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# Tufts Medicare Preferred HMO 2025 Formulary (List of Covered Drugs or “Drug List”)

Tufts Medicare Preferred HMO Plans

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

25502 Version 6

This formulary was updated on 08/19/2024. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit [www.thmp.org](http://www.thmp.org).

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# Tufts Medicare Preferred HMO 2025 Formulary (List of Covered Drugs)

**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 Tufts Health Plan. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred HMO.

This document includes the Drug List (formulary) for our plan which is current as of 08/19/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

## What is the Tufts Medicare Preferred HMO formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Tufts Medicare Preferred HMO in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Tufts Medicare Preferred HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred HMO network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the formulary change?

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

[www.thpmp.org](http://www.thpmp.org).

**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 Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO 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 08/19/2024. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 3. 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 Drugs*.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

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

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

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Tufts Medicare Preferred HMO requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred HMO may not cover the drug.

- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?*” on page VI for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Medicare Preferred HMO. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Tufts Medicare Preferred HMO.
- You can ask Tufts Medicare Preferred HMO to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Tufts Medicare Preferred HMO Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier.

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

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

## **For more information**

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

## **Tufts Medicare Preferred HMO Formulary**

The formulary that begins on page 3 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

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

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

### **PA BvD: Medicare Part B or D**

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Smart Saver Rx, HMO Saver Rx, HMO Basic Rx, and HMO Basic No Rx members

### **QL: Quantity Limit Applies**

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, *“How do I request an exception to the Tufts Medicare Preferred HMO Formulary?”* on page VI for information about how to request an exception.

### **EC: Enhanced Coverage Drug**

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

### **HI: Home Infusion Drug**

This prescription drug may be covered under your medical benefit. For more information, please call Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30, or visit **[www.thpmp.org](http://www.thpmp.org)**.

## **PA: Prior Authorization Required**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

## **PA NSO: Prior Authorization for New Starts Only**

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

## **ST: Step Therapy Prior Authorization Applies**

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

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred HMO for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, *"How do I request an exception to the Tufts Medicare Preferred HMO Formulary?"* on page VI for information about how to request an exception.

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

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

## **NEDS: Non-extended Day Supply Drug**

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

## **SP: Available Through a Designated Special Pharmacy Provider**

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

Optum Specialty Pharmacy: **1-844-265-1705**



## Additional coverage

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

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

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

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

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

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

<b>Prescription Drug Benefits: Deductible (for Part D prescription drugs)</b>	Tufts Medicare Preferred <b>HMO Smart Saver Rx</b>	Tufts Medicare Preferred <b>HMO Saver Rx</b>	Tufts Medicare Preferred <b>HMO Basic No Rx</b>	Tufts Medicare Preferred <b>HMO Basic Rx</b>
Deductible	This plan does not have a deductible.	This plan does not have a deductible.	This plan does not cover Part D prescription drugs	This plan does not have a deductible.
<b>Prescription Drug Benefits: Initial Coverage</b>	Tufts Medicare Preferred <b>HMO Smart Saver Rx</b>	Tufts Medicare Preferred <b>HMO Saver Rx</b>	Tufts Medicare Preferred <b>HMO Basic No Rx</b>	Tufts Medicare Preferred <b>HMO Basic Rx</b>
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, and vitamins.	You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail order pharmacies.	You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail order pharmacies.	This plan does not cover Part D prescription drugs	You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You may get your drugs at network retail pharmacies and mail order pharmacies.

<b>Prescription Drug Benefits: Initial Coverage</b>	Tufts Medicare Preferred <b>HMO Smart Saver Rx</b>			Tufts Medicare Preferred <b>HMO Saver Rx</b>			Tufts Medicare Preferred <b>HMO Basic Rx</b>		
<b>Retail Cost Sharing—Preferred Pharmacy</b>									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$6	\$12	\$18	\$6	\$12	\$18	\$4/\$0*	\$8/\$0*	\$12/\$0*
	* Worcester County Only								
Tier 3 (Preferred Brand)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A

Tufts Medicare Preferred HMO Value No Rx	Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime No Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
This plan does not cover Part D prescription drugs	This plan does not have a deductible.	This plan does not cover Part D prescription drugs	This plan does not have a deductible	
Tufts Medicare Preferred HMO Value No Rx	Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime No Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
This plan does not cover Part D prescription drugs	<p>You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	This plan does not cover Part D prescription drugs	<p>You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	

Tufts Medicare Preferred HMO Value Rx			Tufts Medicare Preferred HMO Prime Rx			Tufts Medicare Preferred HMO Prime Rx Plus		
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**Retail Cost Sharing—Preferred Pharmacy**

30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$0	\$0	\$0	N/A	N/A	N/A	N/A	N/A	N/A
\$4	\$8	\$12	N/A	N/A	N/A	N/A	N/A	N/A
23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	N/A	N/A	N/A	N/A	N/A	N/A
50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	N/A	N/A	N/A	N/A	N/A	N/A
33% of the cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred HMO Smart Saver Rx			Tufts Medicare Preferred HMO Saver Rx			Tufts Medicare Preferred HMO Basic Rx		
<b>Retail Cost Sharing—Non-Preferred Pharmacy</b>									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$14	\$28	\$42	\$14	\$28	\$42	\$14/\$6*	\$28/\$12*	\$42/\$18*
	* Worcester County Only								
Tier 2 (Generic)	\$20	\$40	\$60	\$20	\$40	\$60	\$19/\$11*	\$38/\$22*	\$57/\$33*
	* Worcester County Only								
Tier 3 (Preferred Brand)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A
<b>Mail Order Cost Sharing</b>									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$6	\$12	\$12	\$6	\$12	\$12	\$4/\$0*	\$8/\$0*	\$8/\$0*
	* Worcester County Only								
Tier 3 (Preferred Brand)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)
Tier 4 (Non-Preferred Drug)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Prescription Drug Benefits: Catastrophic Coverage	Tufts Medicare Preferred HMO Smart Saver Rx	Tufts Medicare Preferred HMO Saver Rx	Tufts Medicare Preferred HMO Basic Rx
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.		

Tufts Medicare Preferred HMO Value Rx			Tufts Medicare Preferred HMO Prime Rx			Tufts Medicare Preferred HMO Prime Rx Plus		
<b>Retail Cost Sharing—Non-Preferred Pharmacy</b>								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$14	\$28	\$42	\$4	\$8	\$12	\$2	\$4	\$6
\$19	\$38	\$57	\$8	\$16	\$24	\$4	\$8	\$12
23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$30)	23% of the cost (Insulin: \$60)	23% of the cost (Insulin: \$90)
50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A
<b>Mail Order Cost Sharing</b>								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$0	\$0	\$0	\$4	\$8	\$8	\$2	\$4	\$4
\$4	\$8	\$8	\$8	\$16	\$16	\$4	\$8	\$8
23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$30)	23% of the cost (Insulin: \$60)	23% of the cost (Insulin: \$60)
50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
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After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

# Table of Contents

Analgesics .....	3
Anesthetics .....	4
Anti-Addiction/Substance Abuse Treatment Agents .....	5
Antibacterials .....	5
Anticonvulsants .....	9
Antidementia Agents .....	11
Antidepressants .....	11
Antiemetics .....	13
Antifungals.....	13
Antigout Agents.....	14
Antimigraine Agents.....	14
Antimyasthenic Agents .....	15
Antimycobacterials .....	15
Antineoplastics.....	15
Antiparasitics .....	20
Antiparkinson Agents.....	20
Antipsychotics.....	21
Antispasticity Agents.....	22
Antivirals .....	22
Anxiolytics .....	25
Bipolar Agents .....	25
Blood Glucose Regulators.....	26
Blood Products and Modifiers .....	28
Cardiovascular Agents.....	29
Central Nervous System Agents .....	33
Dental and Oral Agents .....	35
Dermatological Agents.....	35
Electrolytes/Minerals/Metals/Vitamins.....	38
Gastrointestinal Agents .....	40
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	41
Genitourinary Agents .....	42
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) .....	43
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) .....	43
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	44
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) .....	46
Hormonal Agents, Suppressant (Adrenal or Pituitary) .....	47
Hormonal Agents, Suppressant (Thyroid) .....	47
Immunological Agents .....	47
Inflammatory Bowel Disease Agents.....	51
Metabolic Bone Disease Agents .....	51
Miscellaneous Therapeutic Agents.....	51
Ophthalmic Agents .....	52

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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

Otic Agents.....	55
Respiratory Tract/Pulmonary Agents .....	55
Skeletal Muscle Relaxants .....	58
Sleep Disorder Agents.....	58

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	
<i>celecoxib caps 400mg</i>	3	
<i>diclofenac epolamine</i>	4	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	3	
<i>diclofenac sodium dr tbec 50mg, 75mg</i>	2	
<i>diclofenac sodium dr tbec 25mg</i>	4	
<i>diclofenac sodium er</i>	4	
<i>diclofenac sodium gel 1%</i>	3	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	4	
<i>diflunisal tabs 500mg</i>	4	
<i>ec-naproxen tbec 500mg</i>	4	
<i>etodolac er</i>	4	
<i>etodolac tabs</i>	2	
<i>etodolac caps</i>	3	
<i>flurbiprofen tabs 100mg</i>	3	
<i>ibu</i>	1	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	2	
<i>naproxen dr tbec 375mg</i>	4	
<i>naproxen sodium cr tb24 375mg</i>	4	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	4	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 500mg</i>	4	
<i>oxaprozin tabs</i>	2	
<i>piroxicam caps</i>	3	
<i>salsalate tabs</i>	2	
<i>sulindac tabs</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine</i>	4	QL(4 EA per 28 days)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(10 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>methadone hcl tabs</i>	2	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	3	QL(600 ML per 30 days)
<i>morphine sulfate er tbc</i>	2	QL(60 EA per 30 days)
<i>tramadol hydrochloride er</i>	4	QL(30 EA per 30 days)

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
<i>butorphanol tartrate soln</i>	4	QL(7.5 ML per 30 days)
<i>codeine sulfate tabs 15mg</i>	3	QL(180 EA per 30 days)
<i>codeine sulfate tabs 30mg, 60mg</i>	4	QL(180 EA per 30 days)
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hcl liqd</i>	3	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	3	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	3	QL(900 ML per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	3	QL(240 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	4	QL(120 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	4	QL(120 EA per 30 days)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl prsy</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride external soln</i>	3	QL(100 ML per 30 days)
<i>lidocaine hydrochloride inj 1%, 2%</i>	2	
<i>lidocaine/prilocaine crea</i>	3	QL(60 GM per 30 days)
<i>lidocaine oint 5%</i>	3	QL(100 GM per 30 days)
<i>lidocaine ptch 5%</i>	4	QL(90 EA per 30 days); PA

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>streptomycin sulfate inj 1gm</i>	5	NEDS
<i>tobramycin sulfate inj 1.2gm/30ml, 40mg/ml</i>	2	HI
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	4	HI
<b>Antibacterials, Other</b>		
<i>aztreonam inj 1gm</i>	4	HI
<i>aztreonam inj 2gm</i>	5	NEDS; HI
<i>clindacin-p</i>	3	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate inj 9000mg/60ml</i>	2	HI
<i>clindamycin phosphate inj 900mg/6ml</i>	4	HI
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	NEDS; HI
<i>daptomycin</i>	5	NEDS; HI
<i>daptomycin/sodium chloride</i>	4	HI
IMPAVIDO	5	NEDS
<i>linezolid tabs</i>	4	
<i>linezolid susr</i>	5	NEDS
<i>linezolid inj 600mg/300ml</i>	4	HI
<i>methenamine hippurate</i>	4	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	2	
<i>metronidazole vaginal</i>	3	
<i>metronidazole inj 500mg/100ml</i>	2	HI
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
NUVESSA	4	
<i>tigecycline</i>	5	NEDS
<i>tinidazole</i>	4	
<i>trimethoprim tabs</i>	3	
<i>vancomycin hcl inj 0.9%; 1gm/200ml</i>	2	HI
<i>vancomycin hcl inj 100gm, 10gm</i>	4	HI
<i>vancomycin hydrochloride caps</i>	3	
<i>vancomycin hydrochloride inj 1.75gm, 2gm</i>	4	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	4	HI
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	HI
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor caps</i>	4	
<i>cefaclor susr 125mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil caps</i>	2	
<i>cefadroxil susr</i>	4	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	HI
<i>cefazolin sodium inj 1gm/50ml; 4%, 1gm, 2gm</i>	2	HI
<i>cefazolin sodium inj 10gm, 500mg</i>	3	HI
<i>cefazolin sodium inj 1gm</i>	4	HI
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	2	HI
<i>cefdinir</i>	2	
<i>cefepime</i>	4	HI
<i>cefepime hydrochloride inj 2gm</i>	4	HI
<i>cefepime/dextrose</i>	4	HI
<i>cefixime</i>	4	
<i>cefotetan inj 1gm, 2gm</i>	4	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>cefpodoxime proxetil tabs</i>	3	
<i>cefpodoxime proxetil susr</i>	4	
<i>cefprozil tabs</i>	3	
<i>cefprozil susr 125mg/5ml</i>	3	
<i>cefprozil susr 250mg/5ml</i>	4	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	HI
<i>ceftriaxone in iso-osmotic dextrose</i>	2	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	2	HI
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	4	HI
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin caps 750mg</i>	4	
<i>cephalexin susr, tabs</i>	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	HI
TEFLARO	5	NEDS; HI
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium susr, tabs</i>	2	
<i>amoxicillin/clavulanate potassium chew</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	2	
<i>ampicillin sodium inj</i>	4	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	4	HI
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	4	HI
<i>ampicillin caps 500mg</i>	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	4	HI

