

2025

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**Part B Credit**

## **Core Comprehensive Formulary**

(List of Covered Drugs or “Drug List”)

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

This formulary was updated on May 1, 2025. For more recent information or other questions, please contact us, Medicare Plus Blue PPO Customer Service, at 1-877-241-2583 (TTY users should call 711), Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

When visiting your doctor(s), please bring your personal drug list and this 2025 Blue Cross Drug List with you.

Updated: 05/01/2025  
Formulary 25351

[www.bcbsm.com/medicare](http://www.bcbsm.com/medicare)

**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 Blue Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means Medicare Plus Blue PPO.

This document includes a Drug List (formulary) for our plan which is current as of May 1, 2025. 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 Medicare Plus Blue PPO Core 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 Medicare Plus Blue PPO 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. Medicare Plus Blue PPO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Plus Blue PPO network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by Medicare Plus Blue PPO, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## 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: <https://www.bcbsm.com/medicare/resources/for-ms-documents/drug-lists/>.

**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 Medicare Plus Blue PPO 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 31-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 Medicare Plus Blue PPO 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 May 1, 2025. To get updated information about the drugs covered by Medicare Plus Blue PPO, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

## **How do I use the Formulary?**

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 57. 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?**

Medicare Plus Blue PPO 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. 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:** Medicare Plus Blue PPO requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Plus Blue PPO before you fill your prescriptions. If you don't get approval, Medicare Plus Blue PPO may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Plus Blue PPO limits the amount of the drug that Medicare Plus Blue PPO will cover. For example, Medicare Plus Blue PPO provides 31 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Plus Blue PPO 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, Medicare Plus Blue PPO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Plus Blue PPO will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 Medicare Plus Blue PPO 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 Medicare Plus Blue PPO Formulary?" on page iii 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 Customer Service and ask if your drug is covered.

If you learn that Medicare Plus Blue PPO does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medicare Plus Blue PPO. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Medicare Plus Blue PPO.
- You can ask Medicare Plus Blue PPO 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 Medicare Plus Blue PPO formulary?

You can ask Medicare Plus Blue PPO 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 (Tier 4) 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, Medicare Plus Blue PPO 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. If approved, this would lower the amount you must pay for your drug.

Generally, Medicare Plus Blue PPO 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 108 days you are a member of our plan.

If you are a new member in the plan, for each of your drugs that is not on our formulary or has coverage restrictions, we will cover a temporary 31-day supply. If you were in the plan last year and your drug is no longer on our formulary or is now restricted in some way, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 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 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at

**[www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage](http://www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage).**

We will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

### **For more information**

For more detailed information about your Medicare Plus Blue PPO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Medicare Plus Blue PPO, 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)**.

## Medicare Plus Blue PPO Core Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medicare Plus Blue PPO. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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., *pioglitazone*).

The information in the Requirements/Limits column tells you if Medicare Plus Blue PPO has any special requirements for coverage of your drug.

**Medicare Plus Blue PPO  
Drug Tier Costs  
(Up to a 31-day supply)**

Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
<b>Tier 1</b>	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details.			
<b>Tier 2</b>	Generic				
<b>Tier 3</b>	Preferred Brand				
<b>Tier 4</b>	Non-Preferred Drug				
<b>Tier 5</b>	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details.			

**Medicare Plus Blue PPO  
Drug Tier Costs  
(32- to 90-day supply\*)**

Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Mail-order cost sharing
<b>Tier 1</b>	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details.		
<b>Tier 2</b>	Generic			
<b>Tier 3</b>	Preferred Brand			
<b>Tier 4</b>	Non-Preferred Drug			
<b>Tier 5</b>	Specialty Tier	90-day supply is not available.		

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

\*Most pharmacies will fill a 90-day supply of most medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.



## Drug Notes Code Definitions

Symbol	Definition
<b>B/D</b>	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<b>NDS</b>	Non-extended Day Supply. Most opioid analgesics are available for up to a 31-day supply and benzodiazepines are available for up to a 30-day supply through retail and mail.
<b>OVM</b>	Oncology Value Management. Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your physician is required to submit more information to determine coverage.
<b>PA</b>	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
<b>QL</b>	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
<b>ST</b>	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib capsule 200mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	3	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	3	QL(540 EA per 90 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium solution 1.5%</i>	4	QL(600 ML per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	2	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	
<i>meloxicam tablet</i>	2	
<i>nabumetone tablet</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
<b>Opioid Analgesics, Long-acting</b>		
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(15 EA per 30 days); NDS
METHADONE HCL SOLUTION 10MG/5ML	3	QL(1860 ML per 31 days); NDS
METHADONE HCL SOLUTION 5MG/5ML	3	QL(3720 ML per 31 days); NDS
<i>methadone hcl tablet 10mg</i>	3	QL(372 EA per 31 days); NDS
<i>methadone hcl tablet 5mg</i>	3	QL(496 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 15mg</i>	3	QL(93 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(31 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 100mg, 30mg, 60mg</i>	4	QL(93 EA per 31 days); NDS
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	4	QL(31 EA per 31 days); NDS
<i>tramadol hydrochloride er</i>	3	QL(31 EA per 31 days); NDS
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	3	QL(186 EA per 31 days); NDS
ACETAMINOPHEN/CODEINE SOLUTION	3	QL(5167 ML per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	3	QL(186 EA per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	3	QL(372 EA per 31 days); NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(124 EA per 31 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(124 EA per 31 days); PA; NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL(155 EA per 31 days); NDS
<b>HYDROMORPHONE HCL INJECTION 4MG/ML</b>	4	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 8mg</i>	3	QL(248 EA per 31 days); NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate tablet</i>	3	QL(186 EA per 31 days); NDS
<i>morphine sulfate solution 20mg/5ml</i>	3	QL(1550 ML per 31 days); NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	QL(3100 ML per 31 days); NDS
<i>morphine sulfate solution 100mg/5ml</i>	3	QL(930 ML per 31 days); NDS
<i>oxycodone hydrochloride tablet</i>	3	QL(372 EA per 31 days); NDS
<i>oxycodone hydrochloride solution</i>	4	QL(1860 ML per 31 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(248 EA per 31 days); NDS
<b>Anesthetics</b>		
<i>Local Anesthetics</i>		
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	4	
<i>naltrexone hydrochloride tablet</i>	3	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl</i>	2	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	3	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL(270 EA per 90 days)
<i>Opioid Reversal Agents</i>		
<b>KLOXXADO</b>	3	QL(12 EA per 90 days)
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<b>NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML</b>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	4	
<i>varenicline tartrate</i>	4	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE	5	PA
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
<b>Antibacterials, Other</b>		
<i>aztreonam injection 1gm</i>	4	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	3	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
IMPAVIDO	5	QL(84 EA per 28 days)
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)

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You can find information on 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>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(720 EA per 90 days)
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	4	
<b>Beta-lactam, Cephalosporins</b>		
CEFACLOR CAPSULE	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime capsule</i>	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil tablet</i>	4	
CEFTAZIDIME INJECTION 6GM	4	
<i>ceftazidime injection 1gm, 2gm</i>	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	3	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 1GM	4	

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<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
<b>Beta-lactam, Penicillins</b>		
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium tablet</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium injection 10gm, 1gm</i>	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
<i>penicillin v potassium tablet</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<b>Carbapenems</b>		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
<b>Macrolides</b>		
AZITHROMYCIN PACKET	3	
<i>azithromycin tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>clarithromycin er</i>	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
<i>clarithromycin tablet</i>	3	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
DIFICID TABLET	5	QL(20 EA per 10 days)
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
<i>erythromycin base tablet</i>	4	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	4	
<b>Quinolones</b>		
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
CIPROFLOXACIN I.V.-IN D5W INJECTION 200MG/100ML; 5%	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin tablet</i>	2	
<i>levofloxacin injection, oral solution</i>	4	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium lotion 10%</i>	4	
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	2	
<b>Tetracyclines</b>		
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate tablet 100mg</i>	3	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	3	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	5	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine odt</i>	4	
<i>lamotrigine tablet</i>	2	
<i>lamotrigine tablet chewable</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	3	
NAYZILAM	4	QL(10 EA per 30 days); PA; NDS
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
<i>subvenite</i>	2	
<i>topiramate tablet</i>	2	
<i>topiramate capsule sprinkle</i>	3	
<i>valproic acid</i>	3	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide</i>	4	
<i>methsuximide</i>	3	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam suspension</i>	4	QL(480 ML per 30 days); PA; NDS
<i>clobazam tablet</i>	4	QL(60 EA per 30 days); PA; NDS
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(120 EA per 30 days); NDS
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days); NDS
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(120 EA per 30 days); NDS
<i>clonazepam tablet 2mg</i>	2	QL(300 EA per 30 days); NDS
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	QL(5 EA per 30 days); NDS
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	QL(5 EA per 30 days); NDS
<i>divalproex sodium dr tablet delayed release</i>	3	
<i>divalproex sodium dr capsule delayed release sprinkle</i>	4	
<i>divalproex sodium er</i>	4	
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin solution</i>	3	QL(6480 ML per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA; NDS

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<i>phenobarbital elixir 20mg/5ml</i>	3	QL(4500 ML per 90 days); PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL(360 EA per 90 days); PA
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA; NDS
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA; NDS
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
<i>vigabatrin</i>	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML per 31 days); PA
<b>Sodium Channel Agents</b>		
APTIOM	5	QL(62 EA per 31 days); PA
<i>carbamazepine er</i>	4	
<i>carbamazepine suspension, tablet</i>	4	
<i>carbamazepine tablet chewable 100mg</i>	4	
CEREBYX INJECTION 500MG PE/10ML	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin suspension</i>	2	
<i>phenytoin tablet chewable</i>	3	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(168 EA per 84 days); PA; 250MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA; 12.5MG-25MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 150MG-200MG

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 50MG-100MG
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 350MG DAILY DOSE
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	3	
<b>Antidementia Agents</b>		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	2	
<i>memantine/donepezil hydrochloride er</i>	3	
NAMZARIC	3	
<b>Cholinesterase Inhibitors</b>		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating 10mg</i>	3	QL(180 EA per 90 days)
<i>donepezil hcl tablet disintegrating 5mg</i>	3	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	3	QL(90 EA per 90 days)
<i>galantamine hydrobromide tablet</i>	3	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	4	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	4	QL(270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl titration pak</i>	3	QL(49 EA per 28 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride tablet</i>	3	QL(180 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	4	QL(1080 ML per 90 days); PA
<b>Antidepressants</b>		
<i>Antidepressants, Other</i>		
AUVELITY	5	QL(62 EA per 31 days); PA
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL(180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	3	QL(90 EA per 90 days)
<i>bupropion hydrochloride tablet</i>	3	QL(540 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	3	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(90 EA per 90 days)
<i>mirtazapine tablet 15mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine tablet 30mg, 45mg</i>	2	QL(90 EA per 90 days)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA

