

2025



Medicare Plus BlueSM Group PPO UAW Trust

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 November 1, 2025. For more recent information or other questions, please contact us, UAW Trust Medicare Advantage Service Center, at 1-888-322-5616 (TTY users should call 711), Monday through Friday, 8 a.m. to 7 p.m. Eastern time or visit www.bcbsm.com/uawtrust.

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

- **Important message about what you pay for vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
- **Important message about what you pay for insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Updated: 11/01/2025

Formulary 25360

www.bcbsm.com/uawtrust

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 Group PPO.

This document includes a Drug List (formulary) for our plan which is current as of November 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 Group PPO UAW Trust Comprehensive 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 Group 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 Group PPO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 Group 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 the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.bcbsm.com/uawtrust/plans/medicare/ma-ppo.

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.** Typically, when a new generic or new biosimilar of a covered drug is released, the brand or original biologic continues to stay on the formulary for the remainder of the plan year. If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we add the generic or biosimilar, 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 Group PPO UAW Trust Comprehensive 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 changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, or quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - 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 Group PPO UAW Trust Comprehensive 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 November 1, 2025. To get updated information about the drugs covered by Medicare Plus Blue Group 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 77. 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 Group 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The "Drug List" tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Medicare Plus Blue Group 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 Group PPO before you fill your prescriptions. If you don't get approval, Medicare Plus Blue Group PPO may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Plus Blue Group PPO limits the amount of the drug that Medicare Plus Blue Group PPO will cover. For example, Medicare Plus Blue Group 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 Group 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 Group PPO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Plus Blue Group 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 Group 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 Group PPO UAW Trust Comprehensive 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 Group 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 Group 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 Group PPO.
- You can ask Medicare Plus Blue Group 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 Group PPO UAW Trust Comprehensive Formulary?

You can ask Medicare Plus Blue Group 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 3) 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 Group 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. This can only be requested for a Tier 3 drug to a Tier 2 drug.

Generally, Medicare Plus Blue Group 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 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.

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 Group PPO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Medicare Plus Blue Group 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.

Medicare Plus Blue Group PPO UAW Trust Comprehensive Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medicare Plus Blue Group PPO. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ELIQUIS®) 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 Group PPO has any special requirements for coverage of your drug.

Tier	Standard retail cost sharing (up to a 31-day supply)	Standard retail cost sharing (up to a 90-day supply)*	Mail-order cost sharing (up to a 90-day supply)*
Tier 1	\$0	\$0	\$0
Tier 2	\$33	\$99	\$33
Tier 3	\$115	\$345	\$115

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 medication. Check with your pharmacist.

Tier	Includes
Tier 1	Most generic drugs
Tier 2	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs
Tier 3	Non-preferred generic and non-preferred brand name drugs

Drug Notes Code Definitions	
Symbol	Definition
B/D	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.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.
NDS	Non-extended Day Supply. Most specialty and opioid drugs are limited to a 31-day supply through retail and mail.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try 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
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	1	QL(62 EA per 31 days)
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium/misoprostol</i>	1	
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	1	QL(300 ML per 30 days)
<i>diflunisal tabs 500mg</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac er</i>	1	
<i>etodolac caps, tabs</i>	1	
<i>flurbiprofen tabs 100mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	1	
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp</i>	1	QL(1800 ML per 30 days); NDS
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 500mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	1	QL(4 EA per 28 days); PA; NDS
<i>fentanyl</i>	1	QL(15 EA per 30 days); PA; NDS
<i>methadone hcl inj</i>	1	PA; NDS
<i>methadone hcl oral soln 10mg/5ml</i>	1	QL(1860 ML per 31 days); PA; NDS
<i>methadone hcl oral soln 5mg/5ml</i>	1	QL(3720 ML per 31 days); PA; NDS
<i>methadone hcl tabs 5mg</i>	1	QL(248 EA per 31 days); PA; NDS
<i>methadone hcl tabs 10mg</i>	1	QL(372 EA per 31 days); PA; NDS
<i>methadone hydrochloride intensol</i>	1	QL(372 ML per 31 days); PA
<i>methadone hydrochloride conc</i>	1	QL(372 ML per 31 days); PA; NDS
<i>mitigo</i>	1	B/D; NDS
<i>morphine sulfate er cp24 75mg, 90mg</i>	1	QL(124 EA per 31 days); PA; NDS
<i>morphine sulfate er cp24 10mg, 20mg, 30mg, 45mg, 50mg, 60mg</i>	1	QL(62 EA per 31 days); PA; NDS
<i>morphine sulfate er cp24 100mg, 120mg, 60mg, 80mg</i>	1	QL(93 EA per 31 days); PA; NDS
<i>morphine sulfate er tbc 30mg, 60mg</i>	1	QL(124 EA per 31 days); PA; 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.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tbc 200mg</i>	1	QL(62 EA per 31 days); PA; NDS
<i>morphine sulfate er tbc 100mg, 15mg</i>	1	QL(93 EA per 31 days); PA; NDS
<i>oxymorphone hydrochloride er tbc 30mg</i>	1	QL(124 EA per 31 days); PA; NDS
<i>oxymorphone hydrochloride er tbc 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	1	QL(62 EA per 31 days); PA; NDS
<i>oxymorphone hydrochloride er</i>	1	QL(93 EA per 31 days); PA; NDS
<i>tramadol hcl er tbc 24</i>	1	QL(31 EA per 31 days); NDS
<i>tramadol hydrochloride er</i>	1	QL(31 EA per 31 days); NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	QL(403 EA per 31 days); NDS
<i>acetaminophen/codeine soln</i>	1	QL(4650 ML per 31 days); NDS
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	1	QL(403 EA per 31 days); NDS
<i>butorphanol tartrate inj</i>	1	NDS
<i>butorphanol tartrate nasal soln</i>	1	QL(5 ML per 30 days); NDS
CODEINE SULFATE TABS 15MG, 60MG	1	QL(186 EA per 31 days); NDS
<i>codeine sulfate tabs 30mg</i>	1	QL(186 EA per 31 days); NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(372 EA per 31 days); NDS
<i>fentanyl citrate oral transmucosal</i>	1	QL(124 EA per 31 days); PA; NDS
FENTANYL CITRATE INJ 25MCG/0.5ML, 500MCG/10ML	1	B/D; NDS
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 50mcg/ml</i>	1	B/D; NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL(5580 ML per 31 days); NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	1	QL(248 EA per 31 days); NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg</i>	1	QL(372 EA per 31 days); NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	1	QL(403 EA per 31 days); NDS
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL(372 EA per 31 days); NDS
<i>hydromorphone hcl liq</i>	1	QL(1550 ML per 31 days); NDS
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	1	NDS
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml</i>	1	NDS
<i>hydromorphone hcl tabs 8mg</i>	1	QL(186 EA per 31 days); NDS
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	QL(248 EA per 31 days); NDS
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML, 2MG/ML, 4MG/ML	1	NDS
<i>hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 50mg/5ml</i>	1	NDS
MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	1	NDS
<i>morphine sulfate inj 2mg/ml</i>	1	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 20mg/5ml</i>	1	QL(1550 ML per 31 days); NDS
<i>morphine sulfate oral soln 100mg/5ml</i>	1	QL(310 ML per 31 days); NDS
<i>morphine sulfate oral soln 10mg/5ml</i>	1	QL(3100 ML per 31 days); NDS
<i>morphine sulfate tabs 30mg</i>	1	QL(186 EA per 31 days); NDS
<i>morphine sulfate tabs 15mg</i>	1	QL(248 EA per 31 days); NDS
<i>nalbuphine hydrochloride</i>	1	NDS
<i>oxycodone hcl caps</i>	1	QL(372 EA per 31 days); NDS
<i>oxycodone hydrochloride conc</i>	1	QL(186 ML per 31 days); NDS
<i>oxycodone hydrochloride caps</i>	1	QL(372 EA per 31 days); NDS
<i>oxycodone hydrochloride soln</i>	1	QL(4030 ML per 31 days); NDS
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	1	QL(186 EA per 31 days); NDS
<i>oxycodone hydrochloride tabs 15mg</i>	1	QL(248 EA per 31 days); NDS
<i>oxycodone hydrochloride tabs 10mg, 5mg</i>	1	QL(372 EA per 31 days); NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(372 EA per 31 days); NDS
<i>oxymorphone hydrochloride</i>	1	QL(186 EA per 31 days); NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	QL(248 EA per 31 days); NDS
<i>tramadol hydrochloride tabs 50mg</i>	1	QL(248 EA per 31 days); NDS
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(60 ML per 30 days)
<i>lidocaine hcl jelly prsy</i>	1	QL(60 ML per 30 days)
<i>lidocaine hcl inj 0.5%, 1.5%, 4%</i>	1	B/D
<i>lidocaine hcl prsy 2%</i>	1	QL(60 ML per 30 days)
<i>lidocaine hcl mouth/throat soln 4%</i>	1	
<i>lidocaine hydrochloride jelly</i>	1	QL(60 ML per 30 days)
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine hydrochloride/epinephrine</i>	1	
<i>lidocaine hydrochloride inj 1%, 100mg/5ml, 2%, 4%</i>	1	B/D
<i>lidocaine hydrochloride external soln 4%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%, 1:200000; 1.5%, 1:200000; 2%</i>	1	
<i>lidocaine/prilocaine crea</i>	1	QL(60 GM per 30 days)
<i>lidocaine oint 5%</i>	1	QL(152 GM per 30 days)
<i>lidocaine ptch 5%</i>	1	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tabs</i>	1	
<i>naltrexone hydrochloride tabs</i>	1	
VIVITROL	2	NDS
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	1	
<i>buprenorphine hcl subl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl inj</i>	1	NDS
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	1	
<i>buprenorphine hydrochloride inj</i>	1	NDS
Opioid Reversal Agents		
KLOXXADO	3	
<i>naloxone hcl inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	QL(62 EA per 31 days)
NICOTROL INHALER	3	
NICOTROL NS	3	
<i>varenicline starting month</i>	1	
<i>varenicline starting pack</i>	1	
<i>varenicline tartrate</i>	1	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	2	QL(235.2 ML per 28 days); PA; NDS
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>humatin</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate inj 1gm</i>	1	NDS
<i>tobramycin sulfate inj</i>	1	
Antibacterials, Other		
<i>aztreonam</i>	1	
<i>chloramphenicol sodium succinate</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	1	
<i>clindamycin/sodium chloride</i>	1	
<i>colistimethate sodium</i>	1	
<i>daptomycin</i>	1	

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<i>linezolid inj</i>	1	
<i>linezolid susr</i>	1	QL(1800 ML per 30 days); NDS
<i>linezolid tabs</i>	1	QL(56 EA per 28 days)
<i>methenamine hippurate</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole crea, gel, lotn</i>	1	
<i>metronidazole inj 500mg/100ml</i>	1	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin susp 25mg/5ml</i>	1	NDS
<i>tigecycline</i>	1	NDS
<i>tinidazole</i>	1	
<i>trimethoprim tabs</i>	1	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	1	
<i>vancomycin hcl inj 100gm, 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	1	
<i>vancomycin hydrochloride caps 125mg</i>	1	QL(40 EA per 10 days)
<i>vancomycin hydrochloride caps 250mg</i>	1	QL(80 EA per 10 days)
VANCOMYCIN HYDROCHLORIDE INJ 1.75GM, 1000MG/200ML, 2GM, 500MG/100ML, 750MG/150ML	1	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	1	
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	1	
XIFAXAN TABS 200MG	2	QL(9 EA per 30 days); PA
XIFAXAN TABS 550MG	2	QL(93 EA per 31 days); PA; NDS
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	1	
<i>cefaclor susr 250mg/5ml</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN SODIUM/DEXTROSE INJ 3GM; 2%	1	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	1	
<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	1	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	1	
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride inj 1gm, 2gm</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium inj 1gm, 2gm</i>	3	

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<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium inj</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr, tabs</i>	1	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	2	NDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 500mg</i>	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	2	
<i>dicloxacillin sodium</i>	1	
<i>extencilline</i>	2	
<i>lentocilin</i>	2	
<i>naficillin</i>	1	
<i>naficillin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
Carbapenems		
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
Macrolides		

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<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
DIFICID SUSR	2	QL(136 ML per 10 days); NDS
DIFICID TABS	2	QL(20 EA per 10 days); NDS
<i>erythromycin base tabs 250mg</i>	1	
<i>erythromycin dr tbec</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	1	
<i>erythromycin lactobionate</i>	1	
<i>fidaxomicin</i>	1	QL(20 EA per 10 days); NDS
Quinolones		
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
<i>ofloxacin tabs 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tabs</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate caps, inj</i>	1	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	1	
<i>doxycycline susr</i>	1	
MINOCIN INJ	2	NDS
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	
NUZYRA TABS	3	QL(30 EA per 14 days); PA
<i>tetracycline hydrochloride caps</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INJ	2	PA
BRIVIACT ORAL SOLN	2	QL(600 ML per 30 days); PA
BRIVIACT TABS	2	QL(62 EA per 31 days); PA
ELEPSIA XR	2	
EPIDIOLEX	2	PA
EPRONTIA	3	

