VALSARTAN	50
TYENNE	84	<i>valsartan/hydrochlorothiazide</i>	54
TYMLOS	90	VALTOCO 10 MG DOSE	19
TYPHIM VI	88	VALTOCO 15 MG DOSE	19
TYRVAYA	13	VALTOCO 20 MG DOSE	19
TYSABRI	59	VALTOCO 5 MG DOSE	19
TYVASO	97	<i>vancomycin hcl</i>	14
TYVASO DPI INSTITUTIONAL KIT	97	<i>vancomycin hydrochloride</i>	14
TYVASO DPI MAINTENANCE KIT	97	VANFLYTA	33
TYVASO DPI TITRATION KIT	97	<i>vaqta</i>	88
TYVASO REFILL KIT	97	<i>varenicline starting month box</i>	13
TYVASO STARTER KIT	97	<i>varenicline tartrate</i>	13
UBRELVY	25	<i>varivax</i>	88
UDENYCA	49	VARIZIG	82
UDENYCA ONBODY	49	VARUBI	23
ULTOMIRIS	84	VAXCHORA	88
ULTRAVATE	62	VAXELIS	88
UNDECATREX	75	VECAMYL	54
<i>unithroid</i>	80	VECTIBIX	35
UNITUXIN	35	VEGZELMA	35
UPTRAVI	98	VEKLURY	43
UPTRAVI TITRATION PACK	97	VELPHORO	66
<i>urea</i>	63	VELSIPITY	84
<i>uretron d/s</i>	72	VELTASSA	67
URIBEL	72	VEMLIDY	40
URIMAR-T	72	VENCLEXTA	33
<i>urin d/s</i>	72	VENCLEXTA STARTING PACK	33
URNEVA	72	VENLAFAXINE BESYLATE ER	22

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
<i>venlafaxine hcl</i>	22	VIREAD	42
<i>venlafaxine hcl er</i>	22	VISTOGARD	91
<i>venlafaxine hydrochloride</i>	22	VISUDYNE	92
<i>venlafaxine hydrochloride er</i>	22	VITRAKVI	33
VENTAVIS	98	VIVIMUSTA	27
VENTOLIN HFA	96	VIVITROL	12
VEOPOZ	84	VIVJOA	24
VEOZAH	58	VIZIMPRO	33
<i>verapamil hcl</i>	52	VOCABRIA	41
<i>verapamil hcl er</i>	52	VONJO	30
<i>verapamil hcl sr</i>	52	VOQUEZNA	69
<i>verapamil hydrochloride</i>	52	VOQUEZNA DUAL PAK	15
<i>verapamil hydrochloride er</i>	52	VOQUEZNA TRIPLE PAK	15
VERDESO	62	VORANIGO	35
VEREGEN	63	VORAXAZE	35
VERKAZIA	92	<i>voriconazole</i>	24
VERQUVO	55	VOSEVI	40
VERSACLOZ	38	VOWST	69
VERZENIO	33	VOXZOGO	71
VESICARE LS	72	VPRIV	71
<i>vestura</i>	78	VRAYLAR	38
VEVYE	92	VTAMA	63
V-GO 20	91	VUITY	94
V-GO 30	91	VUMERITY	59
V-GO 40	91	VYEPTI	25
VIBATIV	15	<i>vyfemla</i>	79
VIBERZI	67	VYJUVEK	43
VIEKIRA PAK	40	<i>vylibra</i>	79
<i>vienva</i>	78	VYNDAMAX	54
<i>vigabatrin</i>	19	VYNDAQEL	71
<i>vigadrone</i>	19	VYONDYS 53	71
VIGAFYDE	19	VYVGART	84
<i>vigpoder</i>	19	VYVGART HYTRULO	26
VIIBRYD STARTER PACK	22	VYXEOS	28
VIJOICE	33	VYZULTA	94
VILAMIT MB	72	WAINUA	71
<i>vilazodone hydrochloride</i>	22	WAKIX	100
VILTEPSO	71	<i>warfarin sodium</i>	48
VIMIZIM	71	WELIREG	71
<i>vinblastine sulfate</i>	30	<i>wera</i>	79
<i>vincasar pfs</i>	30	WINLEVI	61
<i>vincristine sulfate</i>	30	WINREVAIR	98
VIOKACE	71	WINRHO SDF	82
<i>viorele</i>	79	<i>wixela inhub</i>	99
VIRACEPT	42	WYNZORA	63