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ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
<i>tranylcypromine sulfate</i>	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide solution</i>	3	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	2	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	2	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	2	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	4	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	3	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	3	QL(270 EA per 90 days)
<i>escitalopram oxalate solution</i>	4	QL(1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL(90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL(28 EA per 28 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL(180 EA per 90 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL(90 EA per 90 days); PA
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL(180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL(720 EA per 90 days)
<i>fluoxetine hydrochloride solution</i>	4	QL(1800 ML per 90 days)
<i>fluoxetine hydrochloride tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>fluvoxamine maleate</i>	3	
NEFAZODONE HYDROCHLORIDE	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL(180 EA per 90 days); PA

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<i>paroxetine hydrochloride suspension</i>	4	QL(2700 ML per 90 days); PA
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL(270 EA per 90 days); PA
<b>RALDESY</b>	4	QL(1200 ML per 30 days); PA
<i>sertraline hcl concentrate</i>	4	
<i>sertraline hcl tablet 50mg</i>	2	QL(360 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	2	QL(180 EA per 90 days)
<i>sertraline hydrochloride tablet 25mg</i>	2	QL(720 EA per 90 days)
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
<b>TRINTELLIX TABLET 10MG</b>	4	QL(180 EA per 90 days); ST
<b>TRINTELLIX TABLET 5MG</b>	4	QL(360 EA per 90 days); ST
<b>TRINTELLIX TABLET 20MG</b>	4	QL(90 EA per 90 days); ST
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(270 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(540 EA per 90 days)
<i>vilazodone hydrochloride</i>	4	QL(90 EA per 90 days)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	PA
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	PA
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	PA
<i>doxepin hcl concentrate</i>	3	PA
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA
<i>imipramine hcl tablet 25mg, 50mg</i>	3	PA
<i>imipramine hydrochloride tablet 10mg</i>	3	PA
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	PA
<i>nortriptyline hcl solution</i>	4	PA
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	PA
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	4	PA
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	PA
<i>prochlorperazine maleate tablet</i>	2	PA
<i>prochlorperazine suppository 25mg</i>	4	PA
<i>promethazine hydrochloride tablet</i>	2	PA
<i>scopolamine</i>	4	QL(30 EA per 90 days)

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<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant capsule 0, 80mg</i>	4	B/D
<i>aprepitant capsule 40mg</i>	4	QL(12 EA per 90 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(6 EA per 90 days); B/D
<i>dronabinol</i>	4	B/D
<i>granisetron hydrochloride tablet</i>	3	B/D
<i>ondansetron hcl solution</i>	4	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>casprofungin acetate</i>	4	
<i>clotrimazole cream, troche</i>	3	
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole suspension reconstituted</i>	3	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 100mg, 200mg, 50mg</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole shampoo</i>	2	QL(360 ML per 90 days)
<i>ketoconazole cream</i>	3	QL(270 GM per 90 days)
<i>klayesta</i>	4	QL(180 GM per 90 days)
<i>nyamyc</i>	4	QL(180 GM per 90 days)
<i>nystatin cream, ointment</i>	2	
<i>nystatin suspension</i>	3	
<i>nystatin tablet</i>	4	
<i>nystatin powder</i>	4	QL(180 GM per 90 days)
<i>nystop</i>	4	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days); PA
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole cream</i>	3	
<i>terconazole suppository</i>	4	
<i>voriconazole tablet</i>	4	PA
<i>voriconazole injection, suspension reconstituted</i>	5	PA
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>febuxostat</i>	3	QL(90 EA per 90 days); ST
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	
<b>Antimigraine Agents</b>		
<b><i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i></b>		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(5 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA TABLET 30MG	5	QL(180 EA per 90 days); PA
QULIPTA TABLET 10MG	5	QL(540 EA per 90 days); PA
QULIPTA TABLET 60MG	5	QL(90 EA per 90 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<b><i>Ergot Alkaloids</i></b>		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
<b><i>Serotonin (5-HT) Receptor Agonist</i></b>		
<i>naratriptan hcl tablet 2.5mg</i>	3	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	3	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	3	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	QL(27 ML per 90 days)
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<b>Antimyasthenic Agents</b>		
<b><i>Parasympathomimetics</i></b>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<b><i>Antituberculars</i></b>		
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tablet</i>	2	
PRIFTIN	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
<b>Antineoplastics</b>		
<b><i>Alkylating Agents</i></b>		
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA; OVM
ZEPZELCA	5	PA
<b><i>Antiandrogens</i></b>		
<i>abiraterone acetate tablet 250mg</i>	4	
<i>abirtega</i>	4	
<i>bicalutamide</i>	3	
ERLEADA	5	PA; OVM
EULEXIN	5	PA; OVM
<i>nilutamide</i>	5	
NUBEQA	5	PA; OVM
XTANDI	5	PA; OVM
<b><i>Antiangiogenic Agents</i></b>		
<i>lenalidomide</i>	5	PA
POMALYST	5	PA; OVM
THALOMID	5	PA; OVM
<b><i>Antiestrogens/Modifiers</i></b>		
EMCYT	5	
ORSERDU	5	PA; OVM
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<b><i>Antimetabolites</i></b>		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	4	
<i>mercaptopurine suspension</i>	5	
PURIXAN	5	
TABLOID	5	PA; OVM
<b><i>Antineoplastics, Other</i></b>		
AKEEGA	5	PA; OVM
INREBIC	5	PA; OVM
ITOVEBI	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
IWILFIN	5	PA; OVM
KISQALI FEMARA 200 DOSE	5	PA; OVM
KISQALI FEMARA 400 DOSE	5	PA; OVM
KISQALI FEMARA 600 DOSE	5	PA; OVM
LAZCLUZE	5	PA; OVM
<i>leucovorin calcium tablet</i>	3	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA; OVM
LYSODREN	3	
OGSIVEO	5	PA; OVM
OJEMDA	5	PA; OVM
ONUREG	5	PA; OVM
REVUFORJ	5	PA; OVM
RYLAZE	5	PA
TICE BCG	3	
<i>valrubicin</i>	3	
VONJO	5	PA; OVM
ZOLINZA	5	PA; OVM
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<b>Molecular Target Inhibitors</b>		
ALECENSA	5	PA; OVM
ALUNBRIG TABLET	5	PA; OVM
AUGTYRO	5	PA; OVM
AYVAKIT	5	PA; OVM
BALVERSA	5	PA; OVM
BOSULIF	5	PA; OVM
BRAFTOVI CAPSULE 75MG	5	PA; OVM
BRUKINSA	5	PA; OVM
CABOMETYX	5	PA; OVM
CALQUENCE TABLET	5	PA; OVM
CALQUENCE CAPSULE	5	QL(124 EA per 31 days); PA
CAPRELSA	5	PA; OVM
COMETRIQ	5	PA; OVM
COPIKTRA	5	PA; OVM
COTELLIC	5	PA; OVM
<i>dasatinib</i>	5	PA; OVM
DAURISMO	5	PA; OVM
ERIVEDGE	5	PA; OVM
<i>erlotinib hydrochloride tablet</i>	5	PA; OVM
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA; OVM
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
EXKIVITY	5	QL(124 EA per 31 days); PA
FOTIVDA	5	PA; OVM
FRUZAQLA	5	PA; OVM
GAVRETO	5	PA; OVM
<i>gefitinib</i>	5	PA; OVM
GILOTRIF	5	PA; OVM
IBRANCE	5	PA; OVM
ICLUSIG	5	PA; OVM
IDHIFA	5	PA; OVM
<i>imatinib mesylate tablet 100mg</i>	3	
<i>imatinib mesylate tablet 400mg</i>	4	
IMBRUVICA CAPSULE, SUSPENSION	5	PA; OVM
IMBRUVICA TABLET 420MG	5	PA; OVM
IMKELDI	5	PA; OVM
INLYTA	5	PA; OVM
INQOVI	5	PA; OVM
JAKAFI	5	PA; OVM
JAYPIRCA	5	PA; OVM
KISQALI	5	PA; OVM
KOSELUGO	5	PA; OVM
KRAZATI	5	PA; OVM
<i>lapatinib ditosylate</i>	5	PA; OVM
LENVIMA 10 MG DAILY DOSE	5	PA; OVM
LENVIMA 12MG DAILY DOSE	5	PA; OVM
LENVIMA 14 MG DAILY DOSE	5	PA; OVM
LENVIMA 18 MG DAILY DOSE	5	PA; OVM
LENVIMA 20 MG DAILY DOSE	5	PA; OVM
LENVIMA 24 MG DAILY DOSE	5	PA; OVM
LENVIMA 4 MG DAILY DOSE	5	PA; OVM
LENVIMA 8 MG DAILY DOSE	5	PA; OVM
LORBRENA	5	PA; OVM
LUMAKRAS	5	PA; OVM
LYNPARZA TABLET	5	PA; OVM
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 12MG
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 16MG
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 20MG
MEKINIST	5	PA; OVM
MEKTOVI	5	PA; OVM
NERLYNX	5	PA; OVM
NINLARO	5	PA; OVM
ODOMZO	5	PA; OVM
OJJAARA	5	PA; OVM
<i>pazopanib hydrochloride</i>	5	PA; OVM
PEMAZYRE	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE	5	PA; OVM
PIQRAY 250MG DAILY DOSE	5	PA; OVM
PIQRAY 300MG DAILY DOSE	5	PA; OVM
QINLOCK	5	PA; OVM
RETEVMO	5	PA; OVM
REZLIDHIA	5	PA; OVM
ROZLYTREK	5	PA; OVM
RUBRACA	5	QL(124 EA per 31 days); PA
RYDAPT	5	PA; OVM
SCSEMBLIX	5	PA; OVM
<i>sorafenib</i>	5	PA; OVM
<i>sorafenib tosylate</i>	5	PA; OVM
SPRYCEL	5	PA; OVM
STIVARGA	5	PA; OVM
<i>sunitinib malate</i>	5	PA; OVM
TABRECTA	5	PA; OVM
TAFINLAR	5	PA; OVM
TAGRISSE	5	PA; OVM
TALZENNA	5	PA; OVM
TASIGNA	5	PA; OVM
TAZVERIK	5	PA; OVM
TEPMETKO	5	PA; OVM
TIBSOVO	5	PA; OVM
<i>torpenz</i>	5	PA; OVM
TRUQAP	5	PA; OVM
TUKYSA	5	PA; OVM
TURALIO CAPSULE 125MG	5	PA; OVM
VANFLYTA	5	PA; OVM
VENCLEXTA STARTING PACK	5	PA; OVM
VENCLEXTA TABLET 10MG, 50MG	4	PA; OVM
VENCLEXTA TABLET 100MG	5	PA; OVM
VERZENIO	5	PA; OVM
VITRAKVI	5	PA; OVM
VIZIMPRO	5	PA; OVM
XALKORI	5	PA; OVM
XOSPATA	5	PA; OVM
XPOVIO	5	PA; OVM
XPOVIO 60 MG TWICE WEEKLY	5	PA; OVM
XPOVIO 80 MG TWICE WEEKLY	5	PA; OVM
ZEJULA	5	PA; OVM
ZELBORAF	5	PA; OVM
ZYDELIG	5	PA; OVM
ZYKADIA TABLET	5	PA; OVM
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		