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<i>felbamate</i>	1	
FINTEPLA	2	QL(360 ML per 30 days); PA
FYCOMPA TABS	2	QL(31 EA per 31 days)
FYCOMPA SUSP	2	QL(720 ML per 30 days)
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine chew, tabs</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam/sodium chloride</i>	1	
<i>levetiracetam inj, oral soln, tabs</i>	1	
<i>perampanel</i>	1	QL(31 EA per 31 days)
<i>roweepra tabs 500mg</i>	1	
SPRITAM TB3D 750MG	2	QL(124 EA per 31 days)
SPRITAM TB3D 250MG, 500MG	2	QL(62 EA per 31 days)
SPRITAM TB3D 1000MG	2	QL(93 EA per 31 days)
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
<i>topiramate csp, soln, tabs</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
XCOPRI TABS 25MG	2	QL(31 EA per 31 days); PA
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
LIBERVANT	2	QL(10 EA per 30 days); PA
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp</i>	1	QL(480 ML per 30 days); PA
<i>clobazam tabs</i>	1	QL(62 EA per 31 days); PA
DIACOMIT CAPS 500MG	2	QL(186 EA per 31 days)
DIACOMIT CAPS 250MG	2	QL(372 EA per 31 days)
DIACOMIT PACK 500MG	2	QL(186 EA per 31 days)
DIACOMIT PACK 250MG	2	QL(372 EA per 31 days)
<i>diazepam rectal gel</i>	1	QL(5 EA per 30 days)
<i>gabapentin soln</i>	1	QL(2232 ML per 31 days)
<i>gabapentin caps</i>	1	QL(279 EA per 31 days)
<i>gabapentin tabs 800mg</i>	1	QL(124 EA per 31 days)
<i>gabapentin tabs 600mg</i>	1	QL(186 EA per 31 days)
NAYZILAM	2	QL(10 EA per 30 days); PA

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<i>pentobarbital sodium inj</i>	1	PA
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>primidone tabs</i>	1	
SYMPAZAN	2	QL(62 EA per 31 days); PA
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	2	QL(10 EA per 30 days); PA
VALTOCO 15 MG DOSE	2	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE	2	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE	2	QL(10 EA per 30 days); PA
<i>vigabatrin</i>	1	QL(186 EA per 31 days); PA
<i>vigadrone</i>	1	QL(186 EA per 31 days); PA
VIGAFYDE	2	PA
<i>vigpoder</i>	1	QL(186 EA per 31 days); PA
ZTALMY	2	PA
Sodium Channel Agents		
APTiom TABS 200MG, 400MG	2	QL(31 EA per 31 days)
APTiom TABS 600MG, 800MG	2	QL(62 EA per 31 days)
<i>carbamazepine er</i>	1	
<i>carbamazepine chew, susp, tabs</i>	1	
<i>dilantin caps 30mg</i>	2	
<i>epitol</i>	1	
<i>eslicarbazepine acetate tabs 200mg, 400mg</i>	1	QL(31 EA per 31 days)
<i>eslicarbazepine acetate tabs 600mg, 800mg</i>	1	QL(62 EA per 31 days)
<i>fosphenytoin sodium</i>	1	
<i>lacosamide inj</i>	1	
<i>lacosamide oral soln</i>	1	QL(1200 ML per 30 days)
<i>lacosamide tabs</i>	1	QL(62 EA per 31 days)
<i>oxcarbazepine</i>	1	
<i>phenytek</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	1	
<i>rufinamide susp</i>	1	QL(2480 ML per 31 days)
<i>rufinamide tabs 200mg</i>	1	QL(186 EA per 31 days)
<i>rufinamide tabs 400mg</i>	1	QL(248 EA per 31 days)
XCOPRI TABS 100MG, 50MG	2	QL(31 EA per 31 days); PA
XCOPRI TABS 150MG, 200MG	2	QL(62 EA per 31 days); PA
XCOPRI TBPK 0	2	QL(56 EA per 28 days); PA; 250MG DAILY DOSE
XCOPRI TBPK 0	2	QL(56 EA per 28 days); PA; 350MG DAILY DOSE

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XCOPRI TBPk 0	2	QL(56 EA per 365 days); PA; 12.5MG-25MG
XCOPRI TBPk 0	2	QL(56 EA per 365 days); PA; 150MG-200MG
XCOPRI TBPk 0	2	QL(56 EA per 365 days); PA; 50MG-100MG
ZONISADE	3	ST
zonisamide	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ergoloid mesylates tabs	1	PA
<i>Cholinesterase Inhibitors</i>		
donepezil hcl tabs 10mg	1	QL(62 EA per 31 days)
donepezil hcl tbdp 5mg	1	QL(31 EA per 31 days)
donepezil hcl tbdp 10mg	1	QL(62 EA per 31 days)
donepezil hydrochloride odt tbdp 5mg	1	QL(31 EA per 31 days)
donepezil hydrochloride odt tbdp 10mg	1	QL(62 EA per 31 days)
donepezil hydrochloride tabs 5mg	1	QL(31 EA per 31 days)
galantamine hydrobromide er	1	QL(31 EA per 31 days)
galantamine hydrobromide soln	1	QL(186 ML per 31 days)
galantamine hydrobromide tabs	1	QL(62 EA per 31 days)
rivastigmine tartrate	1	QL(62 EA per 31 days)
rivastigmine transdermal system	1	QL(31 EA per 31 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
memantine hcl titration pak	2	QL(98 EA per 365 days); PA
memantine hydrochloride er	1	QL(31 EA per 31 days); PA
memantine hydrochloride soln	1	QL(310 ML per 31 days); PA
memantine hydrochloride tabs 10mg	1	QL(62 EA per 31 days); PA
memantine hydrochloride tabs 5mg	1	QL(93 EA per 31 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	2	QL(62 EA per 31 days); ST
bupropion hydrochloride er (sr) tb12 200mg	1	QL(62 EA per 31 days)
bupropion hydrochloride er (sr) tb12 100mg, 150mg	1	QL(93 EA per 31 days)
bupropion hydrochloride er (xl) tb24 300mg	1	QL(31 EA per 31 days)
bupropion hydrochloride er (xl) tb24 150mg	1	QL(93 EA per 31 days)
bupropion hydrochloride tabs	1	
chlordiazepoxide/amitriptyline	1	
mirtazapine odt	1	QL(31 EA per 31 days)
mirtazapine tabs	1	QL(31 EA per 31 days)
perphenazine/amitriptyline	1	
SPRAVATO 56MG DOSE	2	QL(16 EA per 28 days); PA; NDS
SPRAVATO 84MG DOSE	2	QL(24 EA per 28 days); PA; NDS
ZURZUVAE CAPS 30MG	2	QL(14 EA per 14 days); PA; NDS

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ZURZUVAE CAPS 20MG, 25MG	2	QL(28 EA per 14 days); PA; NDS
Monoamine Oxidase Inhibitors		
EMSAM	2	QL(31 EA per 31 days); NDS
MARPLAN	2	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
<i>citalopram hydrobromide tabs</i>	1	QL(31 EA per 31 days)
<i>citalopram hydrobromide soln</i>	1	QL(620 ML per 31 days)
DESVENLAFAXINE ER TB24 100MG, 50MG	2	QL(31 EA per 31 days); ST
<i>desvenlafaxine er tb24 100mg, 25mg, 50mg</i>	1	QL(31 EA per 31 days)
<i>escitalopram oxalate tabs</i>	1	QL(31 EA per 31 days)
<i>escitalopram oxalate soln</i>	1	QL(620 ML per 31 days)
FETZIMA	2	QL(31 EA per 31 days); ST
FETZIMA TITRATION PACK	2	QL(56 EA per 365 days); ST
<i>fluoxetine dr</i>	1	QL(4 EA per 28 days); ST
<i>fluoxetine hydrochloride caps 10mg, 20mg</i>	1	QL(31 EA per 31 days)
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL(62 EA per 31 days)
<i>fluoxetine hydrochloride 60mg tabs</i>	1	QL(31 EA per 31 days)
<i>fluoxetine hydrochloride soln</i>	1	QL(620 ML per 31 days)
<i>fluvoxamine maleate</i>	1	QL(93 EA per 31 days)
<i>fluvoxamine maleate er</i>	1	QL(62 EA per 31 days); ST
<i>nefazodone hydrochloride</i>	1	
<i>paroxetine hcl er tb24 12.5mg, 37.5mg</i>	1	QL(62 EA per 31 days)
<i>paroxetine hcl er tb24 25mg</i>	1	QL(93 EA per 31 days)
<i>paroxetine hcl tabs 40mg</i>	1	QL(47 EA per 31 days)
<i>paroxetine hcl tabs 30mg</i>	1	QL(62 EA per 31 days)
<i>paroxetine hydrochloride er tb24 12.5mg</i>	1	QL(62 EA per 31 days)
<i>paroxetine hydrochloride er tb24 25mg</i>	1	QL(93 EA per 31 days)
<i>paroxetine hydrochloride tabs</i>	1	QL(31 EA per 31 days)
<i>paroxetine hydrochloride susp</i>	1	QL(930 ML per 31 days)
RALDESY	3	NDS
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	QL(93 EA per 31 days)
<i>sertraline hydrochloride tabs 25mg, 100mg</i>	1	QL(62 EA per 31 days)
<i>trazodone hydrochloride</i>	1	
TRINTELLIX	2	QL(31 EA per 31 days); ST
VENLAFAXINE BESYLATE ER	3	QL(62 EA per 31 days)
<i>venlafaxine hydrochloride</i>	1	QL(93 EA per 31 days)
<i>venlafaxine hydrochloride er cp24 37.5mg</i>	1	QL(31 EA per 31 days)
<i>venlafaxine hydrochloride er cp24 150mg</i>	1	QL(62 EA per 31 days)
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	QL(93 EA per 31 days)
<i>venlafaxine hydrochloride er tb24</i>	3	QL(31 EA per 31 days)

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<i>vilazodone hydrochloride</i>	1	QL(31 EA per 31 days); ST
Tricyclics		
<i>amitriptyline hcl tabs 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl caps 75mg</i>	1	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
<i>nortriptyline hydrochloride soln</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate caps</i>	1	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	1	
<i>meclizine hcl 12.5mg, 25mg tabs</i>	1	
<i>metoclopramide hcl inj, oral soln</i>	1	
<i>metoclopramide hydrochloride inj, tabs</i>	1	
<i>metoclopramide hydrochloride oral soln 10mg/10ml</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>promethazine hcl inj</i>	1	
<i>promethazine hcl supp 12.5mg</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride tabs</i>	1	
<i>promethazine hydrochloride soln 6.25mg/5ml</i>	1	
<i>promethazine hydrochloride supp 25mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	QL(10 EA per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	1	B/D
<i>dronabinol</i>	1	B/D
<i>fosaprepitant dimeglumine</i>	1	

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<i>granisetron hydrochloride tabs</i>	1	B/D
<i>ondansetron hcl soln</i>	1	B/D
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hydrochloride inj</i>	1	
<i>ondansetron hydrochloride tabs</i>	1	B/D
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	B/D
SANCUSO	2	QL(4 EA per 28 days); NDS
Antifungals		
<i>Antifungals</i>		
ABELCET	2	B/D
<i>amphotericin b liposome</i>	1	B/D; NDS
<i>amphotericin b inj</i>	1	B/D
<i>caspofungin acetate</i>	1	
<i>clotrimazole troc 10mg</i>	1	
CRESEMBA	2	PA; NDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	1	PA; NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole soln</i>	1	PA
<i>itraconazole caps</i>	1	QL(124 EA per 31 days); PA
<i>ketoconazole tabs 200mg</i>	1	
<i>micafungin</i>	1	
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>posaconazole dr</i>	1	QL(186 EA per 31 days); PA; NDS
<i>posaconazole susp</i>	1	QL(600 ML per 30 days); NDS
<i>terbinafine hcl tabs</i>	1	QL(62 EA per 31 days)
<i>terconazole crea</i>	1	
<i>voriconazole inj</i>	1	PA
<i>voriconazole susr</i>	1	QL(600 ML per 30 days); NDS
<i>voriconazole tabs 200mg</i>	1	QL(124 EA per 31 days)
<i>voriconazole tabs 50mg</i>	1	QL(496 EA per 31 days)
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol sodium</i>	1	
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	1	QL(124 EA per 31 days)
<i>febuxostat</i>	1	QL(31 EA per 31 days); ST
KRYSTEXXA INJ 8MG/ML	2	PA; NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	
Antimigraine Agents		