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	2	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	HI
<i>penicillin g sodium</i>	5	NEDS; HI
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	HI
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	3	HI
<b>Carbapenems</b>		
<i>ertapenem</i>	4	HI
<i>ertapenem sodium</i>	4	HI
<i>imipenem/cilastatin</i>	4	HI
<i>meropenem inj 500mg</i>	3	HI
<i>meropenem inj 1gm, 2gm</i>	4	HI
<b>Macrolides</b>		
<i>azithromycin tabs</i>	2	
<i>azithromycin pack, susr</i>	3	
<i>azithromycin inj 500mg</i>	4	HI
<i>clarithromycin er</i>	3	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin susr</i>	4	
DIFICID	5	NEDS
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate tabs</i>	4	
<i>erythromycin cpep 250mg</i>	4	
<b>Quinolones</b>		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	4	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w inj 5%; 250mg/50ml, 5%; 500mg/100ml</i>	3	HI
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	4	HI
<i>levofloxacin oral soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium lotn 10%</i>	4	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	3	
<b>Tetracyclines</b>		
DOXY 100	3	HI
<i>doxycycline hyclate caps</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>doxycycline hyclate inj</i>	3	HI
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline hyclate tabs 150mg</i>	4	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	4	
<i>minocycline hcl caps 75mg</i>	3	
<i>minocycline hcl tabs</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	3	
<i>mondoxyme nl caps 100mg</i>	2	
<i>tetracycline hydrochloride caps</i>	3	
VIBRAMYCIN SYRP	4	
<b>Anticonvulsants</b>		
<b><i>Anticonvulsants, Other</i></b>		
BRIVIACT SOLN, TABS	5	NEDS
EPIDIOLEX	5	PA NSO; NEDS
EPRONTIA	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA NSO; NEDS
FYCOMPA	4	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine tabs</i>	2	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	4	
<i>levetiracetam oral soln, tabs</i>	3	
<i>levetiracetam inj 500mg/5ml</i>	2	
NAYZILAM	4	QL(10 EA per 30 days); PA NSO
<i>roweepra tabs 500mg</i>	3	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tabs</i>	2	
<i>topiramate csp</i>	4	
<i>valproic acid</i>	2	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide soln</i>	3	
<i>ethosuximide caps</i>	4	
<i>methsuximide</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt</i>	3	
<i>clonazepam tabs</i>	1	
DIACOMIT	5	PA NSO; NEDS
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	3	
<i>divalproex sodium csdr</i>	3	
<i>gabapentin caps</i>	2	
<i>gabapentin soln</i>	4	
<i>gabapentin tabs 600mg, 800mg</i>	2	
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	3	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin caps</i>	2	
<i>pregabalin soln</i>	4	
<i>primidone tabs</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	NEDS
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS
<i>vigpoder</i>	5	NEDS
ZTALMY	5	PA NSO; NEDS
<b>Sodium Channel Agents</b>		
APTIOM	4	
<i>carbamazepine er</i>	4	
<i>carbamazepine chew, tabs</i>	3	
<i>carbamazepine susp</i>	4	
<i>epitol</i>	3	
<i>lacosamide tabs</i>	3	QL(60 EA per 30 days)
<i>lacosamide inj, oral soln</i>	4	
<i>oxcarbazepine tabs</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>oxcarbazepine susp</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	5	NEDS
<i>rufinamide tabs 200mg</i>	4	
<i>rufinamide tabs 400mg</i>	5	NEDS
XCOPRI TABS	5	NEDS
XCOPRI TBPk 0	4	
XCOPRI TBPk 0	5	NEDS
ZONISADE	4	
<i>zonisamide</i>	2	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
NAMZARIC	3	
<b><i>Cholinesterase Inhibitors</i></b>		
<i>donepezil hcl tbdp</i>	3	
<i>donepezil hcl tabs 10mg</i>	2	
<i>donepezil hcl tabs 23mg</i>	3	
<i>donepezil hydrochloride tabs 5mg</i>	2	
<i>galantamine hydrobromide er</i>	3	
<i>galantamine hydrobromide tabs</i>	3	
<i>galantamine hydrobromide soln</i>	4	
<i>rivastigmine tartrate</i>	3	
<i>rivastigmine transdermal system</i>	4	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	3	
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	3	
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
AUVELITY	4	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tabs</i>	2	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS
<b><i>Monoamine Oxidase Inhibitors</i></b>		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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
EMSAM	5	ST NSO; NEDS
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	4	
<i>desvenlafaxine er</i>	3	
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	2	
<i>escitalopram oxalate soln</i>	4	
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	4	
<i>fluoxetine hydrochloride caps</i>	1	
<i>fluoxetine hydrochloride soln</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	4	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>sertraline hcl conc</i>	3	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	4	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24</i>	3	
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	4	
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	3	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	2	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	4	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate caps</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>meclizine hcl tabs</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>promethazine hcl inj</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
<i>scopolamine</i>	4	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant caps 0, 40mg, 80mg</i>	4	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol</i>	4	PA BvD
<i>granisetron hydrochloride tabs</i>	3	PA BvD
<i>ondansetron hcl soln</i>	2	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	PA BvD
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA; NEDS
<i>amphotericin b inj</i>	4	PA
<i>clotrimazole crea</i>	2	
<i>clotrimazole soln, troc</i>	3	
<i>econazole nitrate crea</i>	2	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tabs</i>	2	
<i>fluconazole susr</i>	4	
<i>flucytosine caps</i>	5	NEDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>ketoconazole sham, tabs</i>	2	
<i>ketoconazole crea</i>	2	QL(120 GM per 30 days)
<i>klayesta</i>	2	
<i>micafungin</i>	4	
<i>miconazole 3 supp</i>	3	
<i>naftifine hcl</i>	4	
<i>naftifine hydrochloride crea</i>	4	
<i>nyamyc</i>	2	
<i>nystatin crea, oint, powd, susp</i>	2	
<i>nystatin tabs</i>	3	
<i>nystop</i>	2	
<i>posaconazole dr</i>	5	NEDS
<i>posaconazole susp</i>	5	NEDS
<i>terbinafine hcl tabs</i>	2	QL(42 EA per 42 days)
<i>terconazole crea</i>	3	
<i>terconazole supp</i>	4	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	NEDS
<i>voriconazole inj</i>	5	PA; NEDS
<b>Antigout Agents</b>		
<b><i>Antigout Agents</i></b>		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine caps</i>	3	
<i>colchicine tabs 0.6mg</i>	3	
GLOPERBA	4	
<i>probenecid/colchicine</i>	3	
<i>probenecid tabs</i>	3	
<b>Antimigraine Agents</b>		
<b><i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i></b>		
AIMOVIG	3	QL(1 ML per 30 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
NURTEC	4	PA
UBRELVY	4	PA
<b><i>Ergot Alkaloids</i></b>		
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 30 days); NEDS
<i>ergotamine tartrate/caffeine</i>	3	
<b><i>Prophylactic</i></b>		
<i>timolol maleate tabs 10mg, 5mg</i>	3	
<i>timolol maleate tabs 20mg</i>	4	
<b><i>Serotonin (5-HT) Receptor Agonist</i></b>		
<i>naratriptan hcl</i>	2	
<i>rizatriptan benzoate</i>	2	
<i>rizatriptan benzoate odt</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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 succinate refill inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	
<i>sumatriptan soln</i>	4	
<b>Antimyasthenic Agents</b>		
<b><i>Parasympathomimetics</i></b>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	3	
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone tabs</i>	3	
<i>rifabutin</i>	4	
<b><i>Antituberculars</i></b>		
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	4	
<i>rifampin caps, inj</i>	4	
SIRTURO	5	PA; NEDS
TRECTOR	4	
<b>Antineoplastics</b>		
<b><i>Alkylating Agents</i></b>		
<i>cyclophosphamide tabs</i>	3	PA BvD
<i>cyclophosphamide caps</i>	4	PA BvD
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
LEUKERAN	5	NEDS
MATULANE	5	NEDS
VALCHLOR	5	NEDS
<b><i>Antiandrogens</i></b>		
<i>abiraterone acetate</i>	5	PA NSO; NEDS
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO; NEDS
<i>flutamide</i>	2	
<i>nilutamide</i>	5	NEDS
NUBEQA	5	PA NSO; NEDS
XTANDI	5	PA NSO; NEDS
<b><i>Antiangiogenic Agents</i></b>		
<i>lenalidomide</i>	5	PA NSO; NEDS
POMALYST	5	PA NSO; NEDS
REVLIMID	5	PA NSO; NEDS
THALOMID	5	NEDS
<b><i>Antiestrogens/Modifiers</i></b>		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
EMCYT	5	NEDS
ORSERDU	5	PA NSO; NEDS
SOLTAMOX	5	NEDS
<i>tamoxifen citrate tabs</i>	3	
<i>toremifene citrate</i>	5	NEDS
<b>Antimetabolites</b>		
DROXIA	3	
<i>hydroxyurea caps</i>	3	
<i>mercaptopurine tabs</i>	4	
PURIXAN	5	NEDS
TABLOID	4	
<b>Antineoplastics, Other</b>		
AKEEGA	5	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	4	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	5	NEDS
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	4	
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NSO; NEDS
INREBIC	5	PA NSO; NEDS
IWILFIN	5	PA NSO; NEDS
KISQALI FEMARA 200 DOSE	5	PA NSO; NEDS
KISQALI FEMARA 400 DOSE	5	PA NSO; NEDS
KISQALI FEMARA 600 DOSE	5	PA NSO; NEDS
<i>leucovorin calcium tabs</i>	2	
LONSURF	5	PA NSO; NEDS
LYSODREN	5	NEDS
OGSIVEO	5	PA NSO; NEDS
OJEMDA	5	PA NSO; NEDS
ONUREG	5	PA NSO; NEDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
SYNRIBO	5	NEDS
TRUSELTIQ	5	PA NSO; NEDS
VONJO	5	PA NSO; NEDS
ZOLINZA	5	PA NSO; NEDS
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs</i>	3	
<i>exemestane</i>	4	
<i>letrozole</i>	3	
<b>Enzyme Inhibitors</b>		
KYPROLIS	5	NEDS
<b>Molecular Target Inhibitors</b>		
ALECENSA	5	PA NSO; NEDS
ALUNBRIG	5	PA NSO; NEDS
AUGTYRO	5	PA NSO; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
AYVAKIT	5	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	5	PA NSO; NEDS
BOSULIF CAPS 50MG	5	PA NSO; NEDS
BOSULIF CAPS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS
BRUKINSA	5	PA NSO; NEDS
CABOMETYX	5	PA NSO; NEDS
CALQUENCE	5	PA NSO; NEDS
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	5	PA NSO; NEDS
COPIKTRA	5	PA NSO; NEDS
COTELLIC	5	PA NSO; NEDS
DAURISMO	5	PA NSO; NEDS
ERIVEDGE	5	PA NSO; NEDS
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL(90 EA per 30 days); NEDS
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS
EXKIVITY	5	PA NSO; NEDS
FOTIVDA	5	PA NSO; NEDS
FRUZAQLA	5	PA NSO; NEDS
GAVRETO	5	PA NSO; NEDS
<i>gefitinib</i>	5	PA NSO; NEDS
GILOTRIF	5	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NSO; NEDS
ICLUSIG	5	PA NSO; NEDS
IDHIFA	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>imatinib mesylate</i>	5	NEDS
IMBRUVICA	5	PA NSO; NEDS
INLYTA	5	PA NSO; NEDS
INQOVI	5	PA NSO; NEDS
JAKAFI	5	PA NSO; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
SCSEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	5	PA NSO; NEDS
STIVARGA	5	QL(90 EA per 30 days); PA NSO; NEDS
<i>sunitinib malate</i>	5	PA NSO; NEDS
TABRECTA	5	PA NSO; NEDS
TAFINLAR	5	PA NSO; NEDS
TAGRISSE	5	PA NSO; NEDS
TALZENNA	5	PA NSO; NEDS
TASIGNA	5	PA NSO; NEDS
TAZVERIK	5	PA NSO; NEDS
TEPMETKO	5	PA NSO; NEDS
TIBSOVO	5	PA NSO; NEDS
TRUQAP	5	PA NSO; NEDS
TUKYSA	5	PA NSO; NEDS
TURALIO	5	PA NSO; NEDS
VANFLYTA	5	PA NSO; NEDS
VENCLEXTA STARTING PACK	5	PA NSO; NEDS
VENCLEXTA TABS 10MG, 50MG	3	PA NSO
VENCLEXTA TABS 100MG	5	PA NSO; NEDS
VERZENIO	5	PA NSO; NEDS
VITRAKVI	5	PA NSO; NEDS
VIZIMPRO	5	PA NSO; NEDS
XALKORI	5	PA NSO; NEDS
XOSPATA	5	PA NSO; NEDS
XPOVIO	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO; NEDS
ZEJULA	5	PA NSO; NEDS
ZELBORAF	5	PA NSO; NEDS
ZYDELIG	5	PA NSO; NEDS
ZYKADIA TABS	5	PA NSO; NEDS
<b><i>Monoclonal Antibodies/Antibody-Drug Conjugates</i></b>		
DARZALEX	5	NEDS
OPDIVO	5	NEDS
YERVOY	5	NEDS
<b><i>Retinoids</i></b>		
<i>bexarotene caps</i>	5	NEDS
<i>bexarotene gel</i>	5	PA NSO; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
PANRETIN	5	NEDS
<i>tretinoin caps 10mg</i>	5	NEDS
<b>Treatment Adjuncts</b>		
MESNEX TABS	5	NEDS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	4	
<i>ivermectin tabs</i>	3	
<i>praziquantel tabs</i>	3	
<b>Antiprotozoals</b>		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tabs 250mg</i>	3	
<i>chloroquine phosphate tabs 500mg</i>	4	
COARTEM	4	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>mefloquine hcl</i>	3	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate inj</i>	4	
<i>pentamidine isethionate inhalation solr</i>	4	PA BvD
<i>primaquine phosphate tabs</i>	4	
<i>pyrimethamine tabs</i>	5	NEDS
<i>quinine sulfate caps 324mg</i>	4	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hcl soln</i>	3	
<i>trihexyphenidyl hydrochloride</i>	2	
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	3	
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate caps, tabs</i>	4	
KYNMOBI	5	NEDS
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	4	
<i>carbidopa/levodopa odt</i>	4	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>carbidopa tabs</i>	4	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tabs</i>	4	
<i>selegiline hcl caps</i>	3	
<i>selegiline hcl tabs</i>	4	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc, tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl conc</i>	4	
<i>fluphenazine hcl tabs 1mg</i>	4	
<i>fluphenazine hydrochloride elix, inj</i>	4	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate inj</i>	3	
<i>haloperidol lactate</i>	4	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	3	
<i>molindone hydrochloride</i>	3	
<i>perphenazine tabs</i>	3	
<i>pimozide</i>	4	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tabs 1mg</i>	4	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII	5	NEDS
ABILIFY MAINTENA	5	NEDS
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole odt</i>	4	
<i>aripiprazole tabs</i>	2	
<i>aripiprazole soln</i>	3	
ARISTADA	5	NEDS
ARISTADA INITIO	5	NEDS
<i>asenapine maleate sl</i>	4	ST NSO
CAPLYTA	5	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT	5	ST NSO; NEDS
FANAPT TITRATION PACK	4	ST NSO
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	5	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	PA NSO; NEDS
NUPLAZID CAPS	5	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt</i>	3	
<i>olanzapine tabs</i>	2	
<i>olanzapine inj</i>	3	
<i>paliperidone er</i>	4	
PERSERIS	5	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	5	NEDS
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	NEDS
<i>risperidone er inj 12.5mg, 25mg</i>	4	
<i>risperidone er inj 37.5mg, 50mg</i>	5	NEDS
<i>risperidone odt</i>	3	
<i>risperidone tabs</i>	1	
<i>risperidone soln</i>	3	
SECUADO	5	NEDS
VRAYLAR CPPK	4	
VRAYLAR CAPS	5	NEDS
<i>ziprasidone hcl</i>	3	
<i>ziprasidone mesylate</i>	3	
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
<b>Treatment-Resistant</b>		
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	NEDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium caps</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
<b>Antivirals</b>		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	5	NEDS
LIVTENCITY	5	PA; NEDS
PREVYMIS TABS	5	PA; NEDS
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	NEDS
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	4	
<i>lamivudine tabs 100mg</i>	3	
VEMLIDY	5	NEDS
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET	5	PA; NEDS
<i>ribavirin caps</i>	3	
<i>ribavirin tabs 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	PA; NEDS
VOSEVI	5	PA; NEDS
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	5	NEDS
DOVATO	5	NEDS
GENVOYA	5	NEDS
ISENTRESS HD	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	4	
ISENTRESS TABS	5	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
JULUCA	5	NEDS
STRIBILD	5	NEDS
TIVICAY PD	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	5	NEDS
DELSTRIGO	5	NEDS
EDURANT	5	NEDS
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>etravirine</i>	5	NEDS
INTELENCE TABS 25MG	3	
<i>nevirapine er tb24 100mg</i>	2	
<i>nevirapine er tb24 400mg</i>	4	
<i>nevirapine tabs</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>nevirapine susp</i>	4	
PIFELTRO	5	NEDS
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	NEDS
DESCOVY	5	NEDS
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	5	NEDS
EMTRIVA SOLN	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine soln 10mg/ml</i>	4	
<i>lamivudine tabs 150mg, 300mg</i>	3	
ODEFSEY	5	NEDS
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	NEDS
TRIUMEQ PD	4	
TRIZIVIR	5	NEDS
VIREAD POWD	5	NEDS
VIREAD TABS 150MG, 200MG, 250MG	5	NEDS
<i>zidovudine</i>	3	
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	NEDS
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days); NEDS
RUKOBIA	5	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	NEDS
SUNLENCA TBPK	5	NEDS
TYBOST	3	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPS	5	NEDS
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
<i>darunavir</i>	5	NEDS
EVOTAZ	5	NEDS
<i>fosamprenavir calcium</i>	5	NEDS
LEXIVA SUSP	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>lopinavir/ritonavir</i>	4	
NORVIR SOLN	3	
NORVIR PACK	4	
PREZCOBIX	5	NEDS
PREZISTA SUSP	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG	5	NEDS
REYATAZ PACK	5	NEDS
<i>ritonavir</i>	3	
SYMTUZA	5	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	5	NEDS
<b>Anti-influenza Agents</b>		
<i>amantadine hcl caps, soln, tabs</i>	3	
<i>oseltamivir phosphate caps, susr</i>	3	
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride</i>	4	
XOFLUZA TBPK 40MG, 80MG	3	QL(1 EA per 7 days)
<b>Antitherpetic Agents</b>		
<i>acyclovir sodium inj 50mg/ml</i>	4	PA
<i>acyclovir caps, tabs</i>	2	
<i>acyclovir susp</i>	4	
<i>famciclovir tabs</i>	3	
<i>valacyclovir hydrochloride</i>	2	
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL(30 EA per 5 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	3	
<i>clorazepate dipotassium tabs</i>	4	
<i>diazepam intensol</i>	3	
<i>diazepam tabs</i>	2	
<i>diazepam soln</i>	3	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	2	
<i>oxazepam</i>	4	
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	PA
BYETTA	4	PA
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	3	PA
<i>nateglinide</i>	1	
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	3	PA
<i>saxagliptin hydrochloride</i>	1	
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	
SYMLINPEN 120	5	NEDS
SYMLINPEN 60	5	NEDS
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRULICITY	3	PA
XIGDUO XR	3	
<b>Glycemic Agents</b>		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<b><i>Insulins</i></b>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR FLEXTOUCH	3	
<i>novolin 70/30</i>	3	
<i>novolin 70/30 flexpen</i>	3	
<i>novolin n</i>	3	
<i>novolin n flexpen</i>	3	
<i>novolin r</i>	3	
<i>novolin r flexpen</i>	3	
<i>novolog</i>	3	
<i>novolog flexpen</i>	3	
<i>novolog mix 70/30</i>	3	
<i>novolog mix 70/30 prefilled flexpen</i>	3	
<i>novolog penfill</i>	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
TRESIBA FLEXTOUCH	3	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	4	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium inj 300mg/3ml</i>	3	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	3	
XARELTO TABS	3	
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
MOZOBIL	5	NEDS
NEULASTA	5	NEDS
NEULASTA ONPRO KIT	5	NEDS
<i>plerixafor</i>	5	NEDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	NEDS
PROMACTA	5	PA; NEDS
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	
RETACRIT INJ 40000UNIT/ML	5	NEDS
UDENYCA	5	NEDS
UDENYCA ONBODY	5	NEDS
ZARXIO	5	NEDS
<i>Hemostasis Agents</i>		
<i>aminocaproic acid inj, oral soln</i>	2	
<i>aminocaproic acid tabs 500mg</i>	2	
<i>tranexamic acid tabs</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	1	
DOPTELET	5	PA; NEDS
<i>prasugrel hydrochloride</i>	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	5	PA; NEDS
<i>midodrine hcl</i>	3	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride caps</i>	3	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tabs</i>	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tabs 200mg</i>	2	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
<i>digitek tabs 0.125mg, 0.25mg</i>	2	
<i>digoxin oral soln</i>	2	
<i>digoxin inj 0.25mg/ml</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>mexiletine hcl</i>	3	
MULTAQ	3	
<i>propafenone hcl</i>	3	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tabs</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride</i>	3	
<i>atenolol tabs</i>	1	
<i>bisoprolol fumarate</i>	3	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs</i>	3	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 75mg</i>	3	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol tabs</i>	4	
<i>propranolol hcl er cp24 120mg, 160mg</i>	3	
<i>propranolol hcl soln</i>	3	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	3	
<i>nimodipine caps</i>	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	
<i>diltiazem hcl cd</i>	3	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er cp12</i>	4	
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	4	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	3	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tabs 120mg</i>	3	
<i>matzim la</i>	4	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>taztia xt</i>	3	
<i>tiadylt er</i>	3	
<i>verapamil hcl er cp24 100mg, 300mg</i>	4	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	4	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	4	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	
<i>atenolol/chlorthalidone</i>	3	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	3	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<b>CORLANOR</b>	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<b>ENTRESTO</b>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	3	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>ivabradine hydrochloride</i>	4	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	3	
<i>metyrosine</i>	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	4	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	3	
<i>spironolactone/hydrochlorothiazide</i>	2	
<b>TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG</b>	3	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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 caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<b>Diuretics, Loop</b>		
<i>bumetanide inj</i>	2	
<i>bumetanide tabs</i>	3	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide oral soln</i>	2	
<i>furosemide inj</i>	4	
<i>toremide tabs</i>	3	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tabs</i>	2	
<i>triamterene caps</i>	4	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	2	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	3	
<i>fenofibrate caps 130mg, 43mg</i>	3	
<i>fenofibrate caps 150mg, 50mg</i>	4	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tabs</i>	3	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	1	
<b>FLOLIPID</b>	3	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>lovastatin tabs</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light powd</i>	3	
<i>cholestyramine light pack</i>	4	
<i>cholestyramine powd</i>	3	
<i>cholestyramine pack</i>	4	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack, tabs</i>	4	
<i>ezetimibe</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	PA
<i>prevalite powd</i>	3	
<i>prevalite pack</i>	4	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone</i>	3	
KERENDIA	4	PA
<i>spironolactone tabs</i>	2	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA	3	
JARDIANCE	3	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tabs</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>nitroglycerin transdermal</i>	3	
<i>nitroglycerin soln 0.4mg/spray</i>	4	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	4	
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine tabs</i>	2	
<i>amphetamine/dextroamphetamine cp24</i>	3	
<i>dextroamphetamine sulfate er</i>	4	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	4	
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
<i>clonidine hydrochloride er</i>	3	
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	4	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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 er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	
<i>dexmethylphenidate hydrochloride cp24</i>	4	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>guanfacine hydrochloride er</i>	3	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	4	
<i>methylphenidate hydrochloride er (la)</i>	4	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	4	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	4	
<i>methylphenidate hydrochloride er tb24</i>	4	
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	4	
<i>methylphenidate hydrochloride tabs</i>	2	
<i>methylphenidate hydrochloride soln</i>	3	
<i>methylphenidate hydrochloride chew</i>	4	
<b>Central Nervous System, Other</b>		
AUSTEDO	5	PA; NEDS
INGREZZA	5	PA; NEDS
NUEDEXTA	3	PA
RADICAVA ORS	5	PA; NEDS
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
VEOZAH	4	QL(30 EA per 30 days); PA
<b>Fibromyalgia Agents</b>		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	5	NEDS
AVONEX INJ 30MCG/0.5ML	5	NEDS
BETASERON	5	NEDS
<i>dalfampridine er</i>	3	
<i>dimethyl fumarate</i>	4	
<i>fingolimod hydrochloride</i>	5	NEDS
<i>glatiramer acetate inj 40mg/ml</i>	5	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj 20mg/ml</i>	5	QL(30 ML per 30 days); NEDS
KESIMPTA	5	PA; NEDS
MAYZENT	5	NEDS
MAYZENT STARTER PACK TBPk 0.25MG	4	
MAYZENT STARTER PACK TBPk 0.25MG	5	NEDS
PLEGRIDY	5	NEDS
PLEGRIDY STARTER PACK	5	NEDS
REBIF	5	ST; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
REBIF REBIDOSE	5	ST; NEDS
REBIF REBIDOSE TITRATION PACK	5	ST; NEDS
REBIF TITRATION PACK	5	ST; NEDS
<i>teriflunomide</i>	4	
VUMERITY	5	NEDS
ZEPOSIA	5	NEDS
ZEPOSIA 7-DAY STARTER PACK	5	NEDS
ZEPOSIA STARTER KIT	5	NEDS
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate soln</i>	1	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 1.1</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm crea</i>	2	
<i>triamcinolone acetonide dental paste</i>	3	
<b>Dermatological Agents</b>		
<i>Acne and Rosacea Agents</i>		
<i>acutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene gel</i>	4	PA
<i>amnestem</i>	4	
<i>avita</i>	2	PA
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	4	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>isotretinoin caps</i>	4	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
MYORISAN	4	
NEUAC	4	
<i>rosadan crea</i>	2	
<i>rosadan gel</i>	4	
<i>tazarotene crea</i>	3	PA