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Drug Name	Drug Tier	Requirements/Limits
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA; OVM
PANRETIN	5	QL(60 GM per 30 days); PA
<i>tretinoin capsule 10mg</i>	5	
<b>Treatment Adjuncts</b>		
<i>mesna tablet</i>	3	
MESNEX TABLET	3	
VORANIGO	5	PA; OVM
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet 3mg</i>	3	PA
<i>praziquantel tablet</i>	4	
<b>Antiprotozoals</b>		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 200mg</i>	4	
<i>mefloquine hydrochloride</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet</i>	3	PA
<i>trihexyphenidyl hydrochloride</i>	3	PA
<b>Antiparkinson Agents, Other</b>		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate capsule, tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
CARBIDOPA/LEVODOPA ODT	4	
<i>carbidopa tablet</i>	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tablet</i>	4	PA
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	PA
<i>chlorpromazine hydrochloride tablet</i>	4	PA
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	4	
FLUPHENAZINE HYDROCHLORIDE ELIXIR, INJECTION	4	
<i>fluphenazine hydrochloride tablet</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet</i>	3	
<i>loxapine</i>	4	
MOLINDONE HYDROCHLORIDE	4	
<i>perphenazine tablet</i>	4	PA
PIMOZIDE	3	
<i>thioridazine hydrochloride</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)
<i>aripiprazole solution</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
<i>asenapine maleate sl</i>	4	QL(180 EA per 90 days)
CAPLYTA	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 31 days); PA
FANAPT TABLET 1MG, 2MG, 4MG	5	QL(180 EA per 90 days); PA
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)
LYBALVI	5	QL(30 EA per 30 days); PA
NUPLAZID CAPSULE	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
<i>olanzapine odt tablet disintegrating 10mg, 5mg</i>	4	QL(180 EA per 90 days); PA
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	4	QL(90 EA per 90 days); PA
<i>olanzapine injection</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(180 EA per 90 days); PA
<i>olanzapine tablet 15mg, 20mg</i>	3	QL(90 EA per 90 days); PA
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	3	QL(180 EA per 90 days)

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<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	3	QL(360 EA per 90 days)
QUETIAPINE FUMARATE TABLET 150MG	3	QL(450 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	3	QL(360 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
<i>risperidone er injection 25mg</i>	4	QL(2 EA per 28 days); ST
<i>risperidone er injection 12.5mg</i>	4	QL(6 EA per 84 days); ST
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	4	QL(180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(360 EA per 90 days)
<i>risperidone solution</i>	2	QL(720 ML per 90 days)
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); PA
VRAYLAR CAPSULE THERAPY PACK	4	QL(7 EA per 31 days); ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
<i>ziprasidone hcl</i>	4	QL(180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
<b>Treatment-Resistant</b>		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	4	PA
<i>clozapine odt tablet disintegrating 25mg</i>	4	PA
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(135 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(540 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL(810 EA per 90 days); PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	PA
VERSACLOZ	5	QL(540 ML per 30 days); PA
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
<b>Antivirals</b>		
<b><i>Anti-cytomegalovirus (CMV) Agents</i></b>		
LIVTENCITY	5	PA
PREVYMIS PACKET	5	QL(112 EA per 28 days); PA
PREVYMIS TABLET	5	QL(28 EA per 28 days); PA
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<b><i>Anti-hepatitis B (HBV) Agents</i></b>		
<i>adefovir dipivoxil</i>	4	
<i>entecavir tablet 0.5mg</i>	3	QL(90 EA per 90 days)
<i>entecavir tablet 1mg</i>	4	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	3	
<b><i>Anti-hepatitis C (HCV) Agents</i></b>		
EPCLUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA
EPCLUSA PACKET 200MG; 50MG	5	QL(62 EA per 31 days); PA
EPCLUSA TABLET 400MG; 100MG	5	QL(31 EA per 31 days); PA
EPCLUSA TABLET 200MG; 50MG	5	QL(62 EA per 31 days); PA
HARVONI TABLET	5	QL(31 EA per 31 days); PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
RIBAVIRIN CAPSULE	3	
RIBAVIRIN TABLET 200MG	3	
VOSEVI	5	QL(31 EA per 31 days); PA
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>		
BIKTARVY	5	QL(31 EA per 31 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	QL(62 EA per 31 days)
ISENTRESS PACKET	3	QL(62 EA per 31 days)
ISENTRESS TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	5	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA	5	

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Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE	4	
<i>efavirenz tablet</i>	4	
<i>etravirine</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	3	
PIFELTRO	5	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	QL(31 EA per 31 days)
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL(31 EA per 31 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	3	
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(31 EA per 31 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine tablet</i>	3	
<i>zidovudine capsule, syrup</i>	4	
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TABLET THERAPY PACK	5	QL(10 EA per 365 days)
TROGARZO	5	
TYBOST	3	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
<i>darunavir tablet 600mg</i>	5	QL(62 EA per 31 days)
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	4	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 90 days)
PREZISTA TABLET 150MG	5	QL(720 EA per 90 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
<b>Anti-influenza Agents</b>		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	4	
<b>Antitherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule, tablet</i>	2	
<i>famciclovir tablet</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride</i>	3	
<b>Antiviral, Coronavirus Agents</b>		
LAGEVRIO	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(60 EA per 30 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<b>Benzodiazepines</b>		
<i>alprazolam</i>	3	QL(150 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days); NDS
<i>diazepam solution</i>	2	QL(1200 ML per 30 days); NDS
<i>diazepam tablet</i>	3	QL(120 EA per 30 days); NDS
<i>lorazepam intensol</i>	3	QL(150 ML per 30 days); NDS
<i>lorazepam tablet</i>	2	QL(150 EA per 30 days); NDS
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	4	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	2	
<i>lithium carbonate tablet</i>	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tablet</i>	3	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	2	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	2	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	2	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	2	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	2	QL(720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	1	QL(360 EA per 90 days)
<i>glyburide tablet 2.5mg</i>	1	QL(720 EA per 90 days)
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(230 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(459 EA per 90 days)
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	2	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	2	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	3	QL(1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	3	QL(2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	3	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 1.5MG	3	QL(540 EA per 90 days); PA
RYBELSUS TABLET 14MG, 4MG, 9MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
<b><i>Glycemic Agents</i></b>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<b><i>Insulins</i></b>		
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	
HUMALOG TEMPO PEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
<i>humulin n</i>	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	5	PA
HUMULIN R U-500 KWIKPEN	5	PA
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
LYUMJEV TEMPO PEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	

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NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL(180 EA per 90 days)
ELIQUIS STARTER PACK	3	QL(74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(51 EA per 30 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA; OVM
NEULASTA ONPRO KIT	5	PA; OVM

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PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
VOYDEYA	5	QL(180 EA per 30 days); PA
ZARXIO	5	PA; OVM
<b>Hemostasis Agents</b>		
<i>tranexamic acid tablet</i>	3	QL(90 EA per 63 days)
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole er</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL(182 EA per 90 days)
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	2	QL(90 EA per 90 days)
<i>prasugrel hydrochloride</i>	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	4	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	2	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA
<i>guanfacine hydrochloride</i>	3	
<i>midodrine hydrochloride</i>	3	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>doxazosin mesylate tablet</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	2	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	2	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	2	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	3	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	3	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	3	QL(90 EA per 90 days)
<i>telmisartan tablet 40mg</i>	1	QL(180 EA per 90 days)

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<i>telmisartan tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>telmisartan tablet 80mg</i>	1	QL(90 EA per 90 days)
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	2	QL(180 EA per 90 days)
<i>valsartan tablet 80mg</i>	2	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	2	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	2	QL(90 EA per 90 days)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>benazepril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	2	QL(180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hydrochloride tablet 15mg</i>	3	QL(180 EA per 90 days)
<i>moexipril hydrochloride tablet 7.5mg</i>	3	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	2	QL(180 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 2MG	2	QL(720 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	2	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 40mg</i>	2	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days)
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	2	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	2	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	2	QL(720 EA per 90 days)
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	4	
DIGOXIN SOLUTION	3	
<i>digoxin tablet 125mcg, 250mcg</i>	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hydrochloride capsule</i>	4	
<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 100mg, 400mg</i>	4	
<i>propafenone hcl</i>	4	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	4	
<b>QUINIDINE SULFATE TABLET</b>	2	
<i>sorine tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af)</i>	4	
<i>sotalol hydrochloride tablet 80mg</i>	2	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	2	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL(180 EA per 90 days)
<i>nebivolol hydrochloride tablet 10mg</i>	4	QL(360 EA per 90 days)
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	4	QL(90 EA per 90 days)
<i>pindolol tablet</i>	3	
<i>propranolol hcl tablet 40mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg</i>	4	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	3	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet</i>	1	
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	3	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cd</i>	3	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	3	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>taztia xt</i>	3	
<i>tiadylt er</i>	3	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	4	
<i>verapamil hcl er tablet extended release 120mg</i>	4	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	2	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil</i>	3	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	2	QL(180 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	QL(360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	2	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)

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CORLANOR TABLET	4	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	2	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	2	QL(360 EA per 90 days)
ENTRESTO TABLET	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	QL(360 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	2	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	2	QL(90 EA per 90 days)
<i>ivabradine hydrochloride</i>	4	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	2	QL(180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	2	QL(90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide</i>	3	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4	QL(90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	3	QL(180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	3	QL(90 EA per 90 days)
<i>pentoxifylline er</i>	2	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 20MG	2	QL(90 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	2	QL(180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	2	QL(90 EA per 90 days)
<b>Diuretics, Loop</b>		
<i>bumetanide tablet</i>	2	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>torseamide tablet</i>	2	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet</i>	3	