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Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG	2	QL(1 ML per 28 days); PA
AJOVY	2	QL(1.5 ML per 28 days); PA
EMGALITY INJ 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	2	QL(3 ML per 28 days); PA
NURTEC	3	QL(18 EA per 30 days); PA; NDS
QULIPTA	3	QL(31 EA per 31 days); PA; NDS
UBRELVY	3	QL(16 EA per 30 days); PA; NDS
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln</i>	1	QL(16 ML per 28 days); PA; NDS
<i>ergotamine tartrate/caffeine</i>	1	
Prophylactic		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan</i>	1	QL(12 EA per 28 days); ST
<i>almotriptan malate</i>	1	QL(12 EA per 28 days); ST
<i>eletriptan hydrobromide</i>	1	QL(12 EA per 28 days); ST
<i>frovatriptan succinate</i>	1	QL(12 EA per 28 days); ST
<i>naratriptan hcl</i>	1	QL(12 EA per 28 days)
<i>rizatriptan benzoate</i>	1	QL(12 EA per 28 days)
<i>rizatriptan benzoate odt</i>	1	QL(12 EA per 28 days)
<i>sumatriptan succinate refill</i>	1	QL(6 ML per 28 days)
<i>sumatriptan succinate inj</i>	1	QL(6 ML per 28 days)
<i>sumatriptan succinate tabs</i>	1	QL(9 EA per 28 days)
<i>sumatriptan soln</i>	1	QL(12 EA per 28 days)
<i>zolmitriptan odt</i>	1	QL(12 EA per 28 days); ST
<i>zolmitriptan tabs</i>	1	QL(12 EA per 28 days); ST
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er tbc</i>	1	
<i>pyridostigmine bromide soln</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	1	
<i>rifabutin</i>	1	
Antituberculars		
<i>cycloserine</i>	1	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid inj, syrp, tabs</i>	1	
PRIFTIN	2	
<i>pyrazinamide tabs</i>	1	
<i>rifampin caps, inj</i>	1	
SIRTURO	2	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TRECATOR	2	
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO	2	PA; NDS
BENDAMUSTINE HYDROCHLORIDE INJ 100MG/4ML	2	PA; NDS
<i>bendamustine hydrochloride inj 100mg, 25mg</i>	1	PA; NDS
BENDEKA	2	PA; NDS
<i>busulfan</i>	1	NDS
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>carmustine</i>	1	NDS
CISPLATIN INJ 50MG	2	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	2	NDS
<i>cyclophosphamide caps</i>	1	B/D
CYCLOPHOSPHAMIDE INJ 500MG/ML	1	
CYCLOPHOSPHAMIDE INJ 1GM/2ML, 2GM/4ML	1	NDS
CYCLOPHOSPHAMIDE INJ 1000MG/10ML, 1GM/5ML, 2000MG/20ML, 2GM/10ML, 500MG/2.5ML, 500MG/5ML	2	NDS
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	1	
CYCLOPHOSPHAMIDE TABS 50MG	2	B/D
<i>cyclophosphamide tabs 25mg</i>	2	B/D
<i>dacarbazine inj 100mg, 200mg</i>	1	
GLEOSTINE CAPS 10MG, 40MG	2	
GLEOSTINE CAPS 100MG	2	NDS
GRAFAPEX	2	PA; NDS
IFOSFAMIDE INJ 3GM	1	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	1	
KEMOPLAT	2	
LEUKERAN	2	NDS
MATULANE	2	NDS
<i>melphalan hydrochloride</i>	1	
<i>oxaliplatin</i>	1	
<i>paraplatin inj 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	1	
TEMODAR INJ	2	NDS
<i>thiotepa inj 100mg, 15mg</i>	1	NDS
VALCHLOR	2	QL(60 GM per 30 days); PA; NDS
VIVIMUSTA	2	PA; NDS
YONDELIS	2	PA; NDS
ZANOSAR	2	
ZEPZELCA	2	PA; NDS
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	1	QL(124 EA per 31 days); PA
<i>abiraterone acetate tabs 500mg</i>	1	QL(62 EA per 31 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide</i>	1	
ERLEADA TABS 60MG	2	QL(120 EA per 30 days); PA; NDS
ERLEADA TABS 240MG	2	QL(30 EA per 30 days); PA; NDS
<i>eulexin</i>	2	
<i>flutamide</i>	1	NDS
<i>nilutamide</i>	1	NDS
NUBEQA	2	QL(124 EA per 31 days); PA; NDS
XTANDI CAPS	2	QL(124 EA per 31 days); PA; NDS
XTANDI TABS 40MG	2	QL(124 EA per 31 days); PA; NDS
XTANDI TABS 80MG	2	QL(62 EA per 31 days); PA; NDS
YONSA	2	QL(124 EA per 31 days); PA; NDS
Antiangiogenic Agents		
<i>lenalidomide</i>	1	QL(28 EA per 28 days); PA; NDS
POMALYST	2	QL(21 EA per 28 days); PA; NDS
THALOMID CAPS 100MG	2	QL(124 EA per 31 days); PA; NDS
THALOMID CAPS 200MG	2	QL(56 EA per 28 days); PA; NDS
THALOMID CAPS 150MG	2	QL(62 EA per 31 days); PA; NDS
THALOMID CAPS 50MG	2	QL(93 EA per 31 days); PA; NDS
Antiestrogens/Modifiers		
<i>fulvestrant</i>	1	
ORSERDU TABS 345MG	2	QL(31 EA per 31 days); PA; NDS
ORSERDU TABS 86MG	2	QL(93 EA per 31 days); PA; NDS
SOLTAMOX	2	NDS
<i>tamoxifen citrate tabs</i>	1	
<i>toremifene citrate</i>	1	
Antimetabolites		
<i>azacitidine</i>	1	PA; NDS
<i>cladribine</i>	1	B/D; NDS
<i>clofarabine</i>	1	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D
<i>floxuridine inj</i>	1	B/D; NDS
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	2	NDS
<i>gemcitabine hcl</i>	1	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 200MG/2ML, 2GM/20ML	1	
<i>gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	1	
<i>hydroxyurea caps</i>	1	
<i>mercaptopurine tabs</i>	1	
<i>mercaptopurine susp</i>	1	PA; NDS
NIPENT	2	NDS

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Drug Name	Drug Tier	Requirements/Limits
ONUREG	2	QL(14 EA per 28 days); PA; NDS
<i>pemetrexed disodium</i>	1	PA
PEMETREXED INJ 1GM/40ML, 500MG/20ML	3	PA
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG, 850MG/34ML	3	PA; NDS
<i>pemetrexed inj 100mg, 500mg</i>	1	PA
<i>pemetrexed inj 1000mg, 750mg</i>	1	PA; NDS
PEMFEXY	3	PA; NDS
PEMRYDI RTU	3	PA; NDS
PURIXAN	2	PA; NDS
TABLOID	2	PA; NDS
Antineoplastics, Other		
ABRAXANE	2	PA; NDS
<i>adriamycin inj 50mg</i>	1	B/D
ADSTILADRIN	2	PA; NDS
AKEEGA	2	QL(62 EA per 31 days); PA; NDS
ANKTIVA	2	PA; NDS
<i>arsenic trioxide</i>	1	NDS
ASPARLAS	2	NDS
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB INJ 1MG, 2.5MG	1	PA
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	1	PA
<i>dactinomycin</i>	1	NDS
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	1	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	
<i>decitabine</i>	1	NDS
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	1	
DOCIVYX	2	NDS
<i>doxorubicin hcl inj 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	1	NDS
<i>doxorubicin hydrochloride inj 10mg, 2mg/ml</i>	1	B/D
DROXIA	2	
ELLENC	2	
ELREXFIO	2	PA; NDS
ELZONRIS	2	PA; NDS
<i>eribulin mesylate</i>	1	PA; NDS
<i>fludarabine phosphate</i>	1	NDS
HALAVEN	2	PA; NDS
<i>idarubicin hcl</i>	1	NDS
IMDELLTRA	2	PA; NDS
INQOVI	2	QL(5 EA per 28 days); PA; NDS
<i>irinotecan hydrochloride</i>	1	
<i>irinotecan inj 500mg/25ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
IWILFIN	2	QL(248 EA per 31 days); PA; NDS
IXEMPRA KIT	2	NDS
KIMMTRAK	2	PA; NDS
KYPROLIS	2	PA; NDS
LAZCLUZE TABS 240MG	2	QL(31 EA per 31 days); PA; NDS
LAZCLUZE TABS 80MG	2	QL(62 EA per 31 days); PA; NDS
LONSURF TABS 6.14MG; 15MG	2	QL(100 EA per 28 days); PA; NDS
LONSURF TABS 8.19MG; 20MG	2	QL(80 EA per 28 days); PA; NDS
LYNOZYFIC	2	PA; NDS
LYSODREN	2	NDS
<i>mitomycin inj 20mg, 40mg, 5mg</i>	1	NDS
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
MODEYSO	2	QL(20 EA per 28 days); PA; NDS
<i>mutamycin</i>	1	NDS
<i>nelarabine</i>	1	NDS
OGSIVEO TABS 50MG	2	QL(186 EA per 31 days); PA; NDS
OGSIVEO TABS 100MG, 150MG	2	QL(62 EA per 31 days); PA; NDS
ONCASPAR	2	NDS
ONIVYDE	2	NDS
ORGOVYX	2	QL(33 EA per 31 days); PA; NDS
<i>paclitaxel</i>	1	
<i>paclitaxel protein-bound particles inj 900mg; 100mg</i>	1	PA; NDS
PHOTOFRIN	2	PA; NDS
PROLEUKIN	2	PA; NDS
REVUFORJ TABS 110MG	2	QL(124 EA per 31 days); PA; NDS
REVUFORJ TABS 25MG	2	QL(248 EA per 31 days); PA; NDS
REVUFORJ TABS 160MG	2	QL(62 EA per 31 days); PA; NDS
<i>romidepsin inj 10mg</i>	1	PA; NDS
RYLAZE	2	NDS
TALVEY	2	PA; NDS
TECVAYLI INJ 30MG/3ML	2	PA
TECVAYLI INJ 153MG/1.7ML	2	PA; NDS
TICE BCG	2	
TRUSELTIQ CPPK 100MG	2	QL(21 EA per 28 days); PA; NDS
TRUSELTIQ CPPK 0, 25MG	2	QL(42 EA per 28 days); PA; NDS
TRUSELTIQ CPPK 25MG	2	QL(63 EA per 28 days); PA; NDS
UVADEX	2	NDS
<i>valrubicin</i>	1	PA; NDS
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
VONJO	2	QL(124 EA per 31 days); PA; NDS
VYXEOS	2	PA; NDS

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ZALTRAP	2	PA; NDS
ZOLINZA	2	QL(124 EA per 31 days); PA; NDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	1	QL(62 EA per 31 days)
<i>letrozole</i>	1	QL(31 EA per 31 days)
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK	2	QL(66 EA per 28 days); PA; NDS
ETOPOPHOS	2	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl</i>	1	
Molecular Target Inhibitors		
ALECENSA	2	QL(248 EA per 31 days); PA; NDS
ALIQOPA	2	PA; NDS
ALUNBRIG TBPk	2	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABS 30MG	2	QL(124 EA per 31 days); PA; NDS
ALUNBRIG TABS 180MG, 90MG	2	QL(31 EA per 31 days); PA; NDS
AUGTYRO CAPS 40MG	2	QL(248 EA per 31 days); PA; NDS
AUGTYRO CAPS 160MG	2	QL(62 EA per 31 days); PA; NDS
AYVAKIT	2	QL(31 EA per 31 days); PA; NDS
BALVERSA TABS 5MG	2	QL(28 EA per 28 days); PA; NDS
BALVERSA TABS 4MG	2	QL(56 EA per 28 days); PA; NDS
BALVERSA TABS 3MG	2	QL(84 EA per 28 days); PA; NDS
BELEODAQ	2	PA; NDS
BOSULIF CAPS 100MG	2	QL(186 EA per 31 days); PA; NDS
BOSULIF CAPS 50MG	2	QL(341 EA per 31 days); PA; NDS
BOSULIF TABS 400MG, 500MG	2	QL(31 EA per 31 days); PA; NDS
BOSULIF TABS 100MG	2	QL(93 EA per 31 days); PA; NDS
BRAFTOVI CAPS 75MG	2	QL(186 EA per 31 days); PA; NDS
BRUKINSA CAPS	2	QL(124 EA per 31 days); PA; NDS
BRUKINSA TABS	2	QL(62 EA per 31 days); PA; NDS
CABOMETYX	2	QL(31 EA per 31 days); PA; NDS
CALQUENCE	2	QL(62 EA per 31 days); PA; NDS
CAPRELSA TABS 300MG	2	QL(31 EA per 31 days); PA; NDS
CAPRELSA TABS 100MG	2	QL(62 EA per 31 days); PA; NDS
COMETRIQ KIT 0	2	QL(112 EA per 28 days); PA; NDS
COMETRIQ KIT 0	2	QL(56 EA per 28 days); PA; NDS
COMETRIQ KIT 20MG	2	QL(84 EA per 28 days); PA; NDS
COPIKTRA	2	QL(56 EA per 28 days); PA; NDS
COTELLIC	2	QL(63 EA per 28 days); PA; NDS
CYRAMZA	2	PA; NDS
DANZITEN	2	QL(124 EA per 31 days); PA; NDS
<i>dasatinib tabs 100mg, 140mg, 50mg, 80mg</i>	1	QL(31 EA per 31 days); PA; NDS