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>	4	PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	3	PA
ZENATANE	4	
<b><i>Dermatitis and Pruritus Agents</i></b>		
<i>amcinonide crea</i>	4	
<i>ammonium lactate crea, lotn</i>	2	
<i>betamethasone dipropionate augmented crea, lotn</i>	2	
<i>betamethasone dipropionate augmented oint</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate crea, lotn</i>	3	
<i>betamethasone dipropionate oint</i>	4	
<i>betamethasone valerate crea, lotn, oint</i>	3	
<i>clobetasol propionate e</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate crea, oint</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL(200 ML per 30 days)
<i>clobetasol propionate sham</i>	3	QL(236 ML per 30 days)
<i>clobetasol propionate gel</i>	3	QL(240 GM per 30 days)
<i>clodan</i>	3	QL(236 ML per 30 days)
<i>desonide crea, oint</i>	3	
<i>desoximetasone crea</i>	4	
DESRX	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide topical</i>	4	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide</i>	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	3	
<i>halobetasol propionate crea, oint</i>	4	
<i>hydrocortisone butyrate oint</i>	3	
<i>hydrocortisone valerate crea</i>	3	
<i>hydrocortisone valerate oint</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	3	
<i>pimecrolimus</i>	4	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>prednicarbate oint</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>triamcinolone acetone cre 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetone lotn 0.025%, 0.1%</i>	3	
<i>triamcinolone acetone oint 0.025%, 0.1%, 0.5%</i>	2	
TRITOCIN	3	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene cre</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	4	
<i>clotrimazole/betamethasone dipropionate cre</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>diclofenac sodium gel 3%</i>	3	QL(200 GM per 30 days)
<i>fluorouracil cre 5%</i>	3	
<i>fluorouracil soln</i>	4	
<i>imiquimod cre 5%</i>	3	
<i>imiquimod cre 3.75%</i>	4	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetone oint</i>	2	
OTEZLA TABS 20MG, 30MG	5	QL(60 EA per 30 days); PA; NEDS
<i>podofilox</i>	4	
PROCTOFOAM HC	4	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<b>Pediculicides/Scabicides</b>		
<i>malathion</i>	4	
<i>permethrin cre</i>	3	
<b>Topical Anti-infectives</b>		
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, sham, susp</i>	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>ery</i>	4	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin soln 2%</i>	2	
MENTAX	4	
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
<i>mupirocin cre</i>	4	QL(180 GM per 30 days)
SULFAMYLON CREA	4	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
<i>carglumic acid</i>	5	PA; NEDS
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 8/10	3	PA BvD
<i>dextrose 10%</i>	2	
<i>dextrose 10%/sodium chloride 0.2%</i>	2	
<i>dextrose 10%/sodium chloride 0.45%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.3%</i>	2	
<i>dextrose 5%/sodium chloride 0.33%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.9%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	2	
<i>dextrose/sodium chloride</i>	2	
<i>effer-k tbeq 25meq</i>	1	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con</i>	3	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
PLENAMINE	3	PA BvD
<i>potassium chloride er tbc</i>	2	
<i>potassium chloride er cpcr</i>	3	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.225%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride pack, oral soln</i>	3	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	2	
<i>potassium chloride inj 2meq/ml</i>	4	
<i>potassium citrate er</i>	4	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL	3	PA BvD
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	2	
<i>sodium chloride inj 2.5meq/ml, 4meq/ml</i>	4	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CHEMET	5	NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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>deferasirox pack</i>	5	NEDS
<i>deferasirox tabs 90mg</i>	3	
<i>deferasirox tabs 180mg, 360mg</i>	4	
<i>deferasirox tbso 125mg</i>	4	
<i>deferasirox tbso 250mg, 500mg</i>	5	NEDS
<i>penicillamine tabs</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS
<b>Phosphate Binders</b>		
<i>calcium acetate caps</i>	4	
<i>calcium acetate tabs 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	NEDS
<b>Potassium Binders</b>		
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sps</i>	4	
<b>Vitamins</b>		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<i>vitamin d caps 1.25mg</i>	1	EC
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS	3	
<i>lubiprostone</i>	4	
MOVANTIK	3	
OSMOPREP	4	
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA; NEDS
<i>loperamide hcl caps</i>	3	
XERMELO	5	PA; NEDS
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl soln</i>	4	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	
<b>Gastrointestinal Agents, Other</b>		
CLENPIQ	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>gavilyte-c</i>	3	
<i>gavilyte-g</i>	3	
<i>gavilyte-n/ flavor pack</i>	3	
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	4	QL(30 GM per 30 days)
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
<i>peg-3350/electrolytes</i>	3	
<i>peg-3350/electrolytes/ascorbate</i>	4	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	3	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	4	
RECTIV	4	QL(30 GM per 30 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	4	
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol tabs</i>	4	
VOWST	5	PA; NEDS
XIFAXAN TABS 550MG	5	PA; NEDS
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>		
<i>cimetidine tabs</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<b><i>Protectants</i></b>		
<i>misoprostol</i>	3	
<i>sucralfate tabs</i>	3	
<i>sucralfate susp</i>	4	
<b><i>Proton Pump Inhibitors</i></b>		
DEXLANSOPRAZOLE	4	
<i>esomeprazole magnesium cpdr</i>	3	
<i>esomeprazole magnesium pack</i>	4	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium tbec</i>	2	
<i>rabeprazole sodium</i>	2	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b><i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i></b>		
<i>betaine anhydrous</i>	5	NEDS
CHOLBAM	5	PA; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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 CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON	4	
<i>dichlorphenamide</i>	5	PA; NEDS
ENDARI	5	NEDS
<i>l-glutamine</i>	5	NEDS
<i>miglustat</i>	5	PA; NEDS
<i>nitisinone</i>	5	PA; NEDS
PROLASTIN-C	5	PA; NEDS
PYRUKYND	5	PA; NEDS
PYRUKYND TAPER PACK	5	PA; NEDS
REVCOVI	5	NEDS
<i>sapropterin dihydrochloride</i>	5	PA; NEDS
<i>sodium phenylbutyrate powd, tabs</i>	5	NEDS
SUCRAID	5	NEDS
WELIREG	5	PA NSO; NEDS
<i>yargesa</i>	5	PA; NEDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>darifenacin hydrobromide er</i>	4	
GEMTESA	4	
<i>mirabegron er</i>	3	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	3	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>oxybutynin chloride tabs 2.5mg</i>	3	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate</i>	4	
<i>tolterodine tartrate er</i>	4	
<i>tropium chloride</i>	3	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	3	
ELMIRON	4	
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL(4 EA per 30 days); EC
<i>sildenafil tabs 25mg</i>	2	QL(4 EA per 30 days); EC
<i>tiopronin dr</i>	5	NEDS
<i>varденаfil hydrochloride</i>	2	QL(4 EA per 30 days); EC
<i>varденаfil hydrochloride odt</i>	2	QL(4 EA per 30 days); EC
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
DEPO-MEDROL	3	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate +rfid</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	3	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	
<i>kenalog-10</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 5mg/5ml</i>	3	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml</i>	4	
<i>prednisolone soln, tabs</i>	4	
<i>prednisone tbpk</i>	3	
<i>prednisone soln</i>	4	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
SOLU-CORTEF INJ 100MG	4	
<i>triamcinolone acetate inj 40mg/ml</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate tabs</i>	4	
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate soln 0.01%</i>	4	
GENOTROPIN	5	PA; NEDS
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS
INCRELEX	5	PA; NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump gel 1.62%</i>	3	
<i>testosterone pump gel 1%</i>	4	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	
<b>Estrogens</b>		
<i>amabelz</i>	3	
<i>amethia</i>	4	
<i>apri</i>	2	
<i>ashlyna</i>	4	
<i>aviane</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	4	
<i>dotti</i>	4	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>estradiol valerate inj</i>	4	
<i>estradiol/norethindrone acetate</i>	3	
<i>estradiol oral tabs</i>	2	
<i>estradiol crea, ptwk</i>	3	
<i>estradiol pttw, vaginal tabs</i>	4	
ESTRING	4	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	4	
<i>finzala</i>	3	
<i>fyavolv tabs 5mcg; 1mg</i>	3	
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	4	
<i>haloette</i>	4	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>iclevia</i>	4	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>introvale</i>	4	
<i>jinteli</i>	3	
<i>joyeaux</i>	4	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>larin 1.5/30</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol</i>	4	
<i>levora 0.15/30-28</i>	4	
<i>marlissa</i>	4	
<i>mibelas 24 fe</i>	3	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>portia-28</i>	4	
PREMARIN CREA	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
<i>tarina fe 1/20 eq</i>	4	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>taysofy</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	4	
<i>turqoz</i>	4	
<i>velivet</i>	4	
<i>vyfemla</i>	4	
<i>xulane</i>	3	
<i>yuvafem</i>	4	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	4	
<b>Progestins</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	2	
<i>heather</i>	2	
LILETTA	3	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	
<i>megestrol acetate tabs</i>	2	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
NEXPLANON	3	
<i>norethindrone acetate tabs</i>	3	
<i>progesterone caps</i>	3	
<i>sharobel</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	4	
<i>raloxifene hydrochloride</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tabs</i>	1	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tabs</i>	3	
NIVA THYROID TABS 15MG	4	
<i>niva thyroid tabs 120mg, 30mg, 60mg, 90mg</i>	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABS	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
<i>unithroid</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	3	
ELIGARD	4	
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	NEDS
KORLYM	5	QL(120 EA per 30 days); PA; NEDS
<i>lanreotide acetate</i>	5	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
<i>mifepristone tabs 300mg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate inj 1000mcg/ml</i>	5	NEDS
ORGOVYX	5	PA NSO; NEDS
SIGNIFOR	5	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	5	NEDS
SOMAVERT	5	PA; NEDS
SYNAREL	5	NEDS
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	3	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
BERINERT	5	PA; NEDS
HAEGARDA	5	PA; NEDS
<i>icatibant acetate</i>	5	QL(18 ML per 30 days); PA; NEDS
<i>Immunoglobulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS; HI
CUVITRU	5	PA BvD; NEDS
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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 INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
HIZENTRA	5	PA BvD; NEDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
PRIVIGEN	5	PA BvD; NEDS; HI
<b><i>Immunological Agents, Other</i></b>		
ARCALYST	5	PA; NEDS
BENLYSTA	5	PA; NEDS
COSENTYX	5	PA; NEDS
COSENTYX SENSOREADY PEN	5	PA; NEDS
COSENTYX UNOREADY	5	PA; NEDS
DUPIXENT	5	PA; NEDS
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NEDS
RINVOQ	5	QL(30 EA per 30 days); PA; NEDS
RINVOQ LQ	5	QL(360 ML per 30 days); PA; NEDS
SKYRIZI PEN	5	QL(1 ML per 28 days); PA; NEDS
SKYRIZI INJ 600MG/10ML	5	PA; NEDS
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS
TAVNEOS	5	PA; NEDS
XELJANZ XR	5	QL(30 EA per 30 days); PA; NEDS
XELJANZ SOLN	5	QL(300 ML per 30 days); PA; NEDS
XELJANZ TABS	5	QL(60 EA per 30 days); PA; NEDS
XOLAIR	5	PA; NEDS
<b><i>Immunostimulants</i></b>		
ACTIMMUNE	5	NEDS
BESREMI	5	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	5	QL(4 ML per 28 days); NEDS
<b><i>Immunosuppressants</i></b>		
azathioprine tabs 50mg	3	PA BvD
azathioprine tabs 100mg, 75mg	4	PA BvD