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<i>triamterene capsule</i>	4	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	2	
<i>metolazone</i>	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	3	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	4	QL(90 EA per 90 days); ST
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	QL(360 EA per 90 days)
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone</i>	4	
KERENDIA	4	QL(90 EA per 90 days); PA

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<i>spironolactone tablet</i>	2	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
ISOSORBIDE MONONITRATE	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hydrochloride tablet</i>	2	
<i>minoxidil tablet</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(180 EA per 90 days); 10MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(180 EA per 90 days); 15MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(180 EA per 90 days); 20MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(180 EA per 90 days); 25MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(180 EA per 90 days); 30MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(180 EA per 90 days); 5MG ER Oral Capsule
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(180 EA per 90 days); 30MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(270 EA per 90 days); 20MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(360 EA per 90 days); 10MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(360 EA per 90 days); 12.5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(360 EA per 90 days); 15MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(360 EA per 90 days); 5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(360 EA per 90 days); 7.5MG Oral Tablet

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	3	QL(540 EA per 90 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 10mg, 18mg, 25mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	3	QL(360 EA per 90 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	3	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL(2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL(5400 ML per 90 days)
<b>Central Nervous System, Other</b>		
COBENFY	5	QL(62 EA per 31 days); PA
COBENFY STARTER PACK	5	QL(62 EA per 31 days); PA
NUEDEXTA	5	QL(180 EA per 90 days); PA
<i>riluzole</i>	3	
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(124 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
<b>Fibromyalgia Agents</b>		
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
SAVELLA	3	QL(180 EA per 90 days); PA
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days); PA
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
<i>dalfampridine er</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
<i>fingolimod hydrochloride</i>	5	QL(31 EA per 31 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA

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<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq</i>	4	
<i>lidocaine hydrochloride viscous</i>	2	
<i>oralone dental paste</i>	4	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	4	
<i>triamcinolone acetonide dental paste</i>	4	
<b>Dermatological Agents</b>		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	4	PA
<i>acitretin</i>	4	PA
<i>amnesteem capsule 10mg, 20mg, 40mg</i>	4	PA
<i>claravis</i>	4	PA
<i>isotretinoin capsule</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	4	
<i>tazarotene cream 0.1%</i>	4	QL(180 GM per 90 days); PA
<i>tazarotene gel 0.05%</i>	4	QL(180 GM per 90 days); PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%</i>	4	QL(45 GM per 30 days); PA
<i>zenatane</i>	4	PA
<i>Dermatitis and Pruritus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
ALCLOMETASONE DIPROPIONATE OINTMENT	3	
<i>ammonium lactate cream, lotion</i>	3	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
<i>betamethasone dipropionate augmented cream</i>	3	
<i>betamethasone dipropionate augmented ointment</i>	4	
<i>betamethasone dipropionate augmented lotion</i>	4	QL(360 ML per 90 days)
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate cream 0.05%</i>	3	QL(180 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)
<i>clobetasol propionate gel, ointment</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	4	QL(360 ML per 90 days)
<i>fluocinonide emulsified base</i>	3	QL(360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL(180 ML per 90 days)
<i>fluocinonide gel</i>	4	QL(180 GM per 90 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	4	QL(150 GM per 90 days)
<i>hydrocortisone valerate cream</i>	4	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	3	QL(354 ML per 90 days)
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate</i>	3	
<i>pimecrolimus</i>	4	
<i>selenium sulfide</i>	2	
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
<b>Dermatological Agents, Other</b>		
CALCIPOTRIENE SOLUTION	3	QL(180 ML per 90 days); PA
<i>calcipotriene cream</i>	3	QL(360 GM per 90 days); PA
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL(135 GM per 90 days)
<i>fluorouracil cream 5%</i>	4	
FLUOROURACIL SOLUTION 2%	3	
<i>fluorouracil solution 5%</i>	3	QL(10 ML per 30 days)
<i>imiquimod cream 5%</i>	3	
METHOXSALEN CAPSULE	5	
OTEZLA TABLET 20MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	4	
SANTYL	4	QL(180 GM per 90 days)
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<b>Pediculicides/Scabicides</b>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<b>Topical Anti-infectives</b>		
<i>ciclopirox nail lacquer</i>	3	QL(19.8 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(225 GM per 90 days)

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<i>clindamycin phosphate gel 1%</i>	3	QL(225 ML per 90 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL(180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	3	QL(180 ML per 90 days)
<i>erythromycin solution 2%</i>	3	QL(180 ML per 90 days)
<i>mupirocin ointment</i>	3	QL(90 GM per 90 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
CALCIUM GLUCONATE INJECTION 10%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.3%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
DEXTROSE 50%	4	
DEXTROSE 70%	4	
<i>dextrose/sodium chloride</i>	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 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% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	3	
<i>klor-con 8</i>	3	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	4	
NORMOSOL -R	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	

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Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148	4	
<i>potassium chloride er tablet extended release</i>	2	
<i>potassium chloride er capsule extended release</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 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/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride oral solution</i>	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	4	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
CHEMET	5	
<i>deferasirox tablet 180mg, 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>penicillamine tablet</i>	5	
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH	5	QL(62 EA per 31 days); PA
<b><i>Phosphate Binders</i></b>		
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	QL(1620 EA per 90 days)
<b><i>Potassium Binders</i></b>		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i>	3	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	PA
DIPHENOXYLATE/ATROPINE LIQUID	4	PA
<i>loperamide hydrochloride capsule</i>	2	
XERMELO	5	PA; OVM
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hydrochloride capsule, tablet</i>	3	PA
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
<b>Gastrointestinal Agents, Other</b>		
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hydrochloride tablet</i>	2	
<i>nitroglycerin ointment 0.4%</i>	4	QL(90 GM per 90 days)
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	QL(90 GM per 90 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	4	
<i>ursodiol capsule 300mg</i>	3	
<i>ursodiol tablet</i>	4	
VOWST	5	QL(12 EA per 30 days); PA
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine tablet 20mg, 40mg</i>	2	
NIZATIDINE CAPSULE 300MG	4	
<i>nizatidine capsule 150mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Protectants</b>		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium capsule delayed release</i>	3	QL(180 EA per 90 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(180 EA per 90 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(90 EA per 90 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL(180 EA per 90 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
<i>l-glutamine</i>	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate tablet</i>	5	
WELIREG	5	PA; OVM
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>fesoterodine fumarate er</i>	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
GEMTESA	4	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	3	QL(180 EA per 90 days); PA
<i>oxybutynin chloride solution</i>	3	PA
<i>oxybutynin chloride tablet 5mg</i>	3	PA
<i>solifenacin succinate tablet 5mg</i>	3	QL(180 EA per 90 days); PA
<i>solifenacin succinate tablet 10mg</i>	3	QL(90 EA per 90 days); PA
<i>tolterodine tartrate</i>	4	QL(180 EA per 90 days); PA
<i>tolterodine tartrate er</i>	4	QL(90 EA per 90 days); PA
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	3	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	3	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride tablet</i>	3	
ELMIRON	5	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
DEXAMETHASONE SOLUTION	3	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	3	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	4	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	4	QL(450 GM per 90 days); PA
<i>testosterone pump gel 1%</i>	4	QL(900 GM per 90 days); PA
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
<i>Estrogens</i>		
<i>altavera</i>	2	
<i>aviane</i>	2	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eluryng</i>	3	QL(3 EA per 84 days)
<i>enilloring</i>	3	QL(3 EA per 84 days)
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	4	
<i>estradiol oral tablet</i>	3	
<i>estradiol cream, vaginal tablet</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	3	QL(3 EA per 84 days)
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	3	
<i>haloette</i>	3	QL(3 EA per 84 days)
<i>jasmiel</i>	2	
<i>kelnor 1/50</i>	4	
<i>kurvelo</i>	2	
<i>lessina</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	2	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
<i>lo-zumandimine</i>	2	

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<i>loryna</i>	2	
<i>lutra</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	3	
<i>nortrel 1/35</i>	2	
<i>portia-28</i>	2	
<i>sronyx</i>	2	
<i>valtya 1/50</i>	4	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>xulane</i>	3	
<i>yuvafem</i>	4	
<i>zafemy</i>	3	
<b>Progestins</b>		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>gallifrey</i>	2	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
LILETTA	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	3	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
<i>megestrol acetate suspension 40mg/ml</i>	4	
NEXPLANON	3	
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>progesterone capsule</i>	3	
<i>sharobel</i>	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>clomid</i>	2	PA
<i>clomiphene citrate tablet</i>	2	PA
DUAVEE	4	
<i>raloxifene hydrochloride</i>	3	QL(90 EA per 90 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		

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<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine sodium tablet</i>	2	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	3	
<i>unithroid</i>	3	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>lanreotide acetate</i>	5	PA
<i>leuprolide acetate injection</i>	4	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
<i>mifepristone tablet 300mg</i>	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; OVM
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA; OVM
ORGOVYX	5	PA; OVM
RECORLEV	5	QL(248 EA per 31 days); PA
SIGNIFOR	5	PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJECTION 11.25MG, 3.75MG	4	PA; OVM
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	3	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL(27 ML per 30 days); PA
<i>sajazir</i>	5	QL(27 ML per 30 days); PA
<b>Immunoglobulins</b>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
<b><i>Immunological Agents, Other</i></b>		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
WEZLANA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
YESINTEK INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
<b>Immunostimulants</b>		
ACTIMMUNE	5	PA
BESREMI	5	PA; OVM
<b>Immunosuppressants</b>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 100mg, 50mg</i>	2	B/D
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule</i>	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	4	PA; OVM
<i>leflunomide</i>	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tablet</i>	4	
METHOTREXATE SODIUM INJECTION 250MG/10ML, 50MG/2ML	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml</i>	3	
<i>methotrexate injection 50mg/2ml</i>	3	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PEGASYS	5	
PROGRAF PACKET	4	B/D
REZUROCK	5	PA; OVM
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	PA; OVM
<b>Vaccines</b>		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	

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MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	QL(2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VIVOTIF	3	
YF-VAX	3	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosaliclates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr capsule delayed release</i>	4	QL(1080 EA per 90 days)
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(360 EA per 90 days)
<i>mesalamine dr tablet delayed release 800mg</i>	4	QL(540 EA per 90 days)
<i>mesalamine er capsule extended release 24 hour</i>	4	QL(360 EA per 90 days)
<i>mesalamine kit</i>	4	QL(5400 EA per 90 days)
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
<i>mesalamine suppository</i>	4	QL(90 EA per 90 days)
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)