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<i>dasatinib tabs 70mg</i>	1	QL(62 EA per 31 days); PA; NDS
<i>dasatinib tabs 20mg</i>	1	QL(93 EA per 31 days); PA; NDS
DAURISMO TABS 100MG	2	QL(31 EA per 31 days); PA; NDS
DAURISMO TABS 25MG	2	QL(62 EA per 31 days); PA; NDS
ERIVEDGE	2	QL(31 EA per 31 days); PA; NDS
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	1	QL(31 EA per 31 days); PA
<i>erlotinib hydrochloride tabs 25mg</i>	1	QL(93 EA per 31 days); PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(31 EA per 31 days); PA; NDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	1	PA; NDS
EXKIVITY	2	QL(124 EA per 31 days); PA; NDS
FOTIVDA	2	QL(21 EA per 28 days); PA; NDS
FRUZAQLA CAPS 5MG	2	QL(21 EA per 28 days); PA; NDS
FRUZAQLA CAPS 1MG	2	QL(84 EA per 28 days); PA; NDS
FYARRO	2	PA; NDS
GAVRETO	2	QL(124 EA per 31 days); PA; NDS
<i>gefitinib</i>	1	QL(62 EA per 31 days); PA; NDS
GILOTRIF	2	QL(31 EA per 31 days); PA; NDS
GOMEKLI TBSO	2	QL(168 EA per 28 days); PA; NDS
GOMEKLI CAPS 1MG	2	QL(126 EA per 28 days); PA; NDS
GOMEKLI CAPS 2MG	2	QL(84 EA per 28 days); PA; NDS
HERNEXEOS	2	QL(186 EA per 31 days); PA; NDS
IBRANCE	2	QL(21 EA per 28 days); PA; NDS
IBTROZI	2	QL(93 EA per 31 days); PA; NDS
ICLUSIG	2	QL(31 EA per 31 days); PA; NDS
IDHIFA	2	QL(31 EA per 31 days); PA; NDS
<i>imatinib mesylate tabs 400mg</i>	1	QL(62 EA per 31 days); PA
<i>imatinib mesylate tabs 100mg</i>	1	QL(93 EA per 31 days); PA
IMBRUVICA SUSP	2	QL(248 ML per 31 days); PA; NDS
IMBRUVICA CAPS, TABS	2	QL(31 EA per 31 days); PA; NDS
IMKELDI	2	QL(310 ML per 31 days); PA; NDS
INLYTA	2	QL(124 EA per 31 days); PA; NDS
INREBIC	2	QL(124 EA per 31 days); PA; NDS
ITOVEBI TABS 9MG	2	QL(31 EA per 31 days); PA; NDS
ITOVEBI TABS 3MG	2	QL(62 EA per 31 days); PA; NDS
JAKAFI	2	QL(62 EA per 31 days); PA; NDS
JAYPIRCA TABS 50MG	2	QL(31 EA per 31 days); PA; NDS
JAYPIRCA TABS 100MG	2	QL(93 EA per 31 days); PA; NDS
JEVTANA	2	PA; NDS
KISQALI FEMARA 200 DOSE	2	QL(49 EA per 28 days); PA; NDS
KISQALI FEMARA 400 DOSE	2	QL(70 EA per 28 days); PA; NDS
KISQALI FEMARA 600 DOSE	2	QL(91 EA per 28 days); PA; NDS
KISQALI TBPB 200MG	2	QL(21 EA per 28 days); PA; NDS
KISQALI TBPB 200MG	2	QL(42 EA per 28 days); PA; NDS
KISQALI TBPB 200MG	2	QL(63 EA per 28 days); PA; NDS

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KOSELUGO CAPS 25MG	2	QL(124 EA per 31 days); PA; NDS
KOSELUGO CAPS 10MG	2	QL(248 EA per 31 days); PA; NDS
KRAZATI	2	QL(186 EA per 31 days); PA; NDS
<i>lapatinib ditosylate</i>	1	QL(186 EA per 31 days); PA; NDS
LENVIMA 10 MG DAILY DOSE	2	QL(30 EA per 30 days); PA; NDS
LENVIMA 12MG DAILY DOSE	2	QL(90 EA per 30 days); PA; NDS
LENVIMA 14 MG DAILY DOSE	2	QL(60 EA per 30 days); PA; NDS
LENVIMA 18 MG DAILY DOSE	2	QL(90 EA per 30 days); PA; NDS
LENVIMA 20 MG DAILY DOSE	2	QL(60 EA per 30 days); PA; NDS
LENVIMA 24 MG DAILY DOSE	2	QL(90 EA per 30 days); PA; NDS
LENVIMA 4 MG DAILY DOSE	2	QL(30 EA per 30 days); PA; NDS
LENVIMA 8 MG DAILY DOSE	2	QL(60 EA per 30 days); PA; NDS
LORBRENA TABS 100MG	2	QL(31 EA per 31 days); PA; NDS
LORBRENA TABS 25MG	2	QL(93 EA per 31 days); PA; NDS
LUMAKRAS TABS 240MG	2	QL(124 EA per 31 days); PA; NDS
LUMAKRAS TABS 120MG	2	QL(248 EA per 31 days); PA; NDS
LUMAKRAS TABS 320MG	2	QL(93 EA per 31 days); PA; NDS
LYNPARZA TABS	2	QL(124 EA per 31 days); PA; NDS
LYTGOBI TBPK 4MG	2	QL(112 EA per 28 days); PA; NDS; 16MG
LYTGOBI TBPK 4MG	2	QL(140 EA per 28 days); PA; NDS; 20MG
LYTGOBI TBPK 4MG	2	QL(84 EA per 28 days); PA; NDS; 12MG
MEKINIST SOLR	2	QL(1240 ML per 31 days); PA; NDS
MEKINIST TABS 0.5MG	2	QL(124 EA per 31 days); PA; NDS
MEKINIST TABS 2MG	2	QL(31 EA per 31 days); PA; NDS
MEKTOVI	2	QL(186 EA per 31 days); PA; NDS
NERLYNX	2	QL(186 EA per 31 days); PA; NDS
<i>nilotinib hydrochloride caps 150mg, 200mg</i>	1	QL(112 EA per 28 days); PA; NDS
<i>nilotinib hydrochloride caps 50mg</i>	1	QL(434 EA per 31 days); PA; NDS
NINLARO	2	QL(3 EA per 28 days); PA; NDS
ODOMZO	2	QL(31 EA per 31 days); PA; NDS
OJEMDA TABS	2	QL(24 EA per 28 days); PA; NDS
OJEMDA SUSR	2	QL(96 ML per 28 days); PA; NDS
OJJAARA	2	QL(31 EA per 31 days); PA; NDS
<i>pazopanib hydrochloride</i>	1	QL(124 EA per 31 days); PA; NDS
PEMAZYRE	2	QL(14 EA per 21 days); PA; NDS
PIQRAY 200MG DAILY DOSE	2	QL(28 EA per 28 days); PA; NDS
PIQRAY 250MG DAILY DOSE	2	QL(56 EA per 28 days); PA; NDS
PIQRAY 300MG DAILY DOSE	2	QL(56 EA per 28 days); PA; NDS
QINLOCK	2	QL(93 EA per 31 days); PA; NDS
RETEVMO CAPS 80MG	2	QL(124 EA per 31 days); PA; NDS
RETEVMO CAPS 40MG	2	QL(186 EA per 31 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO TABS 120MG, 160MG, 80MG	2	QL(62 EA per 31 days); PA; NDS
RETEVMO TABS 40MG	2	QL(93 EA per 31 days); PA; NDS
REZLIDHIA	2	QL(62 EA per 31 days); PA; NDS
ROMVIMZA	2	QL(8 EA per 28 days); PA; NDS
ROZLYTREK PACK	2	QL(372 EA per 31 days); PA; NDS
ROZLYTREK CAPS 100MG	2	QL(155 EA per 31 days); PA; NDS
ROZLYTREK CAPS 200MG	2	QL(93 EA per 31 days); PA; NDS
RUBRACA	2	QL(124 EA per 31 days); PA; NDS
RYDAPT	2	QL(224 EA per 28 days); PA; NDS
RYTELO	2	PA; NDS
SCSEMBLIX TABS 100MG	2	QL(124 EA per 31 days); PA; NDS
SCSEMBLIX TABS 40MG	2	QL(310 EA per 31 days); PA; NDS
SCSEMBLIX TABS 20MG	2	QL(62 EA per 31 days); PA; NDS
<i>sorafenib</i>	1	QL(124 EA per 31 days); PA; NDS
<i>sorafenib tosylate</i>	1	QL(124 EA per 31 days); PA; NDS
SPRYCEL TABS 100MG, 140MG, 50MG, 80MG	2	QL(31 EA per 31 days); PA; NDS
SPRYCEL TABS 70MG	2	QL(62 EA per 31 days); PA; NDS
SPRYCEL TABS 20MG	2	QL(93 EA per 31 days); PA; NDS
STIVARGA	2	QL(84 EA per 28 days); PA; NDS
<i>sunitinib malate</i>	1	QL(31 EA per 31 days); PA; NDS
TABRECTA	2	QL(124 EA per 31 days); PA; NDS
TAFINLAR TBSO	2	QL(930 EA per 31 days); PA; NDS
TAFINLAR CAPS 75MG	2	QL(124 EA per 31 days); PA; NDS
TAFINLAR CAPS 50MG	2	QL(186 EA per 31 days); PA; NDS
TAGRISO	2	QL(31 EA per 31 days); PA; NDS
TALZENNA CAPS 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	2	QL(31 EA per 31 days); PA; NDS
TALZENNA CAPS 0.25MG	2	QL(93 EA per 31 days); PA; NDS
TASIGNA CAPS 150MG, 200MG	2	QL(112 EA per 28 days); PA; NDS
TASIGNA CAPS 50MG	2	QL(434 EA per 31 days); PA; NDS
TAZVERIK	2	QL(248 EA per 31 days); PA; NDS
<i>temsirolimus</i>	1	NDS
TEPMETKO	2	QL(62 EA per 31 days); PA; NDS
TIBSOVO	2	QL(62 EA per 31 days); PA; NDS
<i>torpenz</i>	1	QL(31 EA per 31 days); PA; NDS
TRUQAP	2	QL(64 EA per 28 days); PA; NDS
TUKYSA TABS 150MG	2	QL(124 EA per 31 days); PA; NDS
TUKYSA TABS 50MG	2	QL(248 EA per 31 days); PA; NDS
TURALIO CAPS 125MG	2	QL(124 EA per 31 days); PA; NDS
VANFLYTA	2	QL(62 EA per 31 days); PA; NDS
VENCLEXTA STARTING PACK	2	QL(84 EA per 365 days); PA; NDS
VENCLEXTA TABS 100MG	2	QL(124 EA per 31 days); PA; NDS
VENCLEXTA TABS 50MG	2	QL(31 EA per 31 days); PA; NDS
VENCLEXTA TABS 10MG	2	QL(62 EA per 31 days); PA
VERZENIO	2	QL(62 EA per 31 days); PA; NDS

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VITRAKVI SOLN	2	QL(300 ML per 30 days); PA; NDS
VITRAKVI CAPS 25MG	2	QL(186 EA per 31 days); PA; NDS
VITRAKVI CAPS 100MG	2	QL(62 EA per 31 days); PA; NDS
VIZIMPRO	2	QL(31 EA per 31 days); PA; NDS
VORANIGO TABS 40MG	2	QL(31 EA per 31 days); PA; NDS
VORANIGO TABS 10MG	2	QL(62 EA per 31 days); PA; NDS
XALKORI CAPS	2	QL(62 EA per 31 days); PA; NDS
XALKORI CPSP 50MG	2	QL(124 EA per 31 days); PA; NDS
XALKORI CPSP 150MG	2	QL(186 EA per 31 days); PA; NDS
XALKORI CPSP 20MG	2	QL(248 EA per 31 days); PA; NDS
XOSPATA	2	QL(93 EA per 31 days); PA; NDS
XPOVIO 60 MG TWICE WEEKLY	2	QL(24 EA per 28 days); PA; NDS
XPOVIO 80 MG TWICE WEEKLY	2	QL(32 EA per 28 days); PA; NDS
XPOVIO TBPk 10MG	2	QL(16 EA per 28 days); PA; NDS
XPOVIO TBPk 40MG, 60MG	2	QL(4 EA per 28 days); PA; NDS
XPOVIO TBPk 40MG, 50MG	2	QL(8 EA per 28 days); PA; NDS
ZEJULA TABS	2	QL(31 EA per 31 days); PA; NDS
ZEJULA CAPS	2	QL(93 EA per 31 days); PA; NDS
ZELBORAF	2	QL(248 EA per 31 days); PA; NDS
ZYDELIG	2	QL(62 EA per 31 days); PA; NDS
ZYKADIA TABS	2	QL(155 EA per 31 days); PA; NDS
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
ADCETRIS	2	PA; NDS
AVASTIN	2	PA; NDS
BAVENCIO	2	PA; NDS
BESPOUSA	2	PA; NDS
BIZENGRI	2	PA; NDS
BLINCYTO	2	B/D; NDS
COLUMVI	2	PA; NDS
DANYELZA	2	PA; NDS
DARZALEX	2	PA; NDS
DARZALEX FASPRO	2	PA; NDS
DATROWAY	2	PA; NDS
ELAHERE	2	PA; NDS
EMPLICITI	2	PA; NDS
EMRELIS	2	PA; NDS
ENHERTU	2	PA; NDS
EPKINLY	2	PA; NDS
ERBITUX	2	PA; NDS
GAZYVA	2	PA; NDS
HERCEPTIN HYLECTA	2	PA; NDS
HERCEPTIN INJ 150MG	2	PA; NDS
IMFINZI	2	PA; NDS
IMJUDO	2	PA; NDS