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>cyclosporine modified</i>	4	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	4	PA BvD
ENBREL MINI	5	QL(8 ML per 28 days); PA; NEDS
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA; NEDS
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS
ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS
ENVARUSUS XR TB24 0.75MG, 1MG	4	PA BvD
ENVARUSUS XR TB24 4MG	5	PA BvD; NEDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	4	PA BvD
GENGRAF CAPS 100MG, 25MG	4	PA BvD
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS
HUMIRA PEN-CD/UC/HS STARTER	5	PA; NEDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; NEDS
HUMIRA PEN-PS/UV STARTER	5	PA; NEDS
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS
JYLAMVO	5	NEDS
<i>leflunomide</i>	2	
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	3	PA BvD
<i>mycophenolate mofetil susr</i>	5	PA BvD; NEDS
<i>mycophenolic acid dr</i>	4	PA BvD
NULOJIX	5	NEDS
PEGASYS INJ 180MCG/0.5ML	5	QL(4 ML per 28 days); NEDS
PROGRAF PACK	4	PA BvD
REZUROCK	5	PA; NEDS
<i>sirolimus tabs</i>	4	PA BvD
<i>sirolimus soln</i>	5	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	PA BvD
TREXALL	4	
XATMEP	4	
<b>Vaccines</b>		
ABRYSVO	6	
ACTHIB INJ 0	6	
ADACEL	6	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
AREXVY	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
DENGVAXIA	6	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B	6	PA BvD
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
INFANRIX	6	
IPOL INACTIVATED IPV	6	
IXCHIQ	6	
IXIARO	6	
JYNNEOS	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
M-M-R II	6	
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
MRESVIA	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENBRAYA	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
QUADRACEL	6	
RABAVERT	6	
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	
STAMARIL	6	
TDVAX	6	
TENIVAC	6	
TICOVAC	6	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
TRUMENBA	6	
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
YF-VAX	6	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine enem, kit, supp</i>	4	
<i>sulfasalazine tabs, tbec</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	NEDS
<i>budesonide cpep 3mg</i>	4	
<i>budesonide foam 2mg</i>	4	
CORTIFOAM FOAM	4	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	3	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride</i>	4	
<i>paricalcitol caps</i>	4	
PROLIA	4	PA
RAYALDEE	5	NEDS
<i>risedronate sodium</i>	3	
<i>risedronate sodium dr</i>	4	
<i>teriparatide</i>	5	PA; NEDS
XGEVA	5	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	2	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>droplet pen needles 29gx10mm</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	2	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	2	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
<i>levocarnitine tabs</i>	4	
NUTRILIPID	3	PA BvD
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
OMNIPOD GO 10 UNITS/DAY	4	
OMNIPOD GO 15 UNITS/DAY	4	
OMNIPOD GO 20 UNITS/DAY	4	
OMNIPOD GO 25 UNITS/DAY	4	
OMNIPOD GO 30 UNITS/DAY	4	
OMNIPOD GO 35 UNITS/DAY	4	
OMNIPOD GO 40 UNITS/DAY	4	
<i>sodium chloride 0.9%</i>	3	
<i>sterile water for irrigation</i>	2	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	2	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	2	
<i>trueplus pen needles 29gx12mm</i>	2	
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
<i>atropine sulfate soln 1%</i>	4	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	4	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride</i>	2	
<i>cyclosporine emul 0.05%</i>	4	
CYSTARAN	5	NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone susp</i>	2	
<i>neomycin/polymyxin/dexamethasone oint</i>	3	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
<i>tobramycin/dexamethasone</i>	3	
XIIDRA	4	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>bepotastine besilate</i>	4	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	4	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 1.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	3	
<i>sulfacetamide sodium soln 10%</i>	3	
<i>tobramycin</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>trifluridine</i>	4	
XDEMVY	5	PA; NEDS
ZIRGAN	4	
<b><i>Ophthalmic Anti-inflammatories</i></b>		
<i>bromfenac</i>	4	
<i>bromfenac sodium soln 0.07%</i>	3	
<i>bromfenac sodium soln 0.075%</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	4	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate</i>	4	
FLAREX	3	
<i>fluorometholone</i>	4	
<i>flurbiprofen sodium</i>	4	
FML	3	
ILEVRO	3	
<i>ketorolac tromethamine</i>	2	
LOTEMAX OINT	4	
<i>loteprednol etabonate</i>	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	3	
PROLENSA	3	
<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>		
<i>betaxolol hcl</i>	4	
BETIMOL	4	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl soln 0.5%</i>	3	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	4	
<b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b>		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	4	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.1%</i>	3	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tabs</i>	4	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	
RHOPRESSA	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
<b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>		
<i>bimatoprost</i>	4	
<i>latanoprost soln</i>	2	
LUMIGAN	3	
<i>tafluprost</i>	4	
<i>travoprost</i>	4	
VYZULTA	4	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin soln 0.2%</i>	4	
CORTISPORIN-TC	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	3	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	4	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic soln 0.3%</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	PA BvD
FLOVENT DISKUS AEPB 100MCG/BLIST	4	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(720 EA per 90 days); ST
FLOVENT DISKUS AEPB 50MCG/BLIST	4	ST
<i>flunisolide soln 0.025%</i>	3	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 100mcg/act</i>	4	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	4	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 50mcg/act</i>	4	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); ST
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(48 GM per 90 days)
<i>mometasone furoate susp 50mcg/act</i>	3	QL(102 GM per 90 days)
QVAR REDHALER	3	QL(63.6 GM per 90 days)
<b>Antihistamines</b>		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(120 ML per 90 days)
<i>cyproheptadine hcl syrp</i>	4	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	3	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>levocetirizine dihydrochloride tabs</i>	2	
<b>Antileukotrienes</b>		
<i>montelukast sodium chew, pack, tabs</i>	2	
<i>zafirlukast</i>	4	
<b>Bronchodilators, Anticholinergic</b>		
<i>atrovent hfa</i>	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	3	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	3	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
LONHALA MAGNAIR STARTER KIT	5	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(51 GM per 90 days)
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate syrup, tabs</i>	4	
<i>arformoterol tartrate</i>	4	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(2 EA per 1 days)
<i>formoterol fumarate nebu</i>	4	PA BvD
<i>levalbuterol hcl nebu</i>	4	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	PA BvD
<i>levalbuterol nebu</i>	4	PA BvD
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	PA; NEDS
KALYDECO	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI TABS	5	QL(112 EA per 28 days); PA; NEDS
ORKAMBI PACK	5	QL(56 EA per 28 days); PA; NEDS
PULMOZYME	5	PA BvD; NEDS
TOBI PODHALER	5	NEDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>elixophyllin</i>	2	
<i>roflumilast</i>	4	
<i>theophylline er tb24</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>theophylline er tb12</i>	4	
<i>theophylline elix</i>	2	
<b><i>Pulmonary Antihypertensives</i></b>		
ADEMPAS	5	PA; NEDS
<i>alyq</i>	4	PA
<i>ambrisentan</i>	5	PA; NEDS
<i>bosentan</i>	5	PA; NEDS
OPSUMIT	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
<i>sildenafil citrate tabs 20mg</i>	3	PA
<i>tadalafil tabs 20mg</i>	4	PA
TRACLEER TBSO	5	PA; NEDS
VENTAVIS	5	PA; NEDS
<b><i>Pulmonary Fibrosis Agents</i></b>		
OFEV	5	QL(60 EA per 30 days); PA; NEDS
<i>pirfenidone caps</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS
<b><i>Respiratory Tract Agents, Other</i></b>		
<i>acetylcysteine soln</i>	4	PA BvD
ANORO ELLIPTA	3	QL(180 EA per 90 days)
<i>benzonatate</i>	2	EC
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	4	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
BRONCHITOL	5	NEDS
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
FASENRA PEN	5	PA; NEDS
FASENRA INJ 10MG/0.5ML	4	PA
FASENRA INJ 30MG/ML	5	PA; NEDS
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	3	QL(3 EA per 90 days)
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>ipratropium bromide/albuterol sulfate</i>	2	PA BvD