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<i>hydrocortisone enema 100mg/60ml</i>	3	
<i>procto-med hc</i>	2	QL(90 GM per 90 days)
<i>proctosol hc</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc</i>	2	QL(90 GM per 90 days)
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 35mg, 70mg</i>	2	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule</i>	2	
<i>calcitriol solution</i>	4	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
<i>ibandronate sodium tablet</i>	3	QL(3 EA per 84 days)
<i>paricalcitol capsule</i>	4	
PROLIA	4	QL(1 ML per 180 days); PA
TYMLOS	5	PA
XGEVA	5	PA
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	2	ST
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CEQR SIMPLICITY 2U	2	
CURITY GAUZE PADS 2"X2" 12 PLY	2	ST
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	
INPEN 100/BLUE/LILLY/HUMALOG	2	
INPEN 100/BLUE/NOVOLOG/FIASP	2	
INPEN 100/GREY/LILLY/HUMALOG	2	
INPEN 100/GREY/NOVOLOG/FIASP	2	
INPEN 100/PINK/LILLY/HUMALOG	2	
INPEN 100/PINK/NOVOLOG/FIASP	2	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
<i>levocarnitine tablet</i>	3	
<i>levocarnitine solution</i>	4	
NOVOPEN ECHO	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
<i>sodium chloride 0.9%</i>	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
<b>Ophthalmic Agents</b>		
<i>Ophthalmic Agents, Other</i>		
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	3	
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	ST
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>Ophthalmic Anti-Infectives</i>		

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Drug Name	Drug Tier	Requirements/Limits
BACITRACIN	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
<i>sulfacetamide sodium solution 10%</i>	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE	3	
XDEMVIY	5	QL(10 ML per 31 days); PA
ZIRGAN	4	
<b><i>Ophthalmic Anti-inflammatories</i></b>		
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1%	2	
<i>fluorometholone</i>	3	
FLURBIPROFEN SODIUM	3	
ILEVRO	4	
<i>ketorolac tromethamine solution 0.5%</i>	3	
<i>loteprednol etabonate suspension 0.5%</i>	4	
<i>prednisolone acetate</i>	3	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	3	
<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>		
BETAXOLOL HCL	3	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	2	
<b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b>		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	ST
<b><i>Ophthalmic Prostaglandin and Prostanoid Analogs</i></b>		
<i>bimatoprost</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	4	
VYZULTA	4	
<b>Otic Agents</b>		
<i>Otic Agents</i>		
<i>acetic acid</i>	3	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
<i>flunisolide solution 0.025%</i>	3	QL(225 ML per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT	3	QL(720 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
QVAR REDIHALER	3	QL(64 GM per 90 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	3	
<i>azelastine hydrochloride solution 0.1%</i>	3	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>diphenhydramine hydrochloride injection</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	3	PA
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	PA
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	3	PA
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>Antileukotrienes</i>		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL(90 EA per 90 days)
<i>montelukast sodium packet</i>	3	QL(90 EA per 90 days)
<i>zafirlukast</i>	4	QL(180 EA per 90 days)
<i>Bronchodilators, Anticholinergic</i>		

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ATROVENT HFA	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	QL(90 EA per 90 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(90 ML per 90 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate tablet</i>	4	
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5MG/0.5ML	2	B/D
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	QL(224 EA per 28 days); PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA THERAPY PACK	5	QL(62 EA per 31 days); PA
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	3	
<i>theophylline er tablet extended release 12 hour 300mg</i>	3	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	5	QL(93 EA per 31 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	3	QL(270 EA per 90 days); PA
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D

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Drug Name	Drug Tier	Requirements/Limits
<b>Pulmonary Fibrosis Agents</b>		
OFEV	5	QL(62 EA per 31 days); PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine injection</i>	2	
<i>acetylcysteine inhalation solution</i>	4	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
SYMBICORT	3	QL(30.6 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>		
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
<b>Sleep Disorder Agents</b>		
<b>Sleep Promoting Agents</b>		
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg</i>	2	QL(30 EA per 30 days); NDS
<i>zaleplon</i>	3	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
<i>modafinil tablet</i>	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA
SUNOSI	4	QL(90 EA per 90 days); PA

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<i>fesoterodine fumarate er</i>	42	<i>galantamine hydrobromide</i>	9
FETZIMA	10	<i>galantamine hydrobromide er</i>	9
FETZIMA TITRATION PACK	10	<i>gallifrey</i>	45
<i>finasteride</i>	43	GAMUNEX-C	47
<i>finngolimod hydrochloride</i>	36	GARDASIL 9	49
FINTEPLA	6	GATTEX	41
FIRMAGON	46	GAVILYTE-C	41
<i>flac</i>	54	<i>gavilyte-g</i>	41
FLEBOGAMMA DIF	47	<i>gavilyte-n/ flavor pack</i>	41
<i>flecainide acetate</i>	31	GAVRETO	16
<i>fluconazole</i>	12	<i>gefitinib</i>	16
<i>fluconazole in sodium chloride</i>	12	<i>gemfibrozil</i>	34
FLUCONAZOLE/SODIUM CHLORIDE	12	GEMTESA	43
<i>flucytosine</i>	12	<i>generlac</i>	41
<i>fludrocortisone acetate</i>	43	<i>gengraf</i>	48
<i>flunisolide</i>	54	GENOTROPIN	44
<i>fluocinolone acetonide</i>	38	GENOTROPIN MINIQUICK	44
<i>fluocinolone acetonide</i>	54	<i>gentamicin sulfate</i>	3
<i>fluocinonide</i>	38	<i>gentamicin sulfate</i>	53
<i>fluocinonide emulsified base</i>	38	GENTAMICIN SULFATE/0.9% SODIUM	3
<i>fluorometholone</i>	53	CHLORIDE	

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<i>glatiramer acetate</i>	36	HUMIRA PEDIATRIC CROHNS	48
<i>glatopa</i>	37	DISEASE STARTER PACK	
GLEOSTINE	14	HUMIRA PEN	48
<i>glimepiride</i>	25	HUMIRA PEN-CD/UC/HS STARTER	48
<i>glipizide</i>	25	HUMIRA PEN-PEDIATRIC UC	48
<i>glipizide er</i>	25	STARTER PACK	
<i>glipizide/metformin hydrochloride</i>	25	HUMIRA PEN-PS/UV STARTER	48
GLUCAGEN HYPOKIT	27	HUMULIN 70/30	27
GLUCAGON EMERGENCY KIT	27	HUMULIN 70/30 KWIKPEN	27
GLUCAGON EMERGENCY KIT FOR	27	<i>humulin n</i>	27
LOW BLOOD SUGAR		HUMULIN N KWIKPEN	27
<i>glyburide</i>	25	HUMULIN R	27
GLYBURIDE MICRONIZED	25	HUMULIN R U-500 (CONCENTRATED)	27
<i>glyburide/metformin hydrochloride</i>	25	HUMULIN R U-500 KWIKPEN	27
<i>glycopyrrolate</i>	41	<i>hydralazine hydrochloride</i>	35
GLYXAMBI	25	<i>hydrochlorothiazide</i>	34
<i>granisetron hydrochloride</i>	12	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>griseofulvin microsize</i>	12	<i>hydrocodone/acetaminophen</i>	2
<i>griseofulvin ultramicrosize</i>	12	<i>hydrocodone/ibuprofen</i>	2
<i>guanfacine hydrochloride</i>	29	<i>hydrocortisone</i>	38
<i>guanfacine hydrochloride er</i>	36	<i>hydrocortisone</i>	43
GVOKE HYPOPEN 1-PACK	27	<i>hydrocortisone</i>	50
GVOKE HYPOPEN 2-PACK	27	<i>hydrocortisone valerate</i>	38
GVOKE KIT	27	HYDROMORPHONE HCL	2
GVOKE PFS	27	<i>hydromorphone hydrochloride</i>	2
HAEGARDA	46	<i>hydroxychloroquine sulfate</i>	18
<i>halobetasol propionate</i>	38	<i>hydroxyurea</i>	14
<i>haloette</i>	44	<i>hydroxyzine hcl</i>	54
<i>haloperidol</i>	19	<i>hydroxyzine hydrochloride</i>	54
<i>haloperidol decanoate</i>	19	<i>hydroxyzine pamoate</i>	54
<i>haloperidol lactate</i>	19	HYPERHEP B	47
HARVONI	22	<i>ibandronate sodium</i>	51
HAVRIX	49	IBRANCE	16
<i>heather</i>	45	<i>ibu</i>	1
<i>heparin sodium</i>	28	<i>ibuprofen</i>	1
HEPLISAV-B	49	<i>icatibant acetate</i>	46
HERCEPTIN HYLECTA	18	ICLUSIG	16
HIBERIX	49	<i>icosapent ethyl</i>	34
HUMALOG	27	IDHIFA	16
HUMALOG JUNIOR KWIKPEN	27	ILEVRO	53
HUMALOG KWIKPEN	27	<i>imatinib mesylate</i>	16
HUMALOG MIX 50/50	27	IMBRUVICA	16
HUMALOG MIX 50/50 KWIKPEN	27	IMIPENEM/CILASTATIN	5
HUMALOG MIX 75/25	27	<i>imipramine hcl</i>	11
HUMALOG MIX 75/25 KWIKPEN	27	<i>imipramine hydrochloride</i>	11