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JEMPERLI	2	PA; NDS
KADCYLA	2	PA; NDS
KANJINTI	2	PA; NDS
KEYTRUDA INJ 100MG/4ML	2	PA; NDS
LIBTAYO	2	PA; NDS
LOQTORZI	2	PA; NDS
LUNSUMIO	2	PA; NDS
MARGENZA	2	PA; NDS
MONJUVI	2	PA; NDS
MVASI	2	PA; NDS
MYLOTARG	2	PA; NDS
OPDIVO	2	PA; NDS
OPDIVO QVANTIG	2	PA; NDS
OPDUALAG	2	PA; NDS
PADCEV	2	PA; NDS
PERJETA	2	PA; NDS
PHESGO	2	PA; NDS
POLIVY	2	PA; NDS
PORTRAZZA	2	PA; NDS
POTELIGEO	2	PA; NDS
RITUXAN	2	PA; NDS
RUXIENCE	2	PA; NDS
RYBREVA	2	PA; NDS
SARCLISA	2	PA; NDS
TECENTRIQ	2	PA; NDS
TIVDAK	2	PA; NDS
TRAZIMERA	2	PA; NDS
TRODELVY	2	PA; NDS
UNITUXIN	2	PA; NDS
VECTIBIX INJ 100MG/5ML, 400MG/20ML	2	PA; NDS
VYLOY INJ 300MG	2	PA; NDS
YERVOY	2	PA; NDS
ZEVALIN Y-90	2	PA; NDS
ZIIHERA	2	PA; NDS
ZIRABEV	2	PA; NDS
ZYNLONTA	2	PA; NDS
ZYNYZ	2	PA; NDS
Monoclonal Antibody/Antibody-Drug Conjugate		
TECENTRIQ HYBREZA	2	QL(15 ML per 21 days); PA; NDS
TEVIMBRA	2	PA; NDS
VYLOY INJ 100MG	2	PA; NDS
Retinoids		
<i>bexarotene caps</i>	1	PA; NDS
<i>bexarotene gel</i>	1	QL(60 GM per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN	2	PA; NDS
<i>tretinoin caps 10mg</i>	1	NDS
Treatment Adjuncts		
<i>dexrazoxane hydrochloride inj 250mg</i>	1	PA
<i>dexrazoxane hydrochloride inj 500mg</i>	1	PA; NDS
<i>dexrazoxane inj 250mg</i>	1	PA
<i>dexrazoxane inj 500mg</i>	1	PA; NDS
ELITEK	2	NDS
<i>leucovorin calcium tabs</i>	1	
<i>leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	1	
<i>levoleucovorin</i>	1	
<i>levoleucovorin calcium</i>	1	
<i>mesna</i>	1	
MESNEX TABS	2	
VISTOGARD	2	NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	1	QL(496 EA per 31 days)
<i>emverm</i>	3	QL(6 EA per 30 days); NDS
<i>ivermectin tabs</i>	1	PA
<i>praziquantel tabs</i>	1	
Antiprotozoals		
<i>atovaquone</i>	1	QL(420 ML per 30 days)
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone/proguanil hydrochloride</i>	1	
BENZNIDAZOLE	2	
<i>chloroquine phosphate tabs</i>	1	QL(62 EA per 31 days)
COARTEM	2	QL(24 EA per 30 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	QL(124 EA per 31 days)
IMPAVIDO	2	NDS
LAMPIT	2	PA
<i>mefloquine hydrochloride</i>	1	
<i>nitazoxanide</i>	1	QL(62 EA per 31 days); NDS
<i>pentamidine isethionate inj</i>	1	
<i>pentamidine isethionate inhalation soln</i>	1	QL(1 EA per 28 days); B/D
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine tabs</i>	1	NDS
<i>quinine sulfate caps 324mg</i>	1	QL(42 EA per 30 days); PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	

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Antiparkinson Agents, Other		
<i>amantadine hcl caps, soln, tabs</i>	1	
<i>amantadine hydrochloride soln</i>	1	
<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
NOURIANZ	2	QL(31 EA per 31 days); PA; NDS
ONGENTYS	2	QL(31 EA per 31 days); ST
<i>tolcapone</i>	1	QL(186 EA per 31 days); NDS
Dopamine Agonists		
<i>apomorphine hydrochloride inj</i>	1	QL(60 ML per 30 days); PA; NDS
NEUPRO	2	QL(31 EA per 31 days)
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tabs</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps, tabs</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj</i>	1	
<i>chlorpromazine hydrochloride tabs</i>	1	
<i>chlorpromazine hydrochloride conc</i>	3	
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl conc</i>	1	
<i>fluphenazine hydrochloride</i>	1	
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol conc, tabs</i>	1	
<i>loxapine</i>	1	
<i>molindone hydrochloride</i>	1	
<i>pimozide</i>	1	
<i>thioridazine hydrochloride</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
2nd Generation/Atypical		

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA	2	QL(31 EA per 31 days); PA
FANAPT	2	QL(62 EA per 31 days); PA
FANAPT TITRATION PACK A	2	QL(16 EA per 365 days); PA
FANAPT TITRATION PACK B	2	QL(24 EA per 365 days); PA
FANAPT TITRATION PACK C	2	QL(16 EA per 365 days); PA
INVEGA HAFYERA	2	NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	2	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	2	NDS
INVEGA TRINZA	2	NDS
NUPLAZID CAPS	2	QL(31 EA per 31 days); PA
NUPLAZID TABS 10MG	2	QL(31 EA per 31 days); PA
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	1	QL(31 EA per 31 days); ST
<i>paliperidone er tb24 6mg</i>	1	QL(62 EA per 31 days); ST
REXULTI	2	QL(31 EA per 31 days); PA
VRAYLAR CPPK	2	QL(14 EA per 365 days); PA
VRAYLAR CAPS	2	QL(31 EA per 31 days); PA
Treatment-Resistant		
<i>clozapine odt tbdp 100mg, 25mg</i>	1	QL(279 EA per 31 days); ST
<i>clozapine odt tbdp 12.5mg</i>	1	QL(93 EA per 31 days); ST
<i>clozapine odt tbdp 200mg</i>	3	QL(124 EA per 31 days); ST
<i>clozapine odt tbdp 150mg</i>	3	QL(186 EA per 31 days); ST
<i>clozapine tabs 200mg</i>	1	QL(120 EA per 31 days)
<i>clozapine tabs 50mg</i>	1	QL(186 EA per 31 days)
<i>clozapine tabs 100mg, 25mg</i>	1	QL(279 EA per 31 days)
VERSACLOZ	2	QL(558 ML per 31 days); ST
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen inj 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen inj 40mg/20ml</i>	1	B/D; NDS
<i>baclofen tabs 10mg, 20mg, 5mg</i>	1	
BOTOX	2	PA
<i>dantrolene sodium caps</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
XEOMIN	2	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	1	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	2	QL(372 EA per 31 days); PA; NDS
PREVYMIS PACK	2	QL(124 EA per 31 days); PA; NDS
PREVYMIS INJ 240MG/12ML	2	QL(372 ML per 31 days); PA; NDS
PREVYMIS INJ 480MG/24ML	2	QL(744 ML per 31 days); PA; NDS

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PREVYMIS TABS 240MG	2	QL(28 EA per 28 days); PA; NDS
PREVYMIS TABS 480MG	2	QL(30 EA per 30 days); PA; NDS
<i>valganciclovir</i>	1	QL(124 EA per 31 days)
<i>valganciclovir hydrochloride</i>	1	QL(1116 ML per 31 days); NDS
ZIRGAN	2	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE SOLN	2	QL(630 ML per 31 days)
<i>entecavir</i>	1	QL(31 EA per 31 days)
EPIVIR HBV SOLN	2	
<i>lamivudine tabs 100mg</i>	1	QL(31 EA per 31 days)
VEMLIDY	2	QL(31 EA per 31 days); NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA	2	QL(28 EA per 28 days); PA; NDS
HARVONI	2	QL(28 EA per 28 days); PA; NDS
MAVYRET PACK	2	QL(140 EA per 28 days); PA; NDS
MAVYRET TABS	2	QL(84 EA per 28 days); PA; NDS
<i>ribavirin caps</i>	1	
VOSEVI	2	QL(28 EA per 28 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	2	QL(31 EA per 31 days)
CABENUVA INJ 400MG/2ML; 600MG/2ML	2	QL(4 ML per 30 days); NDS
CABENUVA INJ 600MG/3ML; 900MG/3ML	2	QL(6 ML per 30 days); NDS
DOVATO	2	QL(31 EA per 31 days)
GENVOYA	2	QL(31 EA per 31 days)
ISENTRESS HD	2	QL(62 EA per 31 days)
ISENTRESS CHEW	2	QL(186 EA per 31 days)
ISENTRESS PACK, TABS	2	QL(62 EA per 31 days)
JULUCA	2	QL(31 EA per 31 days)
STRIBILD	2	QL(31 EA per 31 days)
TIVICAY PD	2	QL(186 EA per 31 days)
TIVICAY TABS 10MG	2	QL(31 EA per 31 days)
TIVICAY TABS 25MG, 50MG	2	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	2	QL(31 EA per 31 days)
DELSTRIGO	2	QL(31 EA per 31 days)
EDURANT	2	QL(31 EA per 31 days)
EDURANT PED	2	QL(186 EA per 31 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(31 EA per 31 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	QL(31 EA per 31 days)
<i>efavirenz tabs</i>	1	QL(31 EA per 31 days)
<i>efavirenz caps</i>	1	QL(93 EA per 31 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	1	QL(31 EA per 31 days)