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #	Drug Name	Page #
XACDURO	15	<i>yf-vax</i>	88
XADAGO	36	YONDELIS	27
XALKORI	33	YONSA	27
XARELTO	48	YOSPRALA	50
XARELTO STARTER PACK	48	YUPELRI	96
XATMEP	87	YUTIQ	93
XCOPRI	19	<i>yuvafem</i>	79
XDEMVI	93	<i>zafemy</i>	79
XELJANZ	84	<i>zafirlukast</i>	95
XELJANZ XR	84	<i>zaleplon</i>	99
XELPROS	94	ZALTRAP	30
XELSTRYM	56	ZANOSAR	27
XEMBIFY	82	ZARXIO	49
XENICAL	91	ZEGALOGUE	46
XENLETA	15	ZEJULA	33
XENPOZYME	66	ZELAPAR	36
XEOMIN	39	ZELBORAF	33
XERAVA	17	ZEMAIRA	72
XERESE	63	ZEMBRACE SYMTOUCH	26
XERMELO	67	ZEMDRI	13
XGEVA	90	<i>zenatane</i>	61
XIAFLEX	71	ZENPEP	72
XIFAXAN	69	ZENZEDI	56
XIGDUO XR	46	ZEPATIER	40
XIIDRA	92	ZEPOSIA	59
XIPERE	93	ZEPOSIA 7-DAY STARTER PACK	59
XOFLUZA	43	ZEPOSIA STARTER KIT	59
XOLAIR	84	ZEPZELCA	27
XOLREMDI	49	ZERBAXA	15
XOPENEX HFA	96	ZEVALIN Y-90	35
XOSPATA	33	<i>zidovudine</i>	42
XPHOZAH	66	ZIEXTENZO	49
XPOVIO	33	ZILBRYSQ	84
XPOVIO 60 MG TWICE WEEKLY	33	<i>zileuton er</i>	95
XPOVIO 80 MG TWICE WEEKLY	33	ZIMHI	13
XTAMPZA ER	10	ZINPLAVA	69
XTANDI	27	<i>ziprasidone hcl</i>	38
<i>xulane</i>	79	<i>ziprasidone mesylate</i>	38
XULTOPHY 100/3.6	46	ZIRABEV	35
XURIDEN	72	ZIRGAN	93
XYOSTED	75	ZOKINVY	91
XYREM	100	ZOLADEX	81
XYWAV	100	<i>zoledronic acid</i>	90
<i>yargesa</i>	72	ZOLINZA	30
YERVOY	35	<i>zolmitriptan</i>	26

Formulary ID: 25307, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/16/2024

Drug Name	Page #
<i>zolmitriptan odt</i>	26
<i>zolpidem tartrate</i>	99
<i>zolpidem tartrate er</i>	99
ZOMACTON	74
ZONISADE	20
<i>zonisamide</i>	20
ZORBTIVE	69
ZORYVE	62
ZORYVE	63
<i>zovia 1/35</i>	79
ZTALMY	19
ZTLIDO	12
ZUBSOLV	13
ZURZUVAE	21
ZYCLARA PUMP	63
ZYDELIG	33
ZYFLO	95
ZYKADIA	33
ZYLET	92
ZYNLONTA	35
ZYNYZ	35
ZYPITAMAG	54
ZYPREXA	38
ZYPREXA RELPREVV	38
ZYVOX	15



NOTICE OF NONDISCRIMINATION

Optum Rx and its affiliated pharmacies¹ complies with applicable 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). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 553344
Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number 1-888-445-8745. (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at: <https://www.optum.com/en/language-assistance-nondiscrimination.html>.

¹ including but not limited to Optum Home Delivery, Optum Specialty Pharmacy, Optum Infusion Services, Genoa Healthcare, Optum Frontier Therapies, and divvyDose.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-368-8765. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-368-8765. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-368-8765。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-368-8765。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-368-8765. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-368-8765. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-368-8765 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-368-8765. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-368-8765 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-368-8765. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-844-368-8765 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-368-8765 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-368-8765. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-368-8765. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-368-8765. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-368-8765. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-368-8765にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on September 16, 2024, and is not a complete list of drugs covered by our plan.

For a complete listing or if you have other questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-844-368-8765
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com

Optum Rx[®] optumrx.com

Optum Rx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum[®] company — a leading provider of integrated health services. Learn more at optumrx.com.

All Optum trademarks and logos are owned by Optum, Inc. All other trademarks are the property of their respective owners.

© 2019 Optum, Inc. All rights reserved.
ORX6700E_190101 | 77638-092018
S8841_25_MC-DS11_C

**SHBP/SEHBP
Comprehensive Formulary**