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
<i>promethazine/phenylephrine/codeine</i>	2	EC
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs</i>	3	
<b>Sleep Disorder Agents</b>		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	
<i>eszopiclone</i>	2	
<i>flurazepam hcl</i>	2	
<i>flurazepam hydrochloride</i>	2	
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	2	
<i>triazolam</i>	3	
<i>zaleplon</i>	2	
<i>zolpidem tartrate tabs</i>	2	
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil</i>	3	PA
<i>modafinil tabs</i>	2	PA
<i>sodium oxybate</i>	5	PA; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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 #
		ALPHAGAN P	54
		<i>alprazolam</i>	25
		<i>alprazolam er</i>	25
		ALUNBRIG	16
		<i>alyq</i>	57
		<i>amabelz</i>	44
		<i>amantadine hcl</i>	25
		<i>ambrisentan</i>	57
		<i>amcinonide</i>	36
		<i>amethia</i>	44
		<i>amikacin sulfate</i>	5
		<i>amiloride hcl</i>	32
		<i>amiloride/hydrochlorothiazide</i>	31
		<i>aminocaproic acid</i>	28
		AMINOSYN II	38
		AMINOSYN-PF 7%	38
		<i>amiodarone hydrochloride</i>	29
		<i>amitriptyline hcl</i>	12
		<i>amitriptyline hydrochloride</i>	12
		<i>amlodipine besylate</i>	30
		<i>amlodipine besylate/atorvastatin calcium</i>	31
		<i>amlodipine besylate/benazepril hydrochloride</i>	31
		<i>amlodipine besylate/valsartan</i>	31
		<i>amlodipine/olmesartan medoxomil</i>	31
		<i>amlodipine/valsartan/hydrochlorothiazide</i>	31
		<i>ammonium lactate</i>	36
		<i>amnesteam</i>	35
		<i>amoxapine</i>	12
		<i>amoxicillin</i>	7
		<i>amoxicillin/clavulanate potassium</i>	7
		<i>amoxicillin/clavulanate potassium er</i>	7
		<i>amphetamine/dextroamphetamine</i>	33
		<i>amphotericin b</i>	13
		<i>amphotericin b liposome</i>	13
		<i>ampicillin</i>	7
		<i>ampicillin sodium</i>	7
		<i>ampicillin/sulbactam</i>	7
		<i>ampicillin-sulbactam</i>	7
		<i>anagrelide hydrochloride</i>	28
		<i>anastrozole</i>	16
		ANORO ELLIPTA	57
		<i>apraclonidine</i>	54
		<i>aprepitant</i>	13
		<i>apri</i>	44
<i>abacavir</i>	24		
<i>abacavir sulfate/lamivudine</i>	24		
ABELCET	13		
ABILIFY ASIMTUFII	21		
ABILIFY MAINTENA	21		
ABILIFY MYCITE MAINTENANCE KIT	21		
ABILIFY MYCITE STARTER KIT	21		
<i>abiraterone acetate</i>	15		
ABRYSVO	49		
<i>acamprosate calcium dr</i>	5		
<i>acarbose</i>	26		
<i>accutane</i>	35		
<i>acebutolol hydrochloride</i>	30		
<i>acetaminophen/codeine</i>	4		
<i>acetazolamide</i>	54		
<i>acetazolamide er</i>	54		
<i>acetic acid</i>	55		
<i>acetic acid 0.25%</i>	43		
<i>acetylcysteine</i>	57		
<i>acitretin</i>	35		
ACTHIB	49		
ACTIMMUNE	48		
<i>acyclovir</i>	25		
<i>acyclovir sodium</i>	25		
ADACEL	49		
<i>adapalene</i>	35		
<i>adefovir dipivoxil</i>	23		
ADEMPAS	57		
ADTHYZA	46		
AIMOVIG	14		
AKEEGA	16		
<i>albendazole</i>	20		
<i>albuterol sulfate</i>	56		
<i>albuterol sulfate hfa</i>	56		
<i>alcohol prep pads</i>	51		
ALECENSA	16		
<i>alendronate sodium</i>	51		
<i>alfuzosin hcl er</i>	42		
<i>aliskiren</i>	31		
<i>allopurinol</i>	14		
ALOCRIIL	53		
<i>alosetron hydrochloride</i>	40		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
 Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
APTIOM	10	BALVERSA	17
APTIVUS	24	<i>balziva</i>	44
ARCALYST	48	BAQSIMI ONE PACK	27
AREXVY	50	BAQSIMI TWO PACK	27
<i>arformoterol tartrate</i>	56	BCG VACCINE	50
ARIKAYCE	5	<i>bd insulin syringe safetyglide/1ml/29g x</i>	52
<i>aripiprazole</i>	21	<i>1/2"</i>	
<i>aripiprazole odt</i>	21	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	51
ARISTADA	21	<i>5/16"</i>	
ARISTADA INITIO	21	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	52
<i>armodafinil</i>	58	<i>12.7mm</i>	
ARMOUR THYROID	46	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	52
<i>asenapine maleate sl</i>	21	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	52
<i>ashlyna</i>	44	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	52
<i>aspirin/dipyridamole er</i>	29	<i>bd pen needle/original/ultra-fine/29g x</i>	52
<i>atazanavir</i>	24	<i>12.7mm</i>	
<i>atazanavir sulfate</i>	24	BELSOMRA	58
<i>atenolol</i>	30	<i>benazepril hcl</i>	29
<i>atenolol/chlorthalidone</i>	31	<i>benazepril hydrochloride</i>	29
<i>atomoxetine</i>	33	<i>benazepril</i>	31
<i>atomoxetine hydrochloride</i>	33	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atorvastatin calcium</i>	32	BENLYSTA	48
<i>atovaquone</i>	20	<i>benzonatate</i>	57
<i>atovaquone/proguanil hcl</i>	20	<i>benztropine mesylate</i>	20
<i>atropine sulfate</i>	52	<i>bepotastine besilate</i>	53
<i>atrovent hfa</i>	56	BERINERT	47
AUGTYRO	16	BESIVANCE	53
AUSTEDO	34	BESREMI	48
AUVELITY	11	<i>betaine anhydrous</i>	41
<i>aviane</i>	44	<i>betamethasone dipropionate</i>	36
<i>avita</i>	35	<i>betamethasone dipropionate augmented</i>	36
AVONEX	34	<i>betamethasone valerate</i>	36
AVONEX PEN	34	BETASERON	34
AYVAKIT	17	<i>betaxolol hcl</i>	54
<i>azathioprine</i>	48	<i>bethanechol chloride</i>	43
<i>azelaic acid</i>	35	BETIMOL	54
<i>azelastine hcl</i>	53	BEVESPI AEROSPHERE	57
<i>azelastine hcl</i>	55	<i>bexarotene</i>	19
<i>azelastine hydrochloride</i>	55	BEXSERO	50
<i>azithromycin</i>	8	<i>bicalutamide</i>	15
<i>aztreonam</i>	6	BICILLIN L-A	7
<i>bacitracin</i>	53	BIKTARVY	23
<i>bacitracin/polymyxin b</i>	52	<i>bimatoprost</i>	55
<i>baclofen</i>	22	<i>bisoprolol fumarate</i>	30
<i>balsalazide disodium</i>	51	<i>bisoprolol fumarate/hydrochlorothiazide</i>	31

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
BIVIGAM	47	calcitonin-salmon	51
BOOSTRIX	50	calcitriol	37
<i>bortezomib</i>	16	calcitriol	51
<i>bosentan</i>	57	calcium acetate	40
BOSULIF	17	CALQUENCE	17
BRAFTOVI	17	<i>camila</i>	46
BREO ELLIPTA	57	<i>candesartan cilexetil</i>	29
BREYNA	57	<i>candesartan cilexetil/hydrochlorothiazide</i>	31
BREZTRI AEROSPHERE	57	CAPLYTA	21
<i>briellyn</i>	44	CAPRELSA	17
BRILINTA	29	<i>captopril</i>	29
<i>brimonidine tartrate</i>	54	<i>carbamazepine</i>	10
<i>brimonidine tartrate/timolol maleate</i>	52	<i>carbamazepine er</i>	10
<i>brinzolamide</i>	54	<i>carbidopa</i>	21
BRIVIACT	9	<i>carbidopa/levodopa</i>	20
<i>bromfenac</i>	54	<i>carbidopa/levodopa er</i>	20
<i>bromfenac sodium</i>	54	<i>carbidopa/levodopa odt</i>	20
<i>bromocriptine mesylate</i>	20	<i>carbidopa/levodopa/entacapone</i>	20
BROMSITE	54	<i>carglumic acid</i>	38
BRONCHITOL	57	<i>carteolol hcl</i>	54
BRUKINSA	17	<i>cartia xt</i>	30
<i>budesonide</i>	51	<i>carvedilol</i>	30
<i>budesonide</i>	55	CAYSTON	56
<i>budesonide er</i>	51	<i>cefaclor</i>	6
<i>bumetanide</i>	32	<i>cefadroxil</i>	6
<i>buprenorphine</i>	3	<i>cefazolin</i>	7
<i>buprenorphine hcl</i>	5	<i>cefazolin sodium</i>	7
<i>buprenorphine hcl/naloxone hcl</i>	5	<i>cefazolin sodium/dextrose</i>	7
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	5	<i>cefdinir</i>	7
<i>bupropion hcl</i>	11	<i>cefepime</i>	7
<i>bupropion hydrochloride</i>	11	<i>cefepime hydrochloride</i>	7
<i>bupropion hydrochloride er (sr)</i>	5	<i>cefepime/dextrose</i>	7
<i>bupropion hydrochloride er (sr)</i>	11	<i>cefixime</i>	7
<i>bupropion hydrochloride er (xl)</i>	11	<i>cefotetan</i>	7
<i>bupirone hcl</i>	25	<i>cefoxitin sodium</i>	7
<i>bupirone hydrochloride</i>	25	<i>cefpodoxime proxetil</i>	7
<i>butorphanol tartrate</i>	4	<i>cefprozil</i>	7
BYDUREON BCISE	26	<i>ceftazidime</i>	7
BYETTA	26	<i>ceftriaxone in iso-osmotic dextrose</i>	7
<i>cabergoline</i>	47	<i>ceftriaxone sodium</i>	7
CABLIVI	29	<i>ceftriaxone/dextrose</i>	7
CABOMETYX	17	<i>cefuroxime axetil</i>	7
<i>calcipotriene</i>	37	<i>cefuroxime sodium</i>	7
<i>calcitonin salmon</i>	51	<i>celecoxib</i>	3
		<i>cephalexin</i>	7

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>cevimeline hydrochloride</i>	35	<i>clomipramine hydrochloride</i>	12
CHEMET	39	<i>clonazepam</i>	10
<i>chlorhexidine gluconate</i>	35	<i>clonazepam odt</i>	10
<i>chloroquine phosphate</i>	20	<i>clonidine</i>	29
<i>chlorpromazine hcl</i>	21	<i>clonidine hydrochloride</i>	29
<i>chlorpromazine hydrochloride</i>	21	<i>clonidine hydrochloride er</i>	33
<i>chlorthalidone</i>	32	<i>clopidogrel</i>	29
CHOLBAM	41	<i>clorazepate dipotassium</i>	25
<i>cholestyramine</i>	32	<i>clotrimazole</i>	13
<i>cholestyramine light</i>	32	<i>clotrimazole/betamethasone dipropionate</i>	37
<i>ciclopirox</i>	37	<i>clozapine</i>	22
<i>ciclopirox nail lacquer</i>	37	<i>clozapine odt</i>	22
<i>ciclopirox olamine</i>	37	COARTEM	20
<i>cidofovir</i>	23	<i>codeine sulfate</i>	4
<i>cilostazol</i>	29	<i>colchicine</i>	14
CIMDUO	24	<i>colestipol hcl</i>	32
<i>cimetidine</i>	41	<i>colistimethate sodium</i>	6
<i>cinacalcet hydrochloride</i>	51	COMBIVENT RESPIMAT	57
<i>ciprofloxacin</i>	8	COMETRIQ	17
<i>ciprofloxacin</i>	55	COMPLERA	23
<i>ciprofloxacin hcl</i>	8	<i>constulose</i>	40
<i>ciprofloxacin hydrochloride</i>	8	COPIKTRA	17
<i>ciprofloxacin hydrochloride</i>	53	CORLANOR	31
<i>ciprofloxacin i.v.-in d5w</i>	8	CORTIFOAM	51
<i>ciprofloxacin/dexamethasone</i>	55	CORTISPORIN-TC	55
<i>citalopram hydrobromide</i>	12	COSENTYX	48
<i>claravis</i>	35	COSENTYX SENSOREADY PEN	48
<i>clarithromycin</i>	8	COSENTYX UNOREADY	48
<i>clarithromycin er</i>	8	COTELLIC	17
CLENPIQ	40	CREON	42
<i>clindacin-p</i>	6	<i>cromolyn sodium</i>	42
<i>clindamycin hcl</i>	6	<i>cromolyn sodium</i>	53
<i>clindamycin hydrochloride</i>	6	<i>cromolyn sodium</i>	56
<i>clindamycin palmitate hydrochloride</i>	6	<i>curity gauze pads 2"x2" 12 ply</i>	52
<i>clindamycin phosphate</i>	6	CUVITRU	47
<i>clindamycin phosphate</i>	37	<i>cyanocobalamin</i>	40
<i>clindamycin phosphate/benzoyl peroxide</i>	35	<i>cyclobenzaprine hydrochloride</i>	58
<i>clindamycin/benzoyl peroxide</i>	35	<i>cyclopentolate hcl</i>	52
CLINIMIX 6/5	38	<i>cyclopentolate hydrochloride</i>	52
CLINIMIX 8/10	38	<i>cyclophosphamide</i>	15
CLINIMIX E 8/10	38	<i>cyclosporine</i>	49
<i>clobazam</i>	10	<i>cyclosporine</i>	52
<i>clobetasol propionate</i>	36	<i>cyclosporine modified</i>	49
<i>clobetasol propionate e</i>	36	<i>cyproheptadine hcl</i>	55
<i>clodan</i>	36	<i>cyproheptadine hydrochloride</i>	55

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
CYSTAGON	42	dextrose 5%	38
CYSTARAN	52	dextrose 5%/sodium chloride 0.2%	38
dabigatran etexilate	28	dextrose 5%/sodium chloride 0.3%	38
dalfampridine er	34	dextrose 5%/sodium chloride 0.33%	38
danazol	44	dextrose 5%/sodium chloride 0.45%	38
dantrolene sodium	22	dextrose 5%/sodium chloride 0.9%	38
dapsone	15	dextrose 50%	38
DAPTACEL	50	dextrose 70%	38
daptomycin	6	dextrose/sodium chloride	38
daptomycin/sodium chloride	6	DIACOMIT	10
darifenacin hydrobromide er	42	diazepam	25
darunavir	24	diazepam intensol	25
DARZALEX	19	diazepam rectal gel	10
DAURISMO	17	diazoxide	27
deblitane	46	dichlorphenamide	42
deferasirox	40	diclofenac epolamine	3
DELSTRIGO	23	diclofenac potassium	3
DENGVAXIA	50	diclofenac sodium	3
DEPO-MEDROL	43	diclofenac sodium	37
DEPO-SUBQ PROVERA 104	46	diclofenac sodium	54
DESCOVY	24	diclofenac sodium dr	3
desipramine hydrochloride	12	diclofenac sodium er	3
desloratadine	55	dicloxacillin sodium	7
desmopressin acetate	44	dicyclomine hcl	40
desogestrel/ethinyl estradiol	44	dicyclomine hydrochloride	40
desonide	36	DIFICID	8
desoximetasone	36	diflunisal	3
DESRX	36	difluprednate	54
desvenlafaxine er	12	digitek	29
dexamethasone	43	digoxin	29
dexamethasone intensol	43	dihydroergotamine mesylate	14
dexamethasone sodium phosphate	43	diltiazem hcl	30
dexamethasone sodium phosphate	54	diltiazem hcl cd	30
dexamethasone sodium phosphate +rfid	43	diltiazem hcl er	30
DEXLANSOPRAZOLE	41	diltiazem hydrochloride	30
dexmethylphenidate hcl	33	diltiazem hydrochloride er	30
dexmethylphenidate hcl er	33	dilt-xr	30
dexmethylphenidate hydrochloride	34	dimethyl fumarate	34
dexmethylphenidate hydrochloride er	34	diphenhydramine hydrochloride	55
dextroamphetamine sulfate	33	DIPHThERIA/TETANUS TOXOIDS	50
dextroamphetamine sulfate er	33	ADSORBED PEDIATRIC	
dextrose 10%	38	disulfiram	5
dextrose 10%/sodium chloride 0.2%	38	divalproex sodium	10
dextrose 10%/sodium chloride 0.45%	38	divalproex sodium dr	10
dextrose 2.5%/sodium chloride 0.45%	38	divalproex sodium er	10