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<i>etravirine</i>	1	QL(62 EA per 31 days)
INTELENCE TABS 25MG	2	QL(124 EA per 31 days)
<i>nevirapine er tb24 400mg</i>	1	QL(31 EA per 31 days)
<i>nevirapine susp</i>	1	QL(1240 ML per 31 days)
<i>nevirapine tabs</i>	1	QL(62 EA per 31 days)
PIFELTRO	2	QL(31 EA per 31 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine</i>	1	QL(31 EA per 31 days)
<i>abacavir tabs</i>	1	QL(62 EA per 31 days)
<i>abacavir soln</i>	1	QL(960 ML per 30 days)
CIMDUO	2	QL(31 EA per 31 days)
DESCOVY	2	QL(31 EA per 31 days)
<i>emtricitabine</i>	1	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil</i>	1	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	1	QL(31 EA per 31 days)
EMTRIVA SOLN	2	QL(850 ML per 30 days)
<i>lamivudine/zidovudine</i>	1	QL(62 EA per 31 days)
<i>lamivudine soln 10mg/ml</i>	1	QL(960 ML per 30 days)
<i>lamivudine tabs 300mg</i>	1	QL(31 EA per 31 days)
<i>lamivudine tabs 150mg</i>	1	QL(62 EA per 31 days)
ODEFSEY	2	QL(31 EA per 31 days)
RETROVIR IV INFUSION	2	
<i>stavudine caps</i>	1	QL(62 EA per 31 days)
<i>tenofovir disoproxil fumarate</i>	1	QL(31 EA per 31 days)
TRIUMEQ	2	QL(31 EA per 31 days)
TRIUMEQ PD	2	QL(186 EA per 31 days)
TRIZIVIR	2	QL(62 EA per 31 days)
VIREAD POWD	2	QL(240 GM per 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL(31 EA per 31 days)
<i>zidovudine caps</i>	1	QL(186 EA per 31 days)
<i>zidovudine syrp</i>	1	QL(1920 ML per 30 days)
<i>zidovudine tabs</i>	1	QL(62 EA per 31 days)
Anti-HIV Agents, Other		
FUZEON	2	QL(62 EA per 31 days); NDS
<i>maraviroc tabs 300mg</i>	1	QL(124 EA per 31 days)
<i>maraviroc tabs 150mg</i>	1	QL(62 EA per 31 days)
RUKOBIA	2	QL(62 EA per 31 days)
SELZENTRY SOLN	2	QL(1840 ML per 30 days)
SELZENTRY TABS 25MG	2	QL(496 EA per 31 days)
SELZENTRY TABS 75MG	2	QL(62 EA per 31 days)
SUNLENCA TABS	2	QL(24 EA per 168 days)
SUNLENCA INJ	2	QL(9 ML per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TBPK 300MG	2	QL(10 EA per 365 days)
SUNLENCA TBPK 300MG	2	QL(8 EA per 365 days)
TROGARZO	2	NDS
TYBOST	2	QL(31 EA per 31 days)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	QL(124 EA per 31 days)
<i>atazanavir sulfate</i>	1	QL(31 EA per 31 days)
<i>atazanavir caps 150mg</i>	1	QL(31 EA per 31 days)
<i>atazanavir caps 200mg</i>	1	QL(62 EA per 31 days)
<i>darunavir tabs 800mg</i>	1	QL(31 EA per 31 days)
<i>darunavir tabs 600mg</i>	1	QL(62 EA per 31 days)
EVOTAZ	2	QL(31 EA per 31 days)
<i>fosamprenavir calcium</i>	1	QL(124 EA per 31 days)
KALETRA	2	QL(496 ML per 31 days)
LEXIVA	2	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir soln</i>	1	QL(496 ML per 31 days)
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	1	QL(124 EA per 31 days)
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	1	QL(248 EA per 31 days)
NORVIR	2	QL(372 EA per 31 days)
PREZCOBIX	2	QL(31 EA per 31 days)
PREZISTA SUSP	2	QL(400 ML per 30 days)
PREZISTA TABS 150MG	2	QL(186 EA per 31 days)
PREZISTA TABS 75MG	2	QL(310 EA per 31 days)
REYATAZ	2	QL(186 EA per 31 days)
<i>ritonavir</i>	1	QL(372 EA per 31 days)
SYMTUZA	2	QL(31 EA per 31 days)
VIRACEPT TABS 625MG	2	QL(124 EA per 31 days)
VIRACEPT TABS 250MG	2	QL(310 EA per 31 days)
Anti-influenza Agents		
<i>oseltamivir phosphate caps 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	1	QL(1080 ML per 365 days)
RELENZA DISKHALER	2	QL(60 EA per 180 days)
<i>rimantadine hydrochloride</i>	1	
XOFLUZA TBPK 80MG	2	QL(1 EA per 30 days)
XOFLUZA TBPK 40MG	2	QL(2 EA per 30 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps, susp, tabs</i>	1	
<i>acyclovir oint</i>	1	QL(30 GM per 30 days)
<i>famciclovir tabs</i>	1	
<i>penciclovir crea</i>	1	
<i>valacyclovir hydrochloride tabs 1gm</i>	1	QL(124 EA per 31 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	1	QL(62 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
Antiviral, Coronavirus Agents		
PAXLOVID TBP 150MG; 100MG	2	QL(11 EA per 5 days)
PAXLOVID TBP 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TBP 150MG; 100MG	2	QL(30 EA per 5 days); 300mg-100mg Pak
VEKLURY INJ 100MG	2	QL(4 EA per 3 days); NDS
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	1	
buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg	1	
hydroxyzine hcl tabs 50mg	1	
hydroxyzine hydrochloride tabs 10mg, 25mg	1	
Benzodiazepines		
alprazolam tabs 0.25mg, 0.5mg, 1mg	1	QL(124 EA per 31 days)
alprazolam tabs 2mg	1	QL(155 EA per 31 days)
chlordiazepoxide hcl caps 10mg, 5mg	1	QL(124 EA per 31 days)
chlordiazepoxide hydrochloride caps 25mg	1	QL(124 EA per 31 days)
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	1	QL(124 EA per 31 days)
clonazepam odt tbdp 2mg	1	QL(310 EA per 31 days)
clonazepam tabs 0.5mg, 1mg	1	QL(124 EA per 31 days)
clonazepam tabs 2mg	1	QL(310 EA per 31 days)
clorazepate dipotassium tabs 3.75mg, 7.5mg	1	QL(124 EA per 31 days)
clorazepate dipotassium tabs 15mg	1	QL(186 EA per 31 days)
diazepam intensol	1	QL(248 ML per 31 days)
diazepam tabs	1	QL(124 EA per 31 days)
diazepam oral soln	1	QL(1240 ML per 31 days)
diazepam conc	1	QL(248 ML per 31 days)
DIAZEPAM INJ 10MG/2ML	1	
diazepam inj 50mg/10ml, 5mg/ml	1	
lorazepam intensol	1	QL(155 ML per 31 days)
LORAZEPAM INJ 4MG/ML	1	
lorazepam inj 2mg/ml	1	
lorazepam tabs 0.5mg, 1mg	1	QL(124 EA per 31 days)
lorazepam tabs 2mg	1	QL(155 EA per 31 days)
oxazepam	1	QL(124 EA per 31 days)
Bipolar Agents		
Bipolar Agents, Other		
ABILIFY MAINTENA	2	QL(1 EA per 28 days); NDS
aripiprazole odt	1	QL(62 EA per 31 days); ST
aripiprazole tabs	1	QL(31 EA per 31 days)
aripiprazole soln	1	QL(750 ML per 30 days)
ARISTADA INITIO	2	QL(2.4 ML per 180 days); NDS
ARISTADA INJ 441MG/1.6ML	2	QL(1.6 ML per 28 days); NDS
ARISTADA INJ 662MG/2.4ML	2	QL(2.4 ML per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 882MG/3.2ML	2	QL(3.2 ML per 28 days); NDS
ARISTADA INJ 1064MG/3.9ML	2	QL(3.9 ML per 56 days); NDS
<i>asenapine maleate sl</i>	1	QL(62 EA per 31 days); ST
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL(31 EA per 31 days); ST
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL(62 EA per 31 days); ST
<i>olanzapine odt tbdp 15mg, 20mg</i>	1	QL(31 EA per 31 days)
<i>olanzapine odt tbdp 10mg, 5mg</i>	1	QL(62 EA per 31 days)
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL(31 EA per 31 days); ST
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	1	QL(93 EA per 31 days); ST
<i>olanzapine inj</i>	1	QL(31 EA per 31 days)
<i>olanzapine tabs 15mg, 20mg</i>	1	QL(31 EA per 31 days)
<i>olanzapine tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(62 EA per 31 days)
OPIPZA FILM 2MG	2	QL(31 EA per 31 days); PA
OPIPZA FILM 10MG, 5MG	2	QL(93 EA per 31 days); PA
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	1	QL(31 EA per 31 days)
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	1	QL(62 EA per 31 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	1	QL(62 EA per 31 days)
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	QL(93 EA per 31 days)
<i>risperidone er inj 12.5mg, 25mg, 37.5mg</i>	1	
<i>risperidone er inj 50mg</i>	1	NDS
<i>risperidone odt</i>	1	QL(62 EA per 31 days); ST
<i>risperidone soln</i>	1	QL(248 ML per 31 days)
<i>risperidone tabs</i>	1	QL(62 EA per 31 days)
SECUADO	2	QL(31 EA per 31 days); PA; NDS
<i>ziprasidone hcl</i>	1	QL(62 EA per 31 days)
<i>ziprasidone mesylate</i>	1	QL(62 EA per 31 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	2	
ZYPREXA RELPREVV INJ 405MG	2	NDS
Mood Stabilizers		
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
EQUETRO	2	
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs 50mg</i>	1	QL(186 EA per 31 days)
<i>acarbose tabs 25mg</i>	1	QL(372 EA per 31 days)
<i>acarbose tabs 100mg</i>	1	QL(93 EA per 31 days)
<i>exenatide inj 5mcg/0.02ml</i>	2	QL(1.2 ML per 30 days); PA
<i>exenatide inj 10mcg/0.04ml</i>	2	QL(2.4 ML per 30 days); PA
<i>glimepiride tabs 2mg</i>	1	QL(124 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tabs 1mg</i>	1	QL(248 EA per 31 days)
<i>glimepiride tabs 4mg</i>	1	QL(62 EA per 31 days)
<i>glipizide er tb24 5mg</i>	1	QL(124 EA per 31 days)
<i>glipizide er tb24 2.5mg</i>	1	QL(248 EA per 31 days)
<i>glipizide er tb24 10mg</i>	1	QL(62 EA per 31 days)
<i>glipizide xl tb24 5mg</i>	1	QL(124 EA per 31 days)
<i>glipizide xl tb24 2.5mg</i>	1	QL(248 EA per 31 days)
<i>glipizide xl tb24 10mg</i>	1	QL(62 EA per 31 days)
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(124 EA per 31 days)
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL(248 EA per 31 days)
<i>glipizide tabs 10mg</i>	1	QL(124 EA per 31 days)
<i>glipizide tabs 5mg</i>	1	QL(248 EA per 31 days)
<i>glipizide tabs 2.5mg</i>	1	QL(62 EA per 31 days)
<i>glyburide micronized tabs 3mg</i>	1	QL(124 EA per 31 days)
<i>glyburide micronized tabs 1.5mg</i>	1	QL(248 EA per 31 days)
<i>glyburide micronized tabs 6mg</i>	1	QL(62 EA per 31 days)
<i>glyburide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(124 EA per 31 days)
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg</i>	1	QL(248 EA per 31 days)
<i>glyburide tabs 5mg</i>	1	QL(124 EA per 31 days)
<i>glyburide tabs 2.5mg</i>	1	QL(248 EA per 31 days)
<i>glyburide tabs 1.25mg</i>	1	QL(496 EA per 31 days)
GLYXAMBI	2	QL(31 EA per 31 days)
INVOKAMET	2	QL(62 EA per 31 days)
INVOKAMET XR	2	QL(62 EA per 31 days)
JANUMET	2	QL(62 EA per 31 days)
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	2	QL(31 EA per 31 days)
JANUMET XR TB24 1000MG; 50MG	2	QL(62 EA per 31 days)
JANUVIA	2	QL(31 EA per 31 days)
JENTADUETO	2	QL(62 EA per 31 days)
JENTADUETO XR TB24 5MG; 1000MG	2	QL(31 EA per 31 days)
JENTADUETO XR TB24 2.5MG; 1000MG	2	QL(62 EA per 31 days)
<i>liraglutide inj 6mg/ml</i>	1	QL(9 ML per 30 days); PA
<i>metformin hydrochloride er tb24 500mg</i>	1	QL(124 EA per 31 days)
<i>metformin hydrochloride er tb24 750mg</i>	1	QL(62 EA per 31 days)
<i>metformin hydrochloride soln</i>	1	QL(791 ML per 31 days)
<i>metformin hydrochloride tabs 500mg</i>	1	QL(155 EA per 31 days)
<i>metformin hydrochloride tabs 1000mg</i>	1	QL(78 EA per 31 days)
<i>metformin hydrochloride tabs 850mg</i>	1	QL(93 EA per 31 days)
<i>miglitol tabs 50mg</i>	1	QL(186 EA per 31 days)
<i>miglitol tabs 25mg</i>	1	QL(372 EA per 31 days)
<i>miglitol tabs 100mg</i>	1	QL(93 EA per 31 days)
MOUNJARO	2	QL(2 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide tabs 60mg</i>	1	QL(186 EA per 31 days)
<i>nateglinide tabs 120mg</i>	1	QL(93 EA per 31 days)
NESINA	2	QL(31 EA per 31 days); ST
OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	2	QL(31 EA per 31 days)
OZEMPIC INJ 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride</i>	1	QL(31 EA per 31 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(93 EA per 31 days)
<i>pioglitazone hcl tabs 45mg</i>	1	QL(31 EA per 31 days)
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL(31 EA per 31 days)
<i>repaglinide tabs 2mg</i>	1	QL(248 EA per 31 days)
<i>repaglinide tabs 1mg</i>	1	QL(496 EA per 31 days)
<i>repaglinide tabs 0.5mg</i>	1	QL(992 EA per 31 days)
RYBELSUS TABS 14MG, 3MG, 7MG	2	QL(31 EA per 31 days); PA
<i>saxagliptin hydrochloride</i>	1	QL(31 EA per 31 days)
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg, 500mg; 5mg</i>	1	QL(31 EA per 31 days)
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	1	QL(62 EA per 31 days)
SOLQUA 100/33	2	QL(15 ML per 24 days)
SYMLINPEN 120	2	QL(10.8 ML per 30 days); NDS
SYMLINPEN 60	2	QL(6 ML per 30 days); NDS
SYNJARDY	2	QL(62 EA per 31 days)
SYNJARDY XR TB24 25MG; 1000MG	2	QL(31 EA per 31 days)
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL(62 EA per 31 days)
TRADJENTA	2	QL(31 EA per 31 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL(31 EA per 31 days)
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL(62 EA per 31 days)
TRULICITY	2	QL(2 ML per 28 days); PA
XULTOPHY 100/3.6	2	QL(15 ML per 30 days); ST
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency kit for low blood sugar</i>	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS INJ 1MG/0.2ML	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>Insulins</i>		
APIDRA	2	ST
APIDRA SOLOSTAR	2	ST
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMULIN 70/30	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN N	1	
HUMULIN N KWIKPEN	1	
HUMULIN R	1	
HUMULIN R U-500 (CONCENTRATED)	1	
HUMULIN R U-500 KWIKPEN	1	
LANTUS	2	
LANTUS SOLOSTAR	2	
NOVOLIN 70/30	2	ST
NOVOLIN 70/30 FLEXPEN	2	ST
NOVOLIN 70/30 FLEXPEN RELION	2	ST
NOVOLIN 70/30 RELION	2	ST
NOVOLIN N	2	ST
NOVOLIN N FLEXPEN	2	ST
NOVOLIN N FLEXPEN RELION	2	ST
NOVOLIN N RELION	2	ST
NOVOLIN R	2	ST
NOVOLIN R FLEXPEN	2	ST
NOVOLIN R FLEXPEN RELION	2	ST
NOVOLIN R RELION	2	ST
NOVOLOG	2	ST
NOVOLOG FLEXPEN	2	ST
NOVOLOG FLEXPEN RELION	2	ST
NOVOLOG MIX 70/30	2	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	ST
NOVOLOG MIX 70/30 RELION	2	ST
NOVOLOG PENFILL	2	ST
NOVOLOG RELION	2	ST
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		