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<i>imiquimod</i>	38	<i>ivabradine hydrochloride</i>	33
IMKELDI	16	<i>ivermectin</i>	18
IMOVAX RABIES (H.D.C.V.)	49	IWILFIN	15
IMPAVIDO	3	IXCHIQ	49
<i>incassia</i>	45	IXIARO	49
INCRELEX	44	JAKAFI	16
INCRUSE ELLIPTA	55	<i>jantoven</i>	28
<i>indapamide</i>	34	JANUMET	25
INFANRIX	49	JANUMET XR	25
INLYTA	16	JANUVIA	26
INPEN 100/BLUE/LILLY/HUMALOG	51	JARDIANCE	35
INPEN 100/BLUE/NOVOLOG/FIASP	51	<i>jasmiel</i>	44
INPEN 100/GREY/LILLY/HUMALOG	51	JAYPIRCA	16
INPEN 100/GREY/NOVOLOG/FIASP	51	<i>jencycla</i>	45
INPEN 100/PINK/LILLY/HUMALOG	51	JENTADUETO	26
INPEN 100/PINK/NOVOLOG/FIASP	51	JENTADUETO XR	26
INQOVI	16	JOENJA	42
INREBIC	14	JULUCA	22
INSULIN LISPRO	27	JYLAMVO	48
INSULIN LISPRO JUNIOR KWIKPEN	27	JYNNEOS	49
INSULIN LISPRO KWIKPEN	27	KALYDECO	55
INSULIN LISPRO	27	<i>kcl 0.075%/d5w/nacl 0.45%</i>	39
PROTAMINE/INSULIN LISPRO		<i>kcl 0.15%/d5w/nacl 0.2%</i>	39
KWIKPEN		<i>kcl 0.15%/d5w/nacl 0.45%</i>	39
INTELENCE	23	<i>kcl 0.15%/d5w/nacl 0.9%</i>	39
INTRALIPID	51	<i>kcl 0.3%/d5w/nacl 0.45%</i>	39
INVEGA HAFYERA	20	KCL 0.3%/D5W/NACL 0.9%	39
INVEGA SUSTENNA	20	<i>kelnor 1/50</i>	44
INVEGA TRINZA	20	KERENDIA	34
IPOL INACTIVATED IPV	49	<i>ketoconazole</i>	12
<i>ipratropium bromide</i>	55	<i>ketorolac tromethamine</i>	53
<i>ipratropium bromide/albuterol sulfate</i>	56	KEVZARA	47
<i>irbesartan</i>	29	KINERET	47
<i>irbesartan/hydrochlorothiazide</i>	33	KINRIX	49
ISENTRESS	22	KISQALI	16
ISENTRESS HD	22	KISQALI FEMARA 200 DOSE	15
ISOLYTE-P/DEXTROSE 5%	39	KISQALI FEMARA 400 DOSE	15
ISOLYTE-S	39	KISQALI FEMARA 600 DOSE	15
ISOLYTE-S PH 7.4	39	<i>klayesta</i>	12
<i>isoniazid</i>	13	<i>klor-con 10</i>	39
<i>isosorbide dinitrate</i>	35	<i>klor-con 8</i>	39
ISOSORBIDE MONONITRATE	35	<i>klor-con m10</i>	39
<i>isosorbide mononitrate er</i>	35	<i>klor-con m15</i>	39
ISOTONIC GENTAMICIN	3	<i>klor-con m20</i>	39
<i>isotretinoin</i>	37	KLOXXADO	2
ITOVEBI	14	KOSELUGO	16
<i>itraconazole</i>	12	<i>kourzeq</i>	37

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<i>kurvelo</i>	44	LEXIVA	24
<i>labetalol hydrochloride</i>	31	<i>l-glutamine</i>	42
<i>lacosamide</i>	8	LIBERVANT	7
<i>lactulose</i>	41	LIBTAYO	18
LAGEVRIO	24	<i>lidocaine</i>	2
<i>lamivudine</i>	22	<i>lidocaine hydrochloride viscous</i>	37
<i>lamivudine</i>	23	<i>lidocaine/prilocaine</i>	2
<i>lamivudine/zidovudine</i>	23	LILETTA	45
<i>lamotrigine</i>	7	<i>linezolid</i>	3
<i>lamotrigine odt</i>	7	LINZESS	41
<i>lanreotide acetate</i>	46	<i>liothyronine sodium</i>	46
<i>lansoprazole</i>	42	<i>lisinopril</i>	30
LANSOPRAZOLE/AMOXICILLIN/CLAR	41	<i>lisinopril/hydrochlorothiazide</i>	33
ITHROMYCIN		<i>lithium</i>	25
LANTUS	27	LITHIUM CARBONATE	25
LANTUS SOLOSTAR	27	<i>lithium carbonate er</i>	25
<i>lapatinib ditosylate</i>	16	LIVALO	34
<i>latanoprost</i>	54	LIVTENCITY	22
LAZCLUZE	15	LOKELMA	40
<i>leflunomide</i>	48	LONSURF	15
<i>lenalidomide</i>	14	<i>loperamide hydrochloride</i>	41
LENVIMA 10 MG DAILY DOSE	16	<i>lopinavir/ritonavir</i>	24
LENVIMA 12MG DAILY DOSE	16	<i>lorazepam</i>	25
LENVIMA 14 MG DAILY DOSE	16	<i>lorazepam intensol</i>	25
LENVIMA 18 MG DAILY DOSE	16	LORBRENA	16
LENVIMA 20 MG DAILY DOSE	16	<i>loryna</i>	45
LENVIMA 24 MG DAILY DOSE	16	<i>losartan potassium</i>	29
LENVIMA 4 MG DAILY DOSE	16	<i>losartan potassium/hydrochlorothiazide</i>	33
LENVIMA 8 MG DAILY DOSE	16	<i>loteprednol etabonate</i>	53
<i>lessina</i>	44	<i>lovastatin</i>	34
<i>letrozole</i>	15	<i>loxapine</i>	19
<i>leucovorin calcium</i>	15	<i>lo-zumandimine</i>	44
LEUKERAN	14	<i>lubiprostone</i>	41
<i>leuprolide acetate</i>	46	LUMAKRAS	16
LEVALBUTEROL TARTRATE HFA	55	LUMIGAN	54
<i>levetiracetam</i>	7	LUPRON DEPOT (1-MONTH)	46
<i>levetiracetam er</i>	7	LUPRON DEPOT (3-MONTH)	46
LEVOBUNOLOL HCL	53	LUPRON DEPOT (4-MONTH)	46
<i>levocarnitine</i>	51	LUPRON DEPOT (6-MONTH)	46
<i>levocetirizine dihydrochloride</i>	54	<i>lurasidone hydrochloride</i>	20
<i>levofloxacin</i>	6	<i>lutura</i>	45
<i>levofloxacin in d5w</i>	6	LYBALVI	20
<i>levonorgestrel/ethinyl estradiol</i>	44	<i>lyleq</i>	45
<i>levora 0.15/30-28</i>	44	LYNPARZA	16
<i>levo-t</i>	46	LYSODREN	15
<i>levothyroxine sodium</i>	46	LYTGOBI	16

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LYUMJEV	27	<i>methylprednisolone sodium succinate</i>	43
LYUMJEV KWIKPEN	27	<i>methylprednisolone sodiumsuccinate</i>	43
LYUMJEV TEMPO PEN	27	<i>metoclopramide hcl</i>	41
<i>lyza</i>	45	<i>metoclopramide hydrochloride</i>	41
<i>magnesium sulfate</i>	39	<i>metolazone</i>	34
<i>malathion</i>	38	<i>metoprolol succinate er</i>	31
<i>maraviroc</i>	23	<i>metoprolol tartrate</i>	31
MARGENZA	18	<i>metoprolol/hydrochlorothiazide</i>	33
MARPLAN	10	<i>metronidazole</i>	4
MATULANE	14	<i>metronidazole</i>	37
<i>meclizine hcl 12.5mg, 25mg</i>	11	<i>metronidazole vaginal</i>	4
<i>medroxyprogesterone acetate</i>	45	<i>metyrosine</i>	33
<i>mefloquine hydrochloride</i>	18	<i>mexiletine hydrochloride</i>	31
<i>megestrol acetate</i>	45	<i>midodrine hydrochloride</i>	29
MEKINIST	16	<i>mifepristone</i>	46
MEKTOVI	16	MIGERGOT	13
<i>meloxicam</i>	1	<i>miglustat</i>	42
<i>memantine hcl titration pak</i>	9	<i>minocycline hcl</i>	6
<i>memantine hydrochloride</i>	9	<i>minocycline hydrochloride</i>	6
<i>memantine hydrochloride er</i>	9	<i>minoxidil</i>	35
<i>memantine/donepezil hydrochloride er</i>	9	<i>mirtazapine</i>	9
MENACTRA	49	<i>mirtazapine odt</i>	9
MENQUADFI	50	<i>misoprostol</i>	42
MENVEO	50	M-M-R II	49
<i>mercaptopurine</i>	14	<i>modafinil</i>	56
MEROPENEM	5	<i>moexipril hydrochloride</i>	30
MEROPENEM/SODIUM CHLORIDE	5	MOLINDONE HYDROCHLORIDE	19
<i>mesalamine</i>	50	<i>mometasone furoate</i>	38
<i>mesalamine dr</i>	50	MONJUVI	18
<i>mesalamine er</i>	50	<i>montelukast sodium</i>	54
<i>mesna</i>	18	<i>morphine sulfate</i>	2
MESNEX	18	<i>morphine sulfate er</i>	1
<i>metformin hydrochloride</i>	26	MOTPOLY XR	8
<i>metformin hydrochloride er</i>	26	MOUNJARO	26
METHADONE HCL	1	MOVANTIK	41
<i>methazolamide</i>	53	MOXIFLOXACIN	6
<i>methenamine hippurate</i>	4	HYDROCHLORIDE/SODIUM	
<i>methimazole</i>	46	HYDROCHLORIDE	
<i>methocarbamol</i>	56	<i>moxifloxacin hydrochloride</i>	6
<i>methotrexate</i>	49	MOXIFLOXACIN HYDROCHLORIDE	53
<i>methotrexate sodium</i>	49	MRESVIA	50
METHOXSALEN	38	MULTIPLE ELECTROLYTES	39
<i>methsuximide</i>	7	INJECTION TYPE 1	
<i>methylphenidate hydrochloride</i>	36	<i>mupirocin</i>	39
<i>methylprednisolone</i>	43	<i>mycophenolate mofetil</i>	49
<i>methylprednisolone acetate</i>	43	<i>mycophenolic acid dr</i>	49
<i>methylprednisolone dose pack</i>	43	MYRBETRIQ	43