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>docetaxel</i>	16	EMGALITY	14
<i>dofetilide</i>	29	EMSAM	12
<i>donepezil hcl</i>	11	<i>emtricitabine</i>	24
<i>donepezil hydrochloride</i>	11	<i>emtricitabine/tenofovir disoproxil</i>	24
DOPTELET	29	<i>emtricitabine/tenofovir disoproxil fumarate</i>	24
<i>dorzolamide hcl/timolol maleate</i>	53	EMTRIVA	24
<i>dorzolamide hydrochloride</i>	54	<i>enalapril maleate</i>	29
<i>dorzolamide hydrochloride/timolol maleate</i>	53	<i>enalapril maleate/hydrochlorothiazide</i>	31
<i>pf</i>		ENBREL	49
<i>dotti</i>	44	ENBREL MINI	49
DOVATO	23	ENBREL SURECLICK	49
<i>doxazosin mesylate</i>	42	ENDARI	42
<i>doxepin hcl</i>	12	<i>endocet</i>	4
<i>doxepin hydrochloride</i>	13	ENGERIX-B	50
DOXY 100	8	<i>enilloring</i>	44
<i>doxycycline</i>	9	<i>enoxaparin sodium</i>	28
<i>doxycycline hyclate</i>	8	<i>entacapone</i>	20
<i>doxycycline monohydrate</i>	9	<i>entecavir</i>	23
DRIZALMA SPRINKLE	12	ENTRESTO	31
<i>dronabinol</i>	13	<i>enulose</i>	40
<i>droplet pen needles 29gx10mm</i>	52	ENVARBUS XR	49
<i>drospirenone/ethinyl estradiol</i>	44	EPIDIOLEX	9
DROXIA	16	<i>epinastine hcl</i>	53
<i>droxidopa</i>	29	<i>epinephrine</i>	56
<i>duloxetine hcl</i>	12	<i>epitol</i>	10
<i>duloxetine hydrochloride</i>	12	<i>eplerenone</i>	33
DUPIXENT	48	EPRONTIA	9
<i>dutasteride</i>	43	<i>ergotamine tartrate/caffeine</i>	14
<i>dutasteride/tamsulosin hydrochloride</i>	43	ERIVEDGE	17
<i>ec-naproxen</i>	3	ERLEADA	15
<i>econazole nitrate</i>	13	<i>erlotinib hydrochloride</i>	17
EDURANT	23	<i>errin</i>	46
<i>efavirenz</i>	23	<i>ertapenem</i>	8
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	23	<i>ertapenem sodium</i>	8
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	23	<i>ery</i>	37
<i>effer-k</i>	38	<i>erythromycin</i>	8
ELIGARD	47	<i>erythromycin</i>	37
ELIQUIS	28	<i>erythromycin</i>	53
ELIQUIS STARTER PACK	28	<i>erythromycin dr</i>	8
<i>elixophyllin</i>	56	<i>erythromycin ethylsuccinate</i>	8
ELMIRON	43	<i>escitalopram oxalate</i>	12
<i>eluryng</i>	44	<i>esomeprazole magnesium</i>	41
EMCYT	16	<i>estradiol</i>	44
		<i>estradiol valerate</i>	44
		<i>estradiol/norethindrone acetate</i>	44

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
ESTRING	44	<i>fluconazole</i>	13
<i>eszopiclone</i>	58	<i>fluconazole in sodium chloride</i>	13
<i>ethacrynic acid</i>	32	<i>flucytosine</i>	13
<i>ethambutol hydrochloride</i>	15	<i>fludrocortisone acetate</i>	43
<i>ethosuximide</i>	9	<i>flunisolide</i>	55
<i>etodolac</i>	3	<i>fluocinolone acetonide</i>	36
<i>etodolac er</i>	3	<i>fluocinolone acetonide</i>	55
<i>etonogestrel/ethinyl estradiol</i>	44	<i>fluocinolone acetonide body</i>	36
<i>etravirine</i>	23	<i>fluocinolone acetonide scalp</i>	36
<i>euthyrox</i>	46	<i>fluocinolone acetonide topical</i>	36
<i>everolimus</i>	17	<i>fluocinonide</i>	36
<i>everolimus</i>	49	<i>fluocinonide emulsified base</i>	36
EVOTAZ	24	<i>fluorometholone</i>	54
<i>exemestane</i>	16	<i>fluorouracil</i>	37
EXKIVITY	17	<i>fluoxetine dr</i>	12
<i>ezetimibe</i>	32	<i>fluoxetine hydrochloride</i>	12
<i>ezetimibe/simvastatin</i>	33	<i>fluphenazine decanoate</i>	21
<i>falmina</i>	44	<i>fluphenazine hcl</i>	21
<i>famciclovir</i>	25	<i>fluphenazine hydrochloride</i>	21
<i>famotidine</i>	41	<i>flurazepam hcl</i>	58
FANAPT	21	<i>flurazepam hydrochloride</i>	58
FANAPT TITRATION PACK	21	<i>flurbiprofen</i>	3
FARXIGA	33	<i>flurbiprofen sodium</i>	54
FASENRA	57	<i>flutamide</i>	15
FASENRA PEN	57	<i>fluticasone propionate</i>	36
<i>felbamate</i>	9	<i>fluticasone propionate</i>	55
<i>felodipine er</i>	30	<i>fluticasone propionate diskus</i>	55
<i>fenofibrate</i>	32	<i>fluticasone propionate hfa</i>	55
<i>fenofibrate micronized</i>	32	<i>fluticasone propionate/salmeterol</i>	57
<i>fenofibric acid dr</i>	32	<i>fluticasone propionate/salmeterol diskus</i>	57
<i>fentanyl</i>	3	<i>fluvastatin</i>	32
<i>fentanyl citrate oral transmucosal</i>	4	<i>fluvastatin sodium er</i>	32
FETZIMA	12	<i>fluvoxamine maleate</i>	12
FETZIMA TITRATION PACK	12	FML	54
<i>finasteride</i>	43	<i>folic acid</i>	40
<i>fingolimod hydrochloride</i>	34	<i>fondaparinux sodium</i>	28
FINTEPLA	9	<i>formoterol fumarate</i>	56
<i>finzala</i>	44	<i>fosamprenavir calcium</i>	24
FIRMAGON	47	<i>fosinopril sodium</i>	29
<i>flac</i>	55	<i>fosinopril sodium/hydrochlorothiazide</i>	31
FLAREX	54	FOTIVDA	17
FLEBOGAMMA DIF	47	FRAGMIN	28
<i>flecainide acetate</i>	29	FRUZAQLA	17
FLOLIPID	32	<i>furosemide</i>	32
FLOVENT DISKUS	55	FUZEON	24

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>fyavolv</i>	44	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	52
FYCOMPA	9	<i>granisetron hydrochloride</i>	13
<i>gabapentin</i>	10	<i>griseofulvin microsize</i>	13
<i>galantamine hydrobromide</i>	11	<i>griseofulvin ultramicrosize</i>	13
<i>galantamine hydrobromide er</i>	11	<i>guanfacine hydrochloride er</i>	34
GAMMAGARD LIQUID	48	GVOKE HYPOPEN 1-PACK	27
GAMMAPLEX	48	GVOKE HYPOPEN 2-PACK	27
GARDASIL 9	50	GVOKE KIT	27
<i>gatifloxacin</i>	53	GVOKE PFS	27
<i>gauze pads 2"x2"</i>	52	HAEGARDA	47
<i>gavilyte-c</i>	41	<i>halobetasol propionate</i>	36
<i>gavilyte-g</i>	41	<i>haloette</i>	44
<i>gavilyte-n/flavor pack</i>	41	<i>haloperidol</i>	21
GAVRETO	17	<i>haloperidol decanoate</i>	21
<i>gefitinib</i>	17	<i>haloperidol lactate</i>	21
<i>gemfibrozil</i>	32	HAVRIX	50
GEMTESA	42	<i>heather</i>	46
<i>generlac</i>	40	<i>heparin sodium</i>	28
GENGRAF	49	<i>heparin sodium/d5w</i>	28
GENOTROPIN	44	HEPLISAV-B	50
GENOTROPIN MINIQUICK	44	HIBERIX	50
<i>gentak</i>	53	HIZENTRA	48
<i>gentamicin sulfate</i>	5	HUMALOG	27
<i>gentamicin sulfate</i>	53	HUMALOG JUNIOR KWIKPEN	27
<i>gentamicin sulfate/0.9% sodium chloride</i>	5	HUMALOG KWIKPEN	27
GENVOYA	23	HUMALOG MIX 50/50	27
GILOTRIF	17	HUMALOG MIX 50/50 KWIKPEN	27
<i>glatiramer acetate</i>	34	HUMALOG MIX 75/25	27
GLEOSTINE	15	HUMALOG MIX 75/25 KWIKPEN	27
<i>glimepiride</i>	26	HUMIRA	49
<i>glipizide</i>	26	HUMIRA PEDIATRIC CROHNS	49
<i>glipizide er</i>	26	DISEASE STARTER PACK	
<i>glipizide/metformin hydrochloride</i>	26	HUMIRA PEN	49
GLOPERBA	14	HUMIRA PEN-CD/UC/HS STARTER	49
GLUCAGEN HYPOKIT	27	HUMIRA PEN-PEDIATRIC UC	49
GLUCAGON EMERGENCY KIT	27	STARTER PACK	
GLUCAGON EMERGENCY KIT FOR	27	HUMIRA PEN-PS/UV STARTER	49
LOW BLOOD SUGAR		HUMULIN 70/30	27
<i>glyburide</i>	26	HUMULIN 70/30 KWIKPEN	27
<i>glyburide micronized</i>	26	HUMULIN N	27
<i>glyburide/metformin hydrochloride</i>	26	HUMULIN N KWIKPEN	27
<i>glycopyrrolate</i>	40	HUMULIN R	27
<i>glydo</i>	4	HUMULIN R U-500 (CONCENTRATED)	27
GLYXAMBI	26	HUMULIN R U-500 KWIKPEN	27
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	52	<i>hydralazine hcl</i>	33

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>hydralazine hydrochloride</i>	33	INFANRIX	50
<i>hydrochlorothiazide</i>	32	INGREZZA	34
<i>hydrocodone bitartrate/acetaminophen</i>	4	INLYTA	17
<i>hydrocodone bitartrate/homatropine methylbromide</i>	57	INQOVI	17
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	57	INREBIC	16
<i>hydrocodone/acetaminophen</i>	4	<i>insulin lispro</i>	27
<i>hydrocortisone</i>	36	INTELENCE	23
<i>hydrocortisone</i>	43	INTRALIPID	52
<i>hydrocortisone</i>	51	<i>introvale</i>	45
<i>hydrocortisone butyrate</i>	36	INVEGA HAFYERA	21
<i>hydrocortisone valerate</i>	36	INVEGA SUSTENNA	21
<i>hydrocortisone/acetic acid</i>	55	INVEGA TRINZA	22
<i>hydromorphone hcl</i>	4	IPOL INACTIVATED IPV	50
<i>hydromorphone hcl er</i>	3	<i>ipratropium bromide</i>	56
<i>hydroxychloroquine sulfate</i>	20	<i>ipratropium bromide/albuterol sulfate</i>	57
<i>hydroxyurea</i>	16	<i>irbesartan</i>	29
<i>hydroxyzine hcl</i>	55	<i>irbesartan/hydrochlorothiazide</i>	31
<i>hydroxyzine hydrochloride</i>	56	ISENTRESS	23
<i>hydroxyzine pamoate</i>	56	ISENTRESS HD	23
IBRANCE	16	<i>isoniazid</i>	15
IBRANCE	17	<i>isosorbide dinitrate</i>	33
<i>ibu</i>	3	<i>isosorbide mononitrate</i>	33
<i>ibuprofen</i>	3	<i>isosorbide mononitrate er</i>	33
<i>icatibant acetate</i>	47	<i>isotonic gentamicin</i>	5
<i>iclevia</i>	45	<i>isotretinoin</i>	35
ICLUSIG	17	<i>itraconazole</i>	13
<i>icosapent ethyl</i>	33	<i>ivabradine hydrochloride</i>	31
IDHIFA	17	<i>ivermectin</i>	20
ILEVRO	54	IWILFIN	16
<i>imatinib mesylate</i>	17	IXCHIQ	50
IMBRUVICA	17	IXIARO	50
<i>imipenem/cilastatin</i>	8	JAKAFI	17
<i>imipramine hcl</i>	13	<i>jantoven</i>	28
<i>imipramine hydrochloride</i>	13	JANUMET	26
<i>imiquimod</i>	37	JANUMET XR	26
IMOVAX RABIES (H.D.C.V.)	50	JANUVIA	26
IMPAVIDO	6	JARDIANCE	33
IMVEXXY MAINTENANCE PACK	45	JAYPIRCA	18
IMVEXXY STARTER PACK	45	JENTADUETO	26
INCRELEX	44	JENTADUETO XR	26
INCRUSE ELLIPTA	56	<i>jinteli</i>	45
<i>indapamide</i>	32	<i>joyeaux</i>	45
<i>indomethacin</i>	3	JULUCA	23
		<i>junel 1.5/30</i>	45
		<i>junel 1/20</i>	45

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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



<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>junel fe 1.5/30</i>	45	<i>lamivudine</i>	24
<i>junel fe 1/20</i>	45	<i>lamivudine/zidovudine</i>	24
<i>junel fe 24</i>	45	<i>lamotrigine</i>	9
JYLAMVO	49	<i>lamotrigine er</i>	9
JYNNEOS	50	<i>lamotrigine odt</i>	9
KALYDECO	56	<i>lamotrigine starter kit/blue</i>	9
<i>kariva</i>	45	<i>lamotrigine starter kit/green</i>	9
<i>kcl 0.075%/d5w/nacl 0.45%</i>	38	<i>lamotrigine starter kit/orange</i>	9
<i>kcl 0.15%/d5w/nacl 0.2%</i>	38	<i>lanreotide acetate</i>	47
<i>kcl 0.15%/d5w/nacl 0.45%</i>	38	<i>lansoprazole</i>	41
<i>kcl 0.15%/d5w/nacl 0.9%</i>	38	LANTUS	27
<i>kcl 0.3%/d5w/nacl 0.45%</i>	38	LANTUS SOLOSTAR	27
<i>kcl 0.3%/d5w/nacl 0.9%</i>	38	<i>lapatinib ditosylate</i>	18
<i>kelnor 1/35</i>	45	<i>larin 1.5/30</i>	45
<i>kenalog-10</i>	43	<i>larin 1/20</i>	45
KERENDIA	33	<i>larin fe 1.5/30</i>	45
KESIMPTA	34	<i>larin fe 1/20</i>	45
<i>ketoconazole</i>	14	<i>latanoprost</i>	55
<i>ketorolac tromethamine</i>	54	<i>leflunomide</i>	49
KINRIX	50	<i>lenalidomide</i>	15
KISQALI	18	LENVIMA 10 MG DAILY DOSE	18
KISQALI FEMARA 200 DOSE	16	LENVIMA 12MG DAILY DOSE	18
KISQALI FEMARA 400 DOSE	16	LENVIMA 14 MG DAILY DOSE	18
KISQALI FEMARA 600 DOSE	16	LENVIMA 18 MG DAILY DOSE	18
<i>klayesta</i>	14	LENVIMA 20 MG DAILY DOSE	18
<i>klor-con</i>	38	LENVIMA 24 MG DAILY DOSE	18
<i>klor-con 10</i>	38	LENVIMA 4 MG DAILY DOSE	18
<i>klor-con 8</i>	38	LENVIMA 8 MG DAILY DOSE	18
<i>klor-con m10</i>	39	<i>lessina</i>	45
<i>klor-con m15</i>	39	<i>letrozole</i>	16
<i>klor-con m20</i>	39	<i>leucovorin calcium</i>	16
<i>klor-con/ef</i>	39	LEUKERAN	15
KORLYM	47	<i>leuprolide acetate</i>	47
KOSELUGO	18	<i>levalbuterol</i>	56
<i>kourzeq</i>	35	<i>levalbuterol hcl</i>	56
<i>k-prime</i>	38	<i>levalbuterol hydrochloride</i>	56
KRAZATI	18	LEVEMIR FLEXTOUCH	27
KYNMOBI	20	<i>levetiracetam</i>	9
KYPROLIS	16	<i>levetiracetam er</i>	9
<i>labetalol hydrochloride</i>	30	<i>levobunolol hcl</i>	54
<i>lacosamide</i>	10	<i>levocarnitine</i>	52
<i>lactated ringers</i>	39	<i>levocetirizine dihydrochloride</i>	56
<i>lactulose</i>	40	<i>levofloxacin</i>	8
LAGEVRIO	25	<i>levofloxacin</i>	53
<i>lamivudine</i>	23	<i>levofloxacin in d5w</i>	8