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Anticoagulants		
CEPROTIN	2	NDS
<i>dabigatran etexilate</i>	1	QL(62 EA per 31 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABS	2	QL(62 EA per 31 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	1	
<i>enoxaparin sodium inj 40mg/0.4ml</i>	1	QL(11.2 ML per 28 days)
<i>enoxaparin sodium inj 30mg/0.3ml, 60mg/0.6ml</i>	1	QL(16.8 ML per 28 days)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	1	QL(22.4 ML per 28 days)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>	1	QL(28 ML per 28 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NDS
HEPARIN SODIUM/D5W INJ 5%; 100UNIT/ML, 5%; 25000UNIT/250ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	1	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/250ML, 5%; 25000UNIT/500ML	1	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML; 0.45%	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	1	
HEPARIN SODIUM INJ 5000UNIT/0.5ML	1	
<i>heparin sodium inj 10000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>heparin sodium inj 1000unit/ml</i>	1	B/D
<i>jantoven</i>	1	
<i>rivaroxaban tabs</i>	1	QL(372 EA per 31 days)
<i>rivaroxaban susr</i>	1	QL(600 ML per 30 days)
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSR	2	QL(600 ML per 30 days)
XARELTO TABS 10MG, 20MG	2	QL(31 EA per 31 days)
XARELTO TABS 15MG, 2.5MG	2	QL(62 EA per 31 days)
Blood Products and Modifiers, Other		
ADAKVEO	2	PA; NDS
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA

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ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	3	PA; NDS
<i>eltrombopag olamine pack</i>	1	QL(186 EA per 31 days); PA; NDS
<i>eltrombopag olamine tabs 12.5mg, 25mg</i>	1	QL(31 EA per 31 days); PA; NDS
<i>eltrombopag olamine tabs 50mg, 75mg</i>	1	QL(62 EA per 31 days); PA; NDS
FULPHILA	2	ST; NDS
GRANIX	2	ST; NDS
LEUKINE INJ 250MCG	2	PA; NDS
MULPLETA	2	QL(7 EA per 7 days); PA; NDS
NEULASTA	2	NDS
NEULASTA ONPRO KIT	2	NDS
NEUPOGEN	2	ST; NDS
NIVESTYM	1	ST; NDS
NPLATE	2	PA; NDS
<i>plerixafor</i>	1	NDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	2	PA; NDS
PROMACTA PACK	2	QL(186 EA per 31 days); PA; NDS
PROMACTA TABS 12.5MG, 25MG	2	QL(31 EA per 31 days); PA; NDS
PROMACTA TABS 50MG, 75MG	2	QL(62 EA per 31 days); PA; NDS
REBLOZYL	2	PA; NDS
RETACRIT	2	PA
UDENYCA	2	NDS
UDENYCA ONBODY	2	NDS
XOLREMDI	2	QL(124 EA per 31 days); PA; NDS
ZARXIO	1	NDS
ZIEXTENZO	2	ST; NDS
Hemostasis Agents		
<i>aminocaproic acid soln, tabs</i>	1	
<i>tranexamic acid tabs</i>	1	QL(30 EA per 5 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	1	QL(62 EA per 31 days)
BRILINTA	2	QL(62 EA per 31 days)
CABLIVI	2	QL(31 EA per 31 days); PA; NDS
<i>cilostazol</i>	1	
<i>clopidogrel tabs 300mg</i>	1	QL(1 EA per 31 days)
<i>clopidogrel tabs 75mg</i>	1	QL(31 EA per 31 days)
<i>dipyridamole tabs</i>	1	
DOPTelet	2	QL(93 EA per 31 days); PA; NDS
<i>prasugrel hydrochloride</i>	1	QL(31 EA per 31 days)
<i>ticagrelor</i>	1	QL(62 EA per 31 days)

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Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	QL(4 EA per 28 days)
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa caps 200mg, 300mg</i>	1	QL(186 EA per 31 days); PA
<i>droxidopa caps 100mg</i>	1	QL(93 EA per 31 days); PA
<i>midodrine hydrochloride</i>	1	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg</i>	1	QL(31 EA per 31 days)
<i>doxazosin mesylate tabs 8mg</i>	1	QL(62 EA per 31 days)
<i>phenoxybenzamine hydrochloride</i>	1	NDS
<i>prazosin hydrochloride caps</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	1	QL(31 EA per 31 days)
<i>olmesartan medoxomil tabs 5mg</i>	1	QL(62 EA per 31 days)
<i>telmisartan</i>	1	QL(31 EA per 31 days)
<i>valsartan tabs 320mg</i>	1	QL(31 EA per 31 days)
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL(62 EA per 31 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tabs</i>	1	
<i>captopril tabs 100mg</i>	1	QL(124 EA per 31 days)
<i>captopril tabs 50mg</i>	1	QL(279 EA per 31 days)
<i>captopril tabs 12.5mg, 25mg</i>	1	QL(93 EA per 31 days)
<i>enalapril maleate tabs</i>	1	QL(62 EA per 31 days)
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	QL(62 EA per 31 days)
<i>moexipril hydrochloride</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>adenosine inj 12mg/4ml, 6mg/2ml</i>	1	
<i>amiodarone hydrochloride tabs</i>	1	
<i>amiodarone hydrochloride inj 450mg/9ml, 50mg/ml, 900mg/18ml</i>	1	
<i>dofetilide caps 125mcg</i>	1	QL(186 EA per 31 days)
<i>dofetilide caps 250mcg, 500mcg</i>	1	QL(62 EA per 31 days)
<i>flecainide acetate</i>	1	
<i>ibutilide fumarate</i>	1	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hydrochloride inj 100mg/5ml</i>	1	
<i>mexiletine hydrochloride caps</i>	1	
MULTAQ	2	
<i>procainamide hydrochloride</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate tabs</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl tabs 120mg, 160mg, 240mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	1	
SOTYLIZE	2	PA
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i>	1	QL(31 EA per 31 days)
<i>nebivolol hydrochloride tabs 20mg</i>	1	QL(62 EA per 31 days)
<i>pindolol tabs</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er</i>	1	
<i>propranolol hydrochloride soln</i>	1	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine caps</i>	1	
<i>nisoldipine er</i>	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er cp12, tb24</i>	1	
<i>diltiazem hcl inj 100mg, 50mg/10ml</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg</i>	1	
<i>diltiazem hydrochloride er cp12, cp24</i>	1	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride inj 125mg/25ml, 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tabs 120mg, 90mg</i>	1	
<i>matzim la</i>	1	
<i>tiadylt er</i>	1	
VERAPAMIL HCL ER CP24 100MG, 300MG	1	
<i>verapamil hcl er cp24 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl er tbc 120mg</i>	1	
VERAPAMIL HCL SR CP24 360MG	1	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CP24	1	
<i>verapamil hydrochloride er tbc</i>	1	
VERAPAMIL HYDROCHLORIDE SR CP24 360MG	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	1	
<i>aliskiren</i>	1	ST
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	QL(31 EA per 31 days)
<i>amlodipine/olmesartan medoxomil</i>	1	QL(31 EA per 31 days)
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	QL(31 EA per 31 days)
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	QL(62 EA per 31 days)
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg, 50mg; 25mg</i>	1	QL(62 EA per 31 days)
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg, 50mg; 15mg</i>	1	QL(93 EA per 31 days)
CORLANOR SOLN	2	QL(465 ML per 31 days); PA
<i>digoxin soln</i>	1	QL(155 ML per 31 days)
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	1	QL(31 EA per 31 days)
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	QL(31 EA per 31 days)

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<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	QL(62 EA per 31 days)
ENTRESTO CPSP	2	QL(248 EA per 31 days)
ENTRESTO TABS	2	QL(62 EA per 31 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	QL(186 EA per 31 days)
<i>ivabradine hydrochloride</i>	1	QL(62 EA per 31 days); PA
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL(124 EA per 31 days)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	QL(31 EA per 31 days)
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	QL(62 EA per 31 days)
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	1	NDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL(31 EA per 31 days)
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL(31 EA per 31 days)
<i>pentoxifylline er</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	QL(62 EA per 31 days)
<i>sacubitril/valsartan</i>	1	QL(62 EA per 31 days)
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	QL(31 EA per 31 days)
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL(31 EA per 31 days)
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL(62 EA per 31 days)
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	QL(31 EA per 31 days)
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	1	
<i>ethacrynic acid tabs</i>	1	QL(496 EA per 31 days)
<i>furosemide inj, oral soln, tabs</i>	1	
<i>toremide tabs</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	1	
<i>fenofibrate caps 130mg, 43mg</i>	1	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	

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<i>fenofibric acid dr</i>	1	
<i>gemfibrozil tabs</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	1	
<i>lovastatin tabs</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tabs</i>	1	QL(31 EA per 31 days)
<i>simvastatin tabs</i>	1	QL(31 EA per 31 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	1	
<i>cholestyramine pack, powd</i>	1	
<i>colesevelam hydrochloride</i>	1	
<i>colestipol hydrochloride</i>	1	
<i>ezetimibe</i>	1	QL(31 EA per 31 days)
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl caps 1gm</i>	1	QL(124 EA per 31 days)
<i>icosapent ethyl caps 0.5gm</i>	1	QL(248 EA per 31 days)
JUXTAPID CAPS 10MG, 5MG	2	QL(31 EA per 31 days); PA; NDS
JUXTAPID CAPS 20MG, 30MG	2	QL(62 EA per 31 days); PA; NDS
<i>niacin er</i>	1	
<i>niacin tabs 500mg</i>	1	
<i>niacor</i>	1	
<i>omega-3-acid ethyl esters</i>	1	QL(124 EA per 31 days)
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	1	
KERENDIA	2	QL(30 EA per 30 days); PA
<i>spironolactone tabs</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
INVOKANA	2	QL(31 EA per 31 days)
JARDIANCE	2	QL(31 EA per 31 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin soln</i>	1	
<i>nitroglycerin oint</i>	1	QL(30 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(31 EA per 31 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tabs</i>	1	
<i>minoxidil tabs</i>	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine er cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL(62 EA per 31 days); 10MG ER Oral Capsule
<i>amphetamine/dextroamphetamine er cp24 5mg; 5mg; 5mg; 5mg</i>	1	QL(62 EA per 31 days); 20MG ER Oral Capsule
<i>amphetamine/dextroamphetamine er cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL(62 EA per 31 days); 30MG ER Oral Capsule
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL(62 EA per 31 days); 10MG ER Oral Capsule
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	QL(62 EA per 31 days); 15MG ER Oral Capsule
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	1	QL(62 EA per 31 days); 20MG ER Oral Capsule
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	1	QL(62 EA per 31 days); 25MG ER Oral Capsule
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL(62 EA per 31 days); 30MG ER Oral Capsule
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	QL(62 EA per 31 days); 5MG ER Oral Capsule
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL(62 EA per 31 days); 10MG Oral Tablet
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	1	QL(62 EA per 31 days); 12.5MG Oral Tablet
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	QL(62 EA per 31 days); 15MG Oral Tablet
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL(62 EA per 31 days); 30MG Oral Tablet
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	QL(62 EA per 31 days); 5MG Oral Tablet
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	1	QL(62 EA per 31 days); 7.5MG Oral Tablet
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	1	QL(93 EA per 31 days); 20MG Oral Tablet
<i>dextroamphetamine sulfate er cp24 10mg, 15mg</i>	1	QL(124 EA per 31 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	QL(93 EA per 31 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	1	QL(186 EA per 31 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	1	QL(93 EA per 31 days)
<i>lisdexamfetamine dimesylate</i>	1	QL(31 EA per 31 days)