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<i>nabumetone</i>	1	<i>nitroglycerin</i>	41
<i>nadolol</i>	31	<i>nitroglycerin transdermal</i>	35
NAFCILLIN	5	NIZATIDINE	41
<i>nafcillin sodium</i>	5	<i>nora-be</i>	45
<i>naloxone hcl</i>	2	<i>norelgestromin/ethinyl estradiol</i>	45
<i>naloxone hydrochloride</i>	2	<i>norethindrone</i>	45
<i>naltrexone hydrochloride</i>	2	<i>norethindrone acetate</i>	45
NAMZARIC	9	<i>norethindrone acetate/ethinyl estradiol</i>	45
<i>naproxen</i>	1	<i>norlyda</i>	45
<i>naproxen dr</i>	1	NORMOSOL -R	39
<i>naratriptan hcl</i>	13	NORMOSOL-R	39
NATACYN	53	<i>nortrel 1/35</i>	45
<i>nateglinide</i>	26	<i>nortriptyline hcl</i>	11
NAYZILAM	7	<i>nortriptyline hydrochloride</i>	11
<i>nebivolol hydrochloride</i>	31	NORVIR	24
NEFAZODONE HYDROCHLORIDE	10	NOVOLIN 70/30	27
<i>neomycin sulfate</i>	3	NOVOLIN 70/30 FLEXPEN	27
<i>neomycin/bacitracin/polymyxin</i>	52	NOVOLIN 70/30 FLEXPEN RELION	27
<i>neomycin/polymyxin/dexamethasone</i>	52	NOVOLIN 70/30 RELION	28
NEOMYCIN/POLYMYXIN/GRAMICIDI N	52	NOVOLIN N	28
<i>neomycin/polymyxin/hc</i>	54	NOVOLIN N FLEXPEN	28
NEOMYCIN/POLYMYXIN/HYDROCOR TISONE	52	NOVOLIN N FLEXPEN RELION	28
<i>neomycin/polymyxin/hydrocortisone</i>	54	NOVOLIN N RELION	28
<i>neo-polycin</i>	52	NOVOLIN R	28
NERLYNX	16	NOVOLIN R FLEXPEN	28
NEULASTA	28	NOVOLIN R FLEXPEN RELION	28
NEULASTA ONPRO KIT	28	NOVOLIN R RELION	28
NEVIRAPINE	23	NOVOLOG	28
<i>nevirapine er</i>	23	NOVOLOG FLEXPEN	28
NEXPLANON	45	NOVOLOG FLEXPEN RELION	28
<i>niacin er</i>	34	NOVOLOG MIX 70/30	28
<i>nicardipine hcl</i>	31	NOVOLOG MIX 70/30 PREFILLED	28
NICOTROL INHALER	3	FLEXPEN	
NICOTROL NS	3	NOVOLOG MIX 70/30 PREFILLED	28
<i>nifedipine er</i>	31	FLEXPEN RELION	
<i>nikki</i>	45	NOVOLOG MIX 70/30 RELION	28
<i>nilutamide</i>	14	NOVOLOG PENFILL	28
<i>nimodipine</i>	31	NOVOLOG RELION	28
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<i>nitazoxanide</i>	18	NUBEQA	14
<i>nitisinone</i>	42	NUCALA	56
NITRO-BID	35	NUEDEXTA	36
<i>nitrofurantoin macrocrystals</i>	4	NUPLAZID	20
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	NURTEC	13
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		<i>nystatin</i>	12

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ODEFSEY	23	<i>oxybutynin chloride</i>	43
ODOMZO	16	<i>oxybutynin chloride er</i>	43
OFEV	56	<i>oxycodone hydrochloride</i>	2
<i>ofloxacin</i>	53	<i>oxycodone/acetaminophen</i>	2
<i>ofloxacin</i>	54	OZEMPIC	26
OGSIVEO	15	<i>pacerone</i>	31
OJEMDA	15	PADCEV	18
OJJAARA	16	<i>paliperidone er</i>	20
<i>olanzapine</i>	20	PANRETIN	18
<i>olanzapine odt</i>	20	<i>pantoprazole sodium</i>	42
<i>olmesartan medoxomil</i>	29	<i>paricalcitol</i>	51
<i>olmesartan</i>	33	<i>paroxetine hcl</i>	10
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		<i>paroxetine hydrochloride</i>	11
<i>olmesartan medoxomil/hydrochlorothiazide</i>	33	PAXLOVID	24
<i>omega-3-acid ethyl esters</i>	34	<i>pazopanib hydrochloride</i>	16
<i>omeprazole</i>	42	PEDIARIX	50
<i>omeprazole dr</i>	42	PEDVAX HIB	50
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	51	<i>peg-3350/electrolytes</i>	41
(GEN 5)		<i>peg-3350/nacl/na bicarbonate/kcl</i>	41
OMNIPOD 5 DEXCOM G7G6 PODS	52	PEGASYS	49
(GEN 5)		PEMAZYRE	16
OMNIPOD 5 G7 INTRO KIT (GEN 5)	52	PENBRAYA	50
OMNIPOD 5 G7 PODS (GEN 5)	52	<i>penicillamine</i>	40
OMNIPOD 5 LIBRE2 PLUS G6	52	<i>penicillin g potassium</i>	5
OMNIPOD 5 LIBRE2 PLUS G6 PODS	52	PENICILLIN G SODIUM	5
OMNIPOD CLASSIC PDM STARTER	52	PENICILLIN V POTASSIUM	5
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OMNIPOD CLASSIC PODS (GEN 3)	52	<i>pentamidine isethionate</i>	18
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<i>ondansetron hydrochloride</i>	12	<i>perphenazine</i>	19
<i>ondansetron odt</i>	12	PERSERIS	20
ONUREG	15	PHENELZINE SULFATE	10
OPFOLDA	42	<i>phenobarbital</i>	8
OPVEE	3	<i>phenytek</i>	8
<i>oralone dental paste</i>	37	<i>phenytoin</i>	8
ORENCIA	47	<i>phenytoin sodium extended</i>	8
ORENCIA CLICKJECT	47	PIFELTRO	23
ORGOVYX	46	<i>pilocarpine hcl</i>	53
ORKAMBI	55	<i>pilocarpine hydrochloride</i>	37
ORSERDU	14	<i>pilocarpine hydrochloride</i>	53
<i>oseltamivir phosphate</i>	24	<i>pimecrolimus</i>	38
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<i>pioglitazone hcl</i>	26	PRIORIX	50
<i>pioglitazone hydrochloride</i>	26	<i>probenecid</i>	13
<i>piperacillin sodium/tazobactam sodium</i>	5	<i>probenecid/colchicine</i>	13
PIQRAY 200MG DAILY DOSE	17	<i>prochlorperazine</i>	11
PIQRAY 250MG DAILY DOSE	17	<i>prochlorperazine maleate</i>	11
PIQRAY 300MG DAILY DOSE	17	PROCRIT	29
<i>pirfenidone</i>	56	<i>procto-med hc</i>	51
PLASMA-LYTE A	39	<i>proctosol hc</i>	51
PLASMA-LYTE-148	40	<i>proctozone-hc</i>	51
PODOFILOX	38	<i>progesterone</i>	45
POLIVY	18	PROGRAF	49
<i>polycin</i>	52	PROLASTIN-C	42
<i>polymyxin b sulfate/trimethoprim sulfate</i>	52	PROLIA	51
POMALYST	14	PROMACTA	29
<i>portia-28</i>	45	<i>promethazine hydrochloride</i>	11
<i>posaconazole dr</i>	12	<i>propafenone hcl</i>	31
<i>potassium chloride</i>	40	<i>propafenone hydrochloride</i>	31
<i>potassium chloride er</i>	40	<i>propafenone hydrochloride er</i>	31
<i>potassium chloride/dextrose</i>	40	<i>propranolol hcl</i>	31
<i>potassium chloride/dextrose/sodium chloride</i>	40	<i>propranolol hydrochloride</i>	31
<i>potassium chloride/sodium chloride</i>	40	<i>propylthiouracil</i>	46
<i>potassium citrate er</i>	40	PROQUAD	50
<i>pramipexole dihydrochloride</i>	19	PROSOL	40
<i>prasugrel hydrochloride</i>	29	<i>protriptyline hcl</i>	11
<i>pravastatin sodium</i>	34	PULMOZYME	55
<i>praziquantel</i>	18	PURIXAN	14
<i>prazosin hydrochloride</i>	29	<i>pyrazinamide</i>	14
<i>prednisolone</i>	43	<i>pyridostigmine bromide</i>	13
<i>prednisolone acetate</i>	53	<i>pyridostigmine bromide er</i>	13
<i>prednisolone sodium phosphate</i>	43	<i>pyrimethamine</i>	18
PREDNISOLONE SODIUM PHOSPHATE	53	QINLOCK	17
PREDNISONONE	43	QUADRACEL	50
PREDNISONONE INTENSOL	43	QUETIAPINE FUMARATE	21
<i>pregabalin</i>	36	<i>quetiapine fumarate er</i>	20
PREHEVBRIO	50	<i>quinapril hydrochloride</i>	30
PREMASOL	40	QUINAPRIL/HYDROCHLOROTHIAZID	33
<i>prevalite</i>	34	E	
PREVIDENT 5000 BOOSTER PLUS	37	QUINIDINE SULFATE	31
PREVIDENT 5000 DRY MOUTH	37	<i>quinine sulfate</i>	18
PREVIDENT 5000 KIDS	37	QULIPTA	13
PREVYMIS	22	QVAR REDIHALER	54
PREZCOBIX	24	RABAVERT	50
PREZISTA	24	RALDESY	11
PRIFTIN	13	<i>raloxifene hydrochloride</i>	45
PRIMAQUINE PHOSPHATE	18	<i>ramipril</i>	30

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>ranolazine er</i>	33	RUKOBIA	23
<i>rasagiline mesylate</i>	19	RYBELSUS	26
RECOMBIVAX HB	50	RYBREVANT	18
RECORLEV	46	RYDAPT	17
RECTIV	41	RYKINDO	21
RELENZA DISKHALER	24	RYLAZE	15
<i>repaglinide</i>	26	RYTARY	19
REPATHA	34	<i>sajazir</i>	46
REPATHA PUSHTRONEX SYSTEM	34	<i>salsalate</i>	1
REPATHA SURECLICK	34	SANDIMMUNE	49
RESTASIS	52	SANTYL	38
RESTASIS MULTIDOSE	52	<i>sapropterin dihydrochloride</i>	42
RETEVMO	17	SARCLISA	18
REVUFORJ	15	SAVELLA	36
REXTOVY	3	SAVELLA TITRATION PACK	36
REXULTI	21	SCEMBLIX	17
REYATAZ	24	<i>scopolamine</i>	11
REZLIDHIA	17	SECUADO	21
REZUROCK	49	<i>selegiline hcl</i>	19
RHOPRESSA	53	<i>selenium sulfide</i>	38
RIBAVIRIN	22	SELZENTRY	23
<i>rifabutin</i>	13	SEREVENT DISKUS	55
<i>rifampin</i>	14	<i>sertraline hcl</i>	11
<i>riluzole</i>	36	<i>sertraline hydrochloride</i>	11
RIMANTADINE HYDROCHLORIDE	24	<i>sevelamer carbonate</i>	40
RINVOQ	47	<i>sharobel</i>	45
RINVOQ LQ	47	SHINGRIX	50
<i>risperidone</i>	21	SIGNIFOR	46
<i>risperidone er</i>	21	<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet</i>	55
RISPERIDONE ODT	21	<i>silver sulfadiazine</i>	38
<i>ritonavir</i>	24	SIMBRINZA	52
<i>rivastigmine tartrate</i>	9	<i>simvastatin</i>	34
<i>rivastigmine transdermal system</i>	9	<i>sirolimus</i>	49
RIVFLOZA	52	SIRTURO	14
<i>rizatriptan benzoate</i>	13	SKYRIZI	47
<i>rizatriptan benzoate odt</i>	13	SKYRIZI PEN	47
ROCKLATAN	52	<i>sodium chloride</i>	40
<i>roflumilast</i>	55	<i>sodium chloride 0.45%</i>	40
<i>ropinirole hcl</i>	19	<i>sodium chloride 0.9%</i>	52
<i>ropinirole hydrochloride</i>	19	SODIUM OXYBATE	56
<i>rosuvastatin calcium</i>	34	<i>sodium phenylbutyrate</i>	42
ROTARIX	50	<i>sodium polystyrene sulfonate</i>	41
ROTATEQ	50	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	41
<i>roweepira</i>	7	SOHONOS	21
ROZLYTREK	17	<i>solifenacin succinate</i>	43
RUBRACA	17		
<i>rufinamide</i>	8		