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>levonest</i>	45	LUPRON DEPOT (1-MONTH)	47
<i>levonorgestrel and ethinyl estradiol</i>	45	LUPRON DEPOT (3-MONTH)	47
<i>levonorgestrel/ethinyl estradiol</i>	45	LUPRON DEPOT (4-MONTH)	47
<i>levora 0.15/30-28</i>	45	LUPRON DEPOT (6-MONTH)	47
<i>levo-t</i>	46	<i>lurasidone hydrochloride</i>	22
<i>levothyroxine sodium</i>	46	LYBALVI	22
<i>levoxyl</i>	46	LYNPARZA	18
LEXIVA	24	LYSODREN	16
<i>l-glutamine</i>	42	LYTGOBI	18
LIBERVANT	10	<i>magnesium sulfate</i>	39
<i>lidocaine</i>	4	<i>malathion</i>	37
<i>lidocaine hcl</i>	4	<i>maraviroc</i>	24
<i>lidocaine hcl jelly</i>	4	<i>marlissa</i>	45
<i>lidocaine hydrochloride</i>	4	MARPLAN	12
<i>lidocaine hydrochloride viscous</i>	35	MATULANE	15
<i>lidocaine viscous</i>	35	<i>matzim la</i>	30
<i>lidocaine/prilocaine</i>	4	MAVYRET	23
LILETTA	46	MAYZENT	34
<i>linezolid</i>	6	MAYZENT STARTER PACK	34
LINZESS	40	<i>meclizine hcl</i>	13
<i>liothyronine sodium</i>	46	<i>medroxyprogesterone acetate</i>	46
<i>lisinopril</i>	29	<i>mefloquine hcl</i>	20
<i>lisinopril/hydrochlorothiazide</i>	31	<i>megestrol acetate</i>	46
<i>lithium</i>	26	MEKINIST	18
<i>lithium carbonate</i>	26	MEKTOVI	18
<i>lithium carbonate er</i>	26	<i>meloxicam</i>	3
LIVTENCITY	23	<i>memantine hcl titration pak</i>	11
LOKELMA	40	<i>memantine hydrochloride</i>	11
LONHALA MAGNAIR REFILL KIT	56	<i>memantine hydrochloride er</i>	11
LONHALA MAGNAIR STARTER KIT	56	MENACTRA	50
LONSURF	16	MENQUADFI	50
<i>loperamide hcl</i>	40	MENTAX	37
<i>lopinavir/ritonavir</i>	25	MENVEO	50
<i>lorazepam</i>	25	<i>mercaptopurine</i>	16
<i>lorazepam intensol</i>	25	<i>meropenem</i>	8
LORBRENA	18	<i>mesalamine</i>	51
<i>losartan potassium</i>	29	<i>mesalamine dr</i>	51
<i>losartan potassium/hydrochlorothiazide</i>	31	<i>mesalamine er</i>	51
LOTEMAX	54	MESNEX	20
<i>loteprednol etabonate</i>	54	<i>metformin hydrochloride</i>	26
<i>lovastatin</i>	32	<i>metformin hydrochloride er</i>	26
<i>loxapine</i>	21	<i>methadone hcl</i>	3
<i>lubiprostone</i>	40	<i>methazolamide</i>	54
LUMAKRAS	18	<i>methenamine hippurate</i>	6
LUMIGAN	55	<i>methenamine mandelate</i>	6

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>methimazole</i>	47	<i>mometasone furoate</i>	55
<i>methotrexate</i>	49	<i>mondoxyne nl</i>	9
<i>methotrexate sodium</i>	49	<i>montelukast sodium</i>	56
<i>methsuximide</i>	9	<i>morphine sulfate</i>	4
<i>methylphenidate hydrochloride</i>	34	<i>morphine sulfate er</i>	3
<i>methylphenidate hydrochloride cd</i>	34	<b>MOUNJARO</b>	26
<i>methylphenidate hydrochloride er</i>	34	<b>MOVANTIK</b>	40
<i>methylphenidate hydrochloride er (la)</i>	34	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	8
<i>methylprednisolone</i>	43	<i>moxifloxacin hydrochloride</i>	8
<i>methylprednisolone acetate</i>	43	<i>moxifloxacin hydrochloride</i>	53
<i>methylprednisolone dose pack</i>	43	<b>MOZOBIL</b>	28
<i>metoclopramide hcl</i>	41	<b>MRESVIA</b>	50
<i>metoclopramide hydrochloride</i>	41	<b>MULTAQ</b>	30
<i>metolazone</i>	32	<i>mupirocin</i>	37
<i>metoprolol succinate er</i>	30	<i>mycophenolate mofetil</i>	49
<i>metoprolol tartrate</i>	30	<i>mycophenolic acid dr</i>	49
<i>metoprolol/hydrochlorothiazide</i>	31	<b>MYORISAN</b>	35
<i>metronidazole</i>	6	<b>MYRBETRIQ</b>	42
<i>metronidazole</i>	35	<i>nabumetone</i>	3
<i>metronidazole vaginal</i>	6	<i>nadolol</i>	30
<i>metyrosine</i>	31	<i>nafcillin sodium</i>	7
<i>mexiletine hcl</i>	30	<i>naftifine hcl</i>	14
<i>mibelas 24 fe</i>	45	<i>naftifine hydrochloride</i>	14
<i>micafungin</i>	14	<i>naloxone hcl</i>	5
<i>miconazole 3</i>	14	<i>naloxone hydrochloride</i>	5
<i>microgestin 1.5/30</i>	45	<i>naltrexone hcl</i>	5
<i>microgestin 1/20</i>	45	<b>NAMZARIC</b>	11
<i>microgestin fe 1.5/30</i>	45	<i>naproxen</i>	3
<i>microgestin fe 1/20</i>	45	<i>naproxen dr</i>	3
<i>midodrine hcl</i>	29	<i>naproxen sodium</i>	3
<i>mifepristone</i>	47	<i>naproxen sodium cr</i>	3
<i>miglitol</i>	26	<i>naratriptan hcl</i>	14
<i>miglustat</i>	42	<b>NATACYN</b>	53
<i>minocycline hcl</i>	9	<i>nateglinide</i>	26
<i>minocycline hydrochloride</i>	9	<b>NAYZILAM</b>	9
<i>minoxidil</i>	33	<i>nebivolol hydrochloride</i>	30
<i>mirabegron er</i>	42	<i>necon 0.5/35-28</i>	45
<i>mirtazapine</i>	11	<i>nefazodone hydrochloride</i>	12
<i>mirtazapine odt</i>	11	<i>neomycin sulfate</i>	5
<i>misoprostol</i>	41	<i>neomycin/bacitracin/polymyxin</i>	53
<b>M-M-R II</b>	50	<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	53
<i>modafinil</i>	58	<i>neomycin/polymyxin/dexamethasone</i>	53
<i>moexipril hcl</i>	29	<i>neomycin/polymyxin/gramicidin</i>	53
<i>molindone hydrochloride</i>	21		
<i>mometasone furoate</i>	36		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>neomycin/polymyxin/hc</i>	55	<i>novolog</i>	27
<i>neomycin/polymyxin/hydrocortisone</i>	53	<i>novolog flexpen</i>	27
<i>neomycin/polymyxin/hydrocortisone</i>	55	<i>novolog mix 70/30</i>	27
<i>neo-polycin</i>	53	<i>novolog mix 70/30 prefilled flexpen</i>	27
<i>neo-polycin hc</i>	53	<i>novolog penfill</i>	27
NERLYNX	18	<i>np thyroid 120</i>	46
NEUAC	35	<i>np thyroid 15</i>	46
NEULASTA	28	<i>np thyroid 30</i>	47
NEULASTA ONPRO KIT	28	<i>np thyroid 60</i>	47
<i>nevirapine</i>	23	<i>np thyroid 90</i>	47
<i>nevirapine er</i>	23	NUBEQA	15
NEXPLANON	46	NUEDEXTA	34
<i>niacin er</i>	33	NULOJIX	49
NICOTROL INHALER	5	NUPLAZID	22
NICOTROL NS	5	NURTEC	14
<i>nifedipine er</i>	30	NUTRILIPID	52
<i>nikki</i>	45	NUVESSA	6
<i>nilutamide</i>	15	<i>nyamyc</i>	14
<i>nimodipine</i>	30	<i>nystatin</i>	14
NINLARO	18	<i>nystatin/triamcinolone</i>	37
<i>nitazoxanide</i>	20	<i>nystatin/triamcinolone acetonide</i>	37
<i>nitisinone</i>	42	<i>nystop</i>	14
<i>nitrofurantoin macrocrystals</i>	6	OCTAGAM	48
<i>nitrofurantoin monohydrate/macrocrystals</i>	6	<i>octreotide acetate</i>	47
<i>nitroglycerin</i>	33	ODEFSEY	24
<i>nitroglycerin</i>	41	ODOMZO	18
<i>nitroglycerin transdermal</i>	33	OFEV	57
NIVA THYROID	46	<i>ofloxacin</i>	53
<i>norelgestromin/ethinyl estradiol</i>	45	<i>ofloxacin</i>	55
<i>norethindrone acetate</i>	46	OGSIVEO	16
<i>norethindrone acetate/ethinyl estradiol</i>	45	OJEMDA	16
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	45	OJJAARA	18
<i>nortrel 0.5/35 (28)</i>	45	<i>olanzapine</i>	22
<i>nortrel 1/35</i>	45	<i>olanzapine odt</i>	22
<i>nortrel 7/7/7</i>	45	<i>olmesartan medoxomil</i>	29
<i>nortriptyline hcl</i>	13	<i>olmesartan</i>	31
<i>nortriptyline hydrochloride</i>	13	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NORVIR	25	<i>olmesartan medoxomil/hydrochlorothiazide</i>	31
<i>novolin 70/30</i>	27	<i>olopatadine hcl</i>	53
<i>novolin 70/30 flexpen</i>	27	<i>olopatadine hydrochloride</i>	53
<i>novolin n</i>	27	<i>omega-3-acid ethyl esters</i>	33
<i>novolin n flexpen</i>	27	<i>omeprazole</i>	41
<i>novolin r</i>	27	<i>omeprazole dr</i>	41
<i>novolin r flexpen</i>	27	OMNIPOD 5 G6 INTRO KIT (GEN 5)	52
		OMNIPOD 5 G6 PODS (GEN 5)	52

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
OMNIPOD 5 G7 INTRO KIT (GEN 5)	52	<i>oxcarbazepine</i>	10
OMNIPOD 5 G7 PODS (GEN 5)	52	<i>oxybutynin chloride</i>	42
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	52	<i>oxybutynin chloride er</i>	42
OMNIPOD CLASSIC PODS (GEN 3)	52	<i>oxycodone hydrochloride</i>	4
OMNIPOD DASH INTRO KIT (GEN 4)	52	<i>oxycodone/acetaminophen</i>	4
OMNIPOD DASH PDM KIT (GEN 4)	52	OZEMPIC	26
OMNIPOD DASH PODS (GEN 4)	52	<i>paclitaxel</i>	16
OMNIPOD GO 10 UNITS/DAY	52	<i>paliperidone er</i>	22
OMNIPOD GO 15 UNITS/DAY	52	PANRETIN	20
OMNIPOD GO 20 UNITS/DAY	52	<i>pantoprazole sodium</i>	41
OMNIPOD GO 25 UNITS/DAY	52	<i>paricalcitol</i>	51
OMNIPOD GO 30 UNITS/DAY	52	<i>paroxetine hcl</i>	12
OMNIPOD GO 35 UNITS/DAY	52	<i>paroxetine hydrochloride</i>	12
OMNIPOD GO 40 UNITS/DAY	52	PAXLOVID	25
<i>ondansetron hcl</i>	13	<i>pazopanib hydrochloride</i>	18
<i>ondansetron hydrochloride</i>	13	PEDIARIX	50
<i>ondansetron odt</i>	13	PEDVAX HIB	50
ONUREG	16	<i>peg-3350/electrolytes</i>	41
OPDIVO	19	<i>peg-3350/electrolytes/ascorbate</i>	41
<i>opium</i>	41	<i>peg-3350/nacl/na bicarbonate/kcl</i>	41
<i>opium tincture</i>	41	<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	41
OPSUMIT	57	PEGASYS	48
OPVEE	5	PEGASYS	49
<i>oralone dental paste</i>	35	PEMAZYRE	18
ORENCIA	48	PENBRAYA	50
ORENCIA CLICKJECT	48	<i>penicillamine</i>	40
ORENITRAM	57	<i>penicillin g potassium</i>	8
ORENITRAM TITRATION KIT MONTH 1	57	<i>penicillin g potassium in iso-osmotic dextrose</i>	8
ORENITRAM TITRATION KIT MONTH 2	57	<i>penicillin g sodium</i>	8
ORENITRAM TITRATION KIT MONTH 3	57	<i>penicillin v potassium</i>	8
ORGOVYX	47	PENTACEL	50
ORKAMBI	56	<i>pentamidine isethionate</i>	20
ORSERDU	16	<i>pentoxifylline er</i>	31
<i>oseltamivir phosphate</i>	25	<i>perindopril erbumine</i>	29
OSMOPREP	40	<i>perio gard</i>	35
OSPHENA	46	<i>permethrin</i>	37
OTEZLA	37	<i>perphenazine</i>	21
OTEZLA	48	PERSERIS	22
<i>oxacillin sodium</i>	7	<i>phenelzine sulfate</i>	12
<i>oxaprozin</i>	3	<i>phenobarbital</i>	10
<i>oxazepam</i>	25	<i>phenytek</i>	11
		<i>phenytoin</i>	11
		<i>phenytoin sodium extended</i>	11

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
PHOSPHOLINE IODIDE	54	<i>prednisone</i>	43
PIFELTRO	24	<i>pregabalin</i>	10
<i>pilocarpine hcl</i>	54	PREHEVBRIO	50
<i>pilocarpine hydrochloride</i>	35	PREMARIN	45
<i>pimecrolimus</i>	36	PREMASOL	39
<i>pimozide</i>	21	<i>premium lidocaine</i>	5
<i>pindolol</i>	30	PREMPHASE	45
<i>pioglitazone hcl</i>	26	<i>prenatal</i>	40
<i>pioglitazone hcl/metformin hcl</i>	26	<i>prevalite</i>	33
<i>pioglitazone hcl-glimepiride</i>	26	PREVYMIS	23
<i>pioglitazone hydrochloride</i>	26	PREZCOBIX	25
<i>piperacillin sodium/tazobactam sodium</i>	8	PREZISTA	25
PIQRAY 200MG DAILY DOSE	18	PRIFTIN	15
PIQRAY 250MG DAILY DOSE	18	<i>primaquine phosphate</i>	20
PIQRAY 300MG DAILY DOSE	18	<i>primidone</i>	10
<i>pirfenidone</i>	57	PRIORIX	50
<i>piroxicam</i>	3	PRIVIGEN	48
<i>pitavastatin calcium</i>	32	PROAIR RESPICLICK	56
PLEGRIDY	34	<i>probenecid</i>	14
PLEGRIDY STARTER PACK	34	<i>probenecid/colchicine</i>	14
PLENAMINE	39	<i>prochlorperazine</i>	13
<i>plerixafor</i>	28	<i>prochlorperazine edisylate</i>	13
<i>podofilox</i>	37	<i>prochlorperazine maleate</i>	13
<i>polycin</i>	53	PROCRIT	28
<i>polymyxin b sulfate/trimethoprim sulfate</i>	53	PROCTOFOAM HC	37
POMALYST	15	<i>procto-med hc</i>	51
<i>portia-28</i>	45	<i>proctosol hc</i>	51
<i>posaconazole</i>	14	<i>proctozone-hc</i>	51
<i>posaconazole dr</i>	14	<i>progesterone</i>	46
<i>potassium chloride</i>	39	PROGRAF	49
<i>potassium chloride er</i>	39	PROLASTIN-C	42
<i>potassium chloride/dextrose/sodium chloride</i>	39	PROLENSA	54
<i>potassium citrate er</i>	39	PROLIA	51
PRALUENT	33	PROMACTA	28
<i>pramipexole dihydrochloride</i>	20	<i>promethazine hcl</i>	13
<i>prasugrel hydrochloride</i>	29	<i>promethazine hydrochloride</i>	13
<i>pravastatin sodium</i>	32	<i>promethazine hydrochloride plain</i>	13
<i>praziquantel</i>	20	<i>promethazine vc/codeine</i>	58
<i>prazosin hydrochloride</i>	29	<i>promethazine/codeine</i>	58
<i>prednicarbate</i>	37	<i>promethazine/phenylephrine/codeine</i>	58
<i>prednisolone</i>	43	<i>propafenone hcl</i>	30
<i>prednisolone acetate</i>	54	<i>propafenone hydrochloride er</i>	30
<i>prednisolone sodium phosphate</i>	43	<i>propranolol hcl</i>	30
<i>prednisolone sodium phosphate</i>	54	<i>propranolol hcl er</i>	30
		<i>propranolol hydrochloride</i>	30

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>propranolol hydrochloride er</i>	30	RETEVMO	18
<i>propylthiouracil</i>	47	REVCIVI	42
PROQUAD	50	REVLIMID	15
PROSOL	39	REXULTI	22
<i>protriptyline hcl</i>	13	REYATAZ	25
PULMOZYME	56	REZLIDHIA	18
PURIXAN	16	REZUROCK	49
<i>pyrazinamide</i>	15	RHOPRESSA	54
<i>pyridostigmine bromide</i>	15	<i>ribavirin</i>	23
<i>pyridostigmine bromide er</i>	15	<i>rifabutin</i>	15
<i>pyrimethamine</i>	20	<i>rifampin</i>	15
PYRUKYND	42	<i>riluzole</i>	34
PYRUKYND TAPER PACK	42	<i>rimantadine hydrochloride</i>	25
QINLOCK	18	RINVOQ	48
QUADRACEL	50	RINVOQ LQ	48
<i>quetiapine fumarate</i>	22	<i>risedronate sodium</i>	51
<i>quinapril hydrochloride</i>	29	<i>risedronate sodium dr</i>	51
<i>quinapril/hydrochlorothiazide</i>	31	RISPERDAL CONSTA	22
<i>quinidine gluconate cr</i>	30	<i>risperidone</i>	22
<i>quinidine sulfate</i>	30	<i>risperidone er</i>	22
<i>quinine sulfate</i>	20	<i>risperidone odt</i>	22
QVAR REDIHALER	55	<i>ritonavir</i>	25
RABAVERT	50	<i>rivastigmine tartrate</i>	11
<i>rabeprazole sodium</i>	41	<i>rivastigmine transdermal system</i>	11
RADICAVA ORS	34	<i>rizatriptan benzoate</i>	14
<i>raloxifene hydrochloride</i>	46	<i>rizatriptan benzoate odt</i>	14
<i>ramelteon</i>	58	ROCKLATAN	53
<i>ramipril</i>	29	<i>roflumilast</i>	56
<i>ranolazine er</i>	31	<i>ropinirole er</i>	20
<i>rasagiline mesylate</i>	21	<i>ropinirole hcl</i>	20
RAYALDEE	51	<i>ropinirole hydrochloride</i>	20
REBIF	34	<i>rosadan</i>	35
REBIF REBIDOSE	35	<i>rosuvastatin calcium</i>	32
REBIF REBIDOSE TITRATION PACK	35	ROTARIX	50
REBIF TITRATION PACK	35	ROTATEQ	50
RECOMBIVAX HB	50	<i>roweepira</i>	9
RECTIV	41	ROZLYTREK	18
RELENZA DISKHALER	25	RUBRACA	18
<i>repaglinide</i>	26	<i>rufinamide</i>	11
REPATHA	33	RUKOBIA	24
REPATHA PUSHTRONEX SYSTEM	33	RYBELSUS	26
REPATHA SURECLICK	33	RYDAPT	18
RESTASIS	53	<i>salsalate</i>	3
RESTASIS MULTIDOSE	53	SANTYL	37
RETACRIT	28	<i>sapropterin dihydrochloride</i>	42

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
SAVELLA	34	SOMAVERT	47
SAVELLA TITRATION PACK	34	<i>sorafenib</i>	19
<i>saxagliptin hydrochloride</i>	26	<i>sorafenib tosylate</i>	19
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	26	<i>sorine</i>	30
SCSEMBLIX	18	<i>sotalol hcl</i>	30
<i>scopolamine</i>	13	<i>sotalol hydrochloride (af)</i>	30
SECUADO	22	SPIRIVA RESPIMAT	56
<i>selegiline hcl</i>	21	<i>spironolactone</i>	33
<i>selenium sulfide</i>	37	<i>spironolactone/hydrochlorothiazide</i>	31
SELZENTRY	24	SPRITAM	9
SEREVENT DISKUS	56	SPRYCEL	19
<i>sertraline hcl</i>	12	<i>sps</i>	40
<i>sertraline hydrochloride</i>	12	<i>ssd</i>	37
<i>sevelamer carbonate</i>	40	STAMARIL	50
<i>sf 5000 plus</i>	35	STELARA	48
<i>sharobel</i>	46	<i>sterile water for irrigation</i>	52
SHINGRIX	50	STIOLTO RESPIMAT	58
SIGNIFOR	47	STIVARGA	19
<i>sildenafil</i>	43	<i>streptomycin sulfate</i>	6
<i>sildenafil citrate</i>	43	STRIBILD	23
<i>sildenafil citrate</i>	57	STRIVERDI RESPIMAT	56
<i>silver sulfadiazine</i>	37	<i>subvenite</i>	9
SIMBRINZA	53	<i>subvenite starter kit/blue</i>	9
<i>simvastatin</i>	32	<i>subvenite starter kit/green</i>	9
<i>sirolimus</i>	49	<i>subvenite starter kit/orange</i>	9
SIRTURO	15	SUCRAID	42
SKYRIZI	48	<i>sucralfate</i>	41
SKYRIZI PEN	48	<i>sulfacetamide sodium</i>	8
<i>sodium chloride</i>	39	<i>sulfacetamide sodium</i>	53
<i>sodium chloride 0.45%</i>	39	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	53
<i>sodium chloride 0.9%</i>	52	<i>sulfadiazine</i>	8
<i>sodium fluoride 1.1</i>	35	<i>sulfamethoxazole/trimethoprim</i>	8
<i>sodium fluoride 5000 plus</i>	35	<i>sulfamethoxazole/trimethoprim ds</i>	8
<i>sodium fluoride 5000 ppm</i>	35	SULFAMYLON	37
<i>sodium oxybate</i>	58	<i>sulfasalazine</i>	51
<i>sodium phenylbutyrate</i>	42	<i>sulindac</i>	3
<i>sodium polystyrene sulfonate</i>	40	<i>sumatriptan</i>	15
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	41	<i>sumatriptan succinate</i>	15
<i>sofosbuvir/velpatasvir</i>	23	<i>sumatriptan succinate refill</i>	15
<i>solifenacin succinate</i>	42	<i>sunitinib malate</i>	19
SOLTAMOX	16	SUNLENCA	24
SOLU-CORTEF	43	SYMLINPEN 120	26
SOMATULINE DEPOT	47	SYMLINPEN 60	26
		SYMPAZAN	10

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
SYMTUZA	25	testosterone	44
SYNAREL	47	testosterone cypionate	44
SYNJARDY	26	testosterone enanthate	44
SYNJARDY XR	26	testosterone pump	44
SYNRIBO	16	tetrabenazine	34
SYNTHROID	47	tetracycline hydrochloride	9
TABLOID	16	THALOMID	15
TABRECTA	19	theophylline	57
tacrolimus	37	theophylline er	56
tacrolimus	49	thioridazine hcl	21
tadalafil	43	thiothixene	21
tadalafil	57	THYROID	47
TAFINLAR	19	tiadylt er	31
tafluprost	55	tiagabine hydrochloride	10
TAGRISO	19	TIBSOVO	19
TALZENNA	19	TICOVAC	50
tamoxifen citrate	16	tigecycline	6
tamsulosin hydrochloride	43	timolol maleate	14
tarina fe 1/20 eq	45	timolol maleate	54
TASIGNA	19	timolol maleate ophthalmic gel forming	54
tasimelteon	58	tinidazole	6
TAVNEOS	48	tiopronin dr	43
taysofy	46	TIVICAY	23
tazarotene	35	TIVICAY PD	23
tazicef	7	tizanidine hcl	22
taztia xt	31	tizanidine hydrochloride	22
TAZVERIK	19	TOBI PODHALER	56
TDVAX	50	TOBRADEX ST	53
techlite insulin syringe u-100/0.5ml/30g x 1/2"	52	tobramycin	53
TEFLARO	7	tobramycin sulfate	6
TEKTURN HCT	31	tobramycin/dexamethasone	53
telmisartan	29	tolterodine tartrate	42
telmisartan/amlodipine	31	tolterodine tartrate er	42
telmisartan/hydrochlorothiazide	31	topiramate	9
temazepam	58	toremifene citrate	16
TENIVAC	50	toremide	32
tenofovir disoproxil fumarate	24	TOUJEO MAX SOLOSTAR	27
TEPMETKO	19	TOUJEO SOLOSTAR	27
terazosin hcl	43	TRACLEER	57
terazosin hydrochloride	43	TRADJENTA	26
terbinafine hcl	14	tramadol hydrochloride	4
terconazole	14	tramadol hydrochloride er	3
teriflunomide	35	tramadol hydrochloride/acetaminophen	4
teriparatide	51	trandolapril	29
		trandolapril/verapamil hcl er	31

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>tranexamic acid</i>	28	<i>turqoz</i>	46
<i>tranlycypromine sulfate</i>	12	TWINRIX	51
TRAVASOL	39	TYBOST	24
<i>travoprost</i>	55	TYPHIM VI	51
<i>trazodone hydrochloride</i>	12	TYRVAYA	5
TRECTOR	15	UBRELVY	14
TRELEGY ELLIPTA	58	UDENYCA	28
TRESIBA	27	UDENYCA ONBODY	28
TRESIBA FLEXTOUCH	28	<i>unithroid</i>	47
<i>tretinoin</i>	20	<i>ursodiol</i>	41
<i>tretinoin</i>	36	<i>valacyclovir hydrochloride</i>	25
<i>tretinoin microsphere</i>	36	VALCHLOR	15
TREXALL	49	<i>valganciclovir</i>	23
<i>triamcinolone acetonide</i>	37	<i>valganciclovir hydrochloride</i>	23
<i>triamcinolone acetonide</i>	43	<i>valproic acid</i>	9
<i>triamcinolone acetonide dental paste</i>	35	<i>valsartan</i>	29
<i>triamterene</i>	32	<i>valsartan/hydrochlorothiazide</i>	32
<i>triamterene/hydrochlorothiazide</i>	32	VALTOCO 10 MG DOSE	10
<i>triazolam</i>	58	VALTOCO 15 MG DOSE	10
<i>trientine hydrochloride</i>	40	VALTOCO 20 MG DOSE	10
<i>trifluoperazine hcl</i>	21	VALTOCO 5 MG DOSE	10
<i>trifluoperazine hydrochloride</i>	21	<i>vancomycin</i>	6
<i>trifluridine</i>	54	<i>vancomycin hcl</i>	6
<i>trihexyphenidyl hcl</i>	20	<i>vancomycin hydrochloride</i>	6
<i>trihexyphenidyl hydrochloride</i>	20	VANFLYTA	19
<i>trimethoprim</i>	6	VAQTA	51
<i>trimipramine maleate</i>	13	<i>varденаfil hydrochloride</i>	43
TRINTELLIX	12	<i>varденаfil hydrochloride odt</i>	43
<i>tri-sprintec</i>	46	<i>varenicline starting month box</i>	5
TRITOCIN	37	<i>varenicline tartrate</i>	5
TRIUMEQ	24	VARIVAX	51
TRIUMEQ PD	24	<i>velivet</i>	46
<i>trivora-28</i>	46	VELPHORO	40
TRIZIVIR	24	VEMLIDY	23
TROPHAMINE	39	VENCLEXTA	19
<i>tropium chloride</i>	42	VENCLEXTA STARTING PACK	19
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	52	<i>venlafaxine hcl er</i>	12
<i>trueplus pen needles 29gx12mm</i>	52	<i>venlafaxine hydrochloride</i>	12
TRULICITY	26	<i>venlafaxine hydrochloride er</i>	12
TRUMENBA	51	VENTAVIS	57
TRUQAP	19	VEOZAH	34
TRUSELTIQ	16	<i>verapamil hcl</i>	31
TUKYSA	19	<i>verapamil hcl er</i>	31
TURALIO	19	<i>verapamil hcl sr</i>	31
		<i>verapamil hydrochloride</i>	31

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>verapamil hydrochloride er</i>	31	XPOVIO 80 MG TWICE WEEKLY	19
VERQUVO	33	XTANDI	15
VERSACLOZ	22	<i>xulane</i>	46
VERZENIO	19	<i>yargesa</i>	42
VIBRAMYCIN	9	YERVOY	19
<i>vigabatrin</i>	10	YF-VAX	51
<i>vigadrone</i>	10	<i>yuvafem</i>	46
<i>vigpoder</i>	10	<i>zafemy</i>	46
VIIBRYD STARTER PACK	12	<i>zafirlukast</i>	56
<i>vilazodone hydrochloride</i>	12	<i>zaleplon</i>	58
VIRACEPT	25	ZARXIO	28
VIREAD	24	ZEJULA	19
<i>vitamin d</i>	40	ZELBORAF	19
VITRAKVI	19	ZENATANE	36
VIVITROL	5	ZENPEP	42
VIZIMPRO	19	ZEPOSIA	35
VONJO	16	ZEPOSIA 7-DAY STARTER PACK	35
<i>voriconazole</i>	14	ZEPOSIA STARTER KIT	35
VOSEVI	23	<i>zidovudine</i>	24
VOWST	41	<i>ziprasidone hcl</i>	22
VRAYLAR	22	<i>ziprasidone mesylate</i>	22
VUMERITY	35	ZIRGAN	54
<i>vyfemla</i>	46	<i>zoledronic acid</i>	51
VYZULTA	55	ZOLINZA	16
<i>warfarin sodium</i>	28	<i>zolpidem tartrate</i>	58
WELIREG	42	ZONISADE	11
<i>wixela inhub</i>	58	<i>zonisamide</i>	11
XALKORI	19	ZOSYN	8
XARELTO	28	<i>zovia 1/35</i>	46
XARELTO STARTER PACK	28	ZTALMY	10
XATMEP	49	ZURZUVAE	11
XCOPRI	11	ZYDELIG	19
XDEMVI	54	ZYKADIA	19
XELJANZ	48	ZYPREXA RELPREVV	22
XELJANZ XR	48		
XERMELO	40		
XGEVA	51		
XIFAXAN	41		
XIGDUO XR	26		
XIIDRA	53		
XOFLUZA	25		
XOLAIR	48		
XOSPATA	19		
XPOVIO	19		
XPOVIO 60 MG TWICE WEEKLY	19		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025  
Last Updated: 08/19/2024

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## 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية بمساعدتك.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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 08/19/2024. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit [www.thpmp.org](http://www.thpmp.org).



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Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).