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SOLIQUA 100/33	26	SYNJARDY	26
SOLTAMOX	14	SYNJARDY XR	26
SOMATULINE DEPOT	38	TABLOID	14
SOMATULINE DEPOT	46	TABRECTA	17
SOMAVERT	46	<i>tacrolimus</i>	38
<i>sorafenib</i>	17	<i>tacrolimus</i>	49
<i>sorafenib tosylate</i>	17	<i>tadalafil</i>	43
<i>sorine</i>	31	TAFINLAR	17
<i>sotalol hcl</i>	31	TAGRISSO	17
<i>sotalol hydrochloride</i>	31	TALZENNA	17
<i>sotalol hydrochloride (af)</i>	31	<i>tamoxifen citrate</i>	14
<i>spironolactone</i>	35	<i>tamsulosin hydrochloride</i>	43
<i>spironolactone/hydrochlorothiazide</i>	33	TASIGNA	17
SPRITAM	7	<i>tasimelteon</i>	56
SPRYCEL	17	TAVNEOS	47
<i>sps</i>	41	<i>tazarotene</i>	37
<i>sronyx</i>	45	TAZICEF	4
<i>ssd</i>	38	<i>taztia xt</i>	32
STAMARIL	50	TAZVERIK	17
STELARA	47	TDVAX	50
STIOLTO RESPIMAT	56	TEFLARO	5
STIVARGA	17	<i>telmisartan</i>	29
STREPTOMYCIN SULFATE	3	<i>temazepam</i>	56
STRIBILD	22	TENIVAC	50
<i>subvenite</i>	7	<i>tenofovir disoproxil fumarate</i>	23
<i>sucrafate</i>	42	TEPMETKO	17
<i>sulfacetamide sodium</i>	6	<i>terazosin hcl</i>	29
SULFACETAMIDE SODIUM	53	<i>terazosin hydrochloride</i>	29
SULFACETAMIDE	52	<i>terbinafine hcl</i>	12
SODIUM/PREDNISOLONE SODIUM		<i>terbinafine hydrochloride</i>	12
PHOSPHATE		<i>terconazole</i>	12
<i>sulfadiazine</i>	6	<i>teriflunomide</i>	37
<i>sulfamethoxazole/trimethoprim</i>	6	<i>testosterone</i>	44
<i>sulfamethoxazole/trimethoprim ds</i>	6	<i>testosterone cypionate</i>	44
<i>sulfasalazine</i>	50	TESTOSTERONE ENANTHATE	44
<i>sulindac</i>	1	<i>testosterone pump</i>	44
<i>sumatriptan</i>	13	<i>tetrabenazine</i>	36
<i>sumatriptan succinate</i>	13	<i>tetracycline hydrochloride</i>	6
SUMATRIPTAN SUCCINATE REFILL	13	THALOMID	14
<i>sunitinib malate</i>	17	<i>theophylline er</i>	55
SUNLENCA	24	<i>thioridazine hydrochloride</i>	19
SUNOSI	56	<i>thiothixene</i>	19
SYMBICORT	56	<i>tiadylt er</i>	32
SYMJEPI	55	<i>tiagabine hydrochloride</i>	8
SYMPAZAN	8	TIBSOVO	17
SYMTUZA	24	TICE BCG	15
SYNAREL	46	TICOVAC	50



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<i>tigecycline</i>	4	<i>trifluoperazine hcl</i>	19
<i>timolol maleate</i>	31	<i>trifluoperazine hydrochloride</i>	19
<i>timolol maleate</i>	53	TRIFLURIDINE	53
<i>timolol maleate ophthalmic gel forming</i>	53	<i>trihexyphenidyl hydrochloride</i>	18
<i>tinidazole</i>	4	TRIJARDY XR	26
TIVDAK	18	TRIKAFTA	55
TIVICAY	22	<i>trimethoprim</i>	4
TIVICAY PD	22	<i>trimipramine maleate</i>	11
<i>tizanidine hcl</i>	22	TRINTELLIX	11
<i>tizanidine hydrochloride</i>	22	TRIUMEQ	23
TOBI PODHALER	55	TRIUMEQ PD	23
TOBRADEX	52	TRIZIVIR	23
TOBRADEX ST	52	TRODELVY	18
<i>tobramycin</i>	53	TROGARZO	24
<i>tobramycin</i>	55	TRULICITY	26
TOBRAMYCIN SULFATE	3	TRUMENBA	50
<i>tobramycin/dexamethasone</i>	52	TRUQAP	17
<i>tolterodine tartrate</i>	43	TUKYSA	17
<i>tolterodine tartrate er</i>	43	TURALIO	17
<i>topiramate</i>	7	TWINRIX	50
<i>toremifene citrate</i>	14	TYBOST	24
<i>torpenz</i>	17	TYMLOS	51
<i>torseamide</i>	33	TYPHIM VI	50
TOUJEO MAX SOLOSTAR	28	TYRVAYA	3
TOUJEO SOLOSTAR	28	UBRELVY	13
TRADJENTA	26	<i>unithroid</i>	46
TRAMADOL HCL ER	1	<i>ursodiol</i>	41
<i>tramadol hydrochloride</i>	2	<i>valacyclovir hydrochloride</i>	24
<i>tramadol hydrochloride er</i>	1	VALCHLOR	14
<i>trandolapril</i>	30	<i>valganciclovir</i>	22
<i>tranexamic acid</i>	29	<i>valganciclovir hydrochloride</i>	22
<i>tranlycypromine sulfate</i>	10	<i>valproic acid</i>	7
TRAVASOL	40	<i>valrubicin</i>	15
<i>travoprost</i>	54	VALSARTAN	30
<i>trazodone hydrochloride</i>	11	<i>valsartan/hydrochlorothiazide</i>	33
TRECTOR	14	VALTOCO 10 MG DOSE	8
TRELEGY ELLIPTA	56	VALTOCO 15 MG DOSE	8
TRELSTAR MIXJECT	46	VALTOCO 20 MG DOSE	8
<i>tretinoin</i>	18	VALTOCO 5 MG DOSE	8
<i>tretinoin</i>	37	<i>valtya 1/50</i>	45
<i>triamcinolone acetonide</i>	38	<i>vancomycin hcl</i>	4
<i>triamcinolone acetonide</i>	44	<i>vancomycin hydrochloride</i>	4
<i>triamcinolone acetonide dental paste</i>	37	VANFLYTA	17
<i>triamterene</i>	34	VAQTA	50
<i>triamterene/hydrochlorothiazide</i>	33	<i>varenicline starting month</i>	3
<i>triderm</i>	38	<i>varenicline tartrate</i>	3
TRIENTINE HYDROCHLORIDE	40	VARIVAX	50

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VAXCHORA	50	XERMELO	41
VENCLEXTA	17	XGEVA	51
VENCLEXTA STARTING PACK	17	XIFAXAN	41
<i>venlafaxine hydrochloride</i>	11	XIGDUO XR	26
<i>venlafaxine hydrochloride er</i>	11	XOLAIR	47
VENTAVIS	55	XOSPATA	17
VEOZAH	36	XPHOZAH	40
<i>verapamil hcl</i>	32	XPOVIO	17
VERAPAMIL HCL ER	32	XPOVIO 60 MG TWICE WEEKLY	17
VERAPAMIL HCL SR	32	XPOVIO 80 MG TWICE WEEKLY	17
<i>verapamil hydrochloride</i>	32	XTANDI	14
VERAPAMIL HYDROCHLORIDE ER	32	<i>xulane</i>	45
VERQUVO	35	<i>yargesa</i>	42
VERSACLOZ	21	YESINTEK	47
VERZENIO	17	YF-VAX	50
<i>vestura</i>	45	<i>yuvafem</i>	45
V-GO 20	52	<i>zafemy</i>	45
V-GO 30	52	<i>zafirlukast</i>	54
V-GO 40	52	<i>zaleplon</i>	56
<i>vienva</i>	45	ZARXIO	29
<i>vigabatrin</i>	8	ZEJULA	17
<i>vilazodone hydrochloride</i>	11	ZELBORAF	17
VIRACEPT	24	<i>zenatane</i>	37
VIREAD	23	ZENPEP	42
VITRAKVI	17	ZEPZELCA	14
VIVOTIF	50	<i>zidovudine</i>	23
VIZIMPRO	17	ZILBRYSQ	48
VONJO	15	<i>ziprasidone hcl</i>	21
VORANIGO	18	<i>ziprasidone mesylate</i>	21
<i>voriconazole</i>	12	ZIRGAN	53
VOSEVI	22	ZOLINZA	15
VOWST	41	<i>zolpidem tartrate</i>	56
VOYDEYA	29	ZONISADE	9
VRAYLAR	21	<i>zonisamide</i>	9
VYZULTA	54	ZTALMY	8
<i>warfarin sodium</i>	28	ZURZUVAE	9
WELIREG	42	ZYDELIG	17
WEZLANA	47	ZYKADIA	17
<i>wixela inhub</i>	56	ZYPREXA RELPREVV	21
XALKORI	17		
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This formulary was updated on May 1, 2025. For more recent information or other questions, please contact us, Medicare Plus Blue PPO Customer Service, at 1-877-241-2583 (TTY users should call 711), Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

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