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Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine</i>	1	QL(31 EA per 31 days)
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	1	QL(31 EA per 31 days)
<i>clonidine hydrochloride er</i>	1	PA
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	QL(62 EA per 31 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	QL(62 EA per 31 days)
<i>guanfacine hydrochloride er</i>	1	
<i>methylphenidate hydrochloride er (cd)</i>	1	QL(31 EA per 31 days)
<i>methylphenidate hydrochloride er (osm) tbc 18mg, 27mg, 54mg</i>	1	QL(31 EA per 31 days)
<i>methylphenidate hydrochloride er (osm) tbc 36mg</i>	1	QL(62 EA per 31 days)
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 54mg</i>	1	QL(31 EA per 31 days)
<i>methylphenidate hydrochloride er tb24 36mg</i>	1	QL(62 EA per 31 days)
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	1	QL(93 EA per 31 days)
<i>methylphenidate hydrochloride chew 10mg</i>	1	QL(186 EA per 31 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	1	QL(93 EA per 31 days)
<i>methylphenidate hydrochloride tabs</i>	1	QL(93 EA per 31 days)
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	1	QL(1860 ML per 31 days)
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	1	QL(930 ML per 31 days)
Central Nervous System, Other		
COBENFY	2	QL(62 EA per 31 days); PA
COBENFY STARTER PACK	2	QL(112 EA per 365 days); PA
<i>edaravone</i>	1	PA; NDS
FIRDAPSE	2	QL(310 EA per 31 days); PA; NDS
NUEDEXTA	2	QL(62 EA per 31 days); PA; NDS
RADICAVA ORS	2	QL(70 ML per 28 days); PA; NDS
RADICAVA ORS STARTER KIT	2	QL(70 ML per 28 days); PA; NDS
<i>riluzole</i>	1	
SKYCLARYS	2	QL(93 EA per 31 days); PA; NDS
<i>tetrabenazine tabs 25mg</i>	1	QL(124 EA per 31 days); PA
<i>tetrabenazine tabs 12.5mg</i>	1	QL(93 EA per 31 days); PA
VEOZAH	3	QL(31 EA per 31 days); PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE CSDR 20MG, 40MG, 60MG	2	QL(62 EA per 31 days); PA
DRIZALMA SPRINKLE CSDR 30MG	2	QL(93 EA per 31 days); PA
<i>duloxetine hydrochloride dr cpep 20mg, 40mg, 60mg</i>	1	QL(62 EA per 31 days)
<i>duloxetine hydrochloride dr cpep 30mg</i>	1	QL(93 EA per 31 days)
<i>pregabalin caps 100mg, 25mg, 50mg, 75mg</i>	1	QL(124 EA per 31 days)
<i>pregabalin caps 225mg, 300mg</i>	1	QL(62 EA per 31 days)
<i>pregabalin caps 150mg, 200mg</i>	1	QL(93 EA per 31 days)
<i>pregabalin soln</i>	1	QL(930 ML per 31 days)
SAVELLA	2	QL(62 EA per 31 days)
SAVELLA TITRATION PACK	2	QL(55 EA per 180 days)

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Multiple Sclerosis Agents		
AVONEX PEN	2	QL(1 EA per 28 days); NDS
AVONEX INJ 30MCG/0.5ML	2	QL(4 EA per 28 days); NDS
BETASERON	2	QL(15 EA per 30 days); NDS
<i>dalfampridine er</i>	1	QL(62 EA per 31 days)
<i>dimethyl fumarate starterpack</i>	1	QL(120 EA per 365 days)
<i>dimethyl fumarate cpdr 120mg</i>	1	QL(14 EA per 31 days)
<i>dimethyl fumarate cpdr 240mg</i>	1	QL(62 EA per 31 days)
<i>fingolimod hydrochloride</i>	1	QL(31 EA per 31 days); NDS
GILENYA CAPS 0.25MG	2	QL(62 EA per 31 days); NDS
<i>glatiramer acetate inj 40mg/ml</i>	1	QL(12 ML per 28 days); NDS
<i>glatiramer acetate inj 20mg/ml</i>	1	QL(30 ML per 30 days); NDS
<i>glatopa inj 40mg/ml</i>	1	QL(12 ML per 28 days); NDS
<i>glatopa inj 20mg/ml</i>	1	QL(30 ML per 30 days); NDS
KESIMPTA	2	NDS
LEMTRADA	2	PA; NDS
MAYZENT STARTER PACK TBPk 0.25MG	2	QL(14 EA per 365 days)
MAYZENT STARTER PACK TBPk 0.25MG	2	QL(24 EA per 365 days)
MAYZENT TABS 0.25MG	2	QL(124 EA per 31 days); NDS
MAYZENT TABS 1MG, 2MG	2	QL(31 EA per 31 days); NDS
OCREVUS	2	PA; NDS
OCREVUS ZUNOVO	2	QL(23 ML per 168 days); PA; NDS
PLEGRIDY	2	QL(1 ML per 28 days); NDS
PLEGRIDY STARTER PACK	2	QL(2 ML per 365 days); NDS
REBIF	2	QL(6 ML per 28 days); NDS
REBIF REBIDOSE	2	QL(6 ML per 28 days); NDS
REBIF REBIDOSE TITRATION PACK	2	QL(8.4 ML per 365 days); NDS
REBIF TITRATION PACK	2	QL(8.4 ML per 365 days); NDS
<i>teriflunomide</i>	1	QL(31 EA per 31 days)
TYSABRI	2	PA; NDS
ZEPOSIA	2	QL(31 EA per 31 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK	2	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT	2	QL(56 EA per 365 days); PA; NDS
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	1	
<i>chlorhexidine gluconate soln</i>	1	
<i>kourzeq</i>	1	
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tabs 5mg, 7.5mg</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
<i>triamcinolone acetonide pste 0.1%</i>	1	
Dermatological Agents		

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Acne and Rosacea Agents		
<i>accutane</i>	1	PA
<i>acitretin</i>	1	
<i>adapalene pump</i>	1	PA
<i>adapalene crea, gel</i>	1	PA
<i>amnesteem</i>	1	PA
<i>azelaic acid</i>	1	QL(50 GM per 30 days)
<i>claravis</i>	1	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>isotretinoin caps</i>	1	PA
<i>myorisan</i>	1	PA
<i>neuac</i>	1	
<i>tazarotene gel</i>	1	QL(100 GM per 30 days); PA
<i>tazarotene crea</i>	1	QL(60 GM per 30 days); PA
TAZORAC CREA 0.05%	2	QL(60 GM per 30 days); PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
<i>zenatane</i>	1	PA
Dermatitis and Pruritus Agents		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>ammonium lactate crea, lotn</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone dipropionate crea, lotn, oint</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate e</i>	1	QL(120 GM per 30 days)
<i>clobetasol propionate emollient foam</i>	1	QL(100 GM per 30 days)
<i>clobetasol propionate crea 0.05%</i>	1	QL(120 GM per 30 days)
<i>clobetasol propionate foam</i>	1	QL(100 GM per 30 days)
<i>clobetasol propionate lotn</i>	1	QL(118 ML per 30 days)
<i>clobetasol propionate gel, oint</i>	1	QL(120 GM per 30 days)
<i>clobetasol propionate sham, soln</i>	1	QL(120 ML per 30 days)
<i>clodan</i>	1	QL(120 ML per 30 days)
<i>desonide lotn</i>	1	QL(118 ML per 30 days)
<i>desonide oint</i>	1	QL(120 GM per 30 days)
<i>desonide crea</i>	1	QL(60 GM per 30 days)
<i>desoximetasone gel, oint</i>	1	
<i>desoximetasone crea</i>	1	QL(100 GM per 30 days)
<i>doxepin hydrochloride crea 5%</i>	1	QL(90 GM per 30 days); PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	

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<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	QL(60 GM per 30 days)
<i>fluocinonide crea 0.05%</i>	1	QL(60 GM per 30 days)
<i>fluocinonide gel, oint</i>	1	QL(60 GM per 30 days)
<i>fluocinonide soln</i>	1	QL(60 ML per 30 days)
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea, oint</i>	1	
<i>hydrocortisone butyrate (lipid)</i>	1	
<i>hydrocortisone butyrate (lipophilic)</i>	1	
<i>hydrocortisone butyrate crea, oint, soln</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>mometasone furoate</i>	1	
<i>pimecrolimus</i>	1	QL(100 GM per 30 days); ST
<i>selenium sulfide</i>	1	
<i>tacrolimus oint 0.03%, 0.1%</i>	1	QL(100 GM per 30 days); ST
<i>tovet</i>	1	QL(100 GM per 30 days)
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
Dermatological Agents, Other		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
<i>calcipotriene crea, oint</i>	1	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	1	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn</i>	1	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate crea</i>	1	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	1	QL(100 GM per 30 days)
FLUOROURACIL CREA 0.5%	1	QL(30 GM per 30 days); PA; NDS
<i>fluorouracil crea 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external soln 2%, 5%</i>	1	
<i>imiquimod crea 5%</i>	1	QL(24 EA per 30 days)
<i>methoxsalen caps</i>	1	NDS
<i>nystatin/triamcinolone acetonide oint</i>	1	QL(60 GM per 30 days)
<i>nystatin/triamcinolone crea</i>	1	QL(60 GM per 30 days)
<i>podofilox soln</i>	1	
REGRANEX	2	PA; NDS

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SANTYL	2	
<i>silver sulfadiazine</i>	1	
VYJUVEK	2	PA; NDS
Pediculicides/Scabicides		
<i>malathion</i>	1	
<i>permethrin crea</i>	1	
Topical Anti-infectives		
<i>ciclodan soln</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	QL(90 GM per 30 days)
<i>ciclopirox sham</i>	1	QL(120 ML per 30 days)
<i>ciclopirox gel</i>	1	QL(45 GM per 30 days)
<i>ciclopirox susp</i>	1	QL(60 ML per 30 days)
<i>clindacin etz pledgets</i>	1	QL(69 EA per 30 days)
<i>clindacin-p</i>	1	QL(69 EA per 30 days)
<i>clindamycin phosphate gel 1%</i>	1	QL(75 GM per 30 days)
<i>clindamycin phosphate gel 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate lotn 1%</i>	1	QL(60 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	1	QL(60 ML per 30 days)
<i>clindamycin phosphate swab 1%</i>	1	QL(69 EA per 30 days)
<i>clotrimazole crea 1%</i>	1	QL(45 GM per 30 days)
<i>clotrimazole soln 1%</i>	1	QL(30 ML per 30 days)
<i>econazole nitrate</i>	1	QL(90 GM per 30 days)
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>ketoconazole crea 2%</i>	1	QL(90 GM per 30 days)
<i>ketoconazole sham 2%</i>	1	QL(120 ML per 30 days)
<i>klayesta</i>	1	QL(120 GM per 30 days)
<i>mupirocin crea</i>	1	
<i>mupirocin oint</i>	1	QL(110 GM per 30 days)
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	1	QL(30 GM per 30 days)
<i>nystatin oint 100000unit/gm</i>	1	QL(30 GM per 30 days)
<i>nystatin powd 100000unit/gm</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
<i>sulfacetamide sodium lotn 10%</i>	1	PA
SULFAMYLON CREA	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid</i>	1	NDS
CLINIMIX 4.25%/DEXTROSE 10%	2	B/D

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CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 6/5	2	B/D
CLINIMIX 8/10	2	B/D
CLINIMIX 8/14	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 8/10	2	B/D
CLINIMIX E 8/14	2	B/D
<i>clinpro 5000</i>	2	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
<i>dextrose 10%</i>	1	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	1	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
DEXTROSE 25% INJ 250MG/ML	1	
<i>dextrose 5%</i>	1	
DEXTROSE 5%/LACTATED RINGERS INJ 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	1	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
DEXTROSE 50% INJ 50%	1	
<i>dextrose 50% inj 50%</i>	1	
DEXTROSE 70%	1	
<i>dextrose/sodium chloride</i>	1	
<i>fluoride chew 1mg</i>	1	
<i>fluoridex daily renewal</i>	1	
GLUCOSE (DEXTROSE) 70%	1	
INTRALIPID	2	B/D
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S PH 7.4	2	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
<i>just right 5000</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	

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<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con</i>	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>l-glutamine</i>	1	PA; NDS
LACTATED RINGERS IRRIGATION	1	
<i>lactated ringers inj 3meq/l; 109meq/l; 4meq/l; 130meq/l; 28meq/l</i>	1	
MAGNESIUM SULFATE INJ 50%	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
<i>plenamine</i>	2	B/D
<i>potassium chloride cr tbc 10meq</i>	1	
<i>potassium chloride er</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose inj 5%; 10meq/l, 5%; 20meq/l</i>	1	B/D
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%</i>	1	B/D
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	1	B/D
<i>potassium citrate er</i>	1	
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	2	B/D; NDS
<i>prevident 5000 enamel protect</i>	2	

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PREVIDENT 5000 SENSITIVE	2	
<i>prevident rinse</i>	2	
PROSOL	2	B/D
RINGERS INJECTION INJ 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	1	
RINGERS IRRIGATION	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium chloride 0.45% inj</i>	1	
SODIUM CHLORIDE 0.9% SOLN	1	
SODIUM CHLORIDE INJ 5%	1	
<i>sodium chloride inj 0.45%, 0.9%, 3%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	B/D
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm</i>	1	
<i>sodium fluoride 5000 ppm dry mouth</i>	1	
<i>sodium fluoride 5000 ppm enamel protect</i>	1	
<i>sodium fluoride 5000 ppm sensitive</i>	1	
<i>sodium fluoride/potassium nitrate/sensitive</i>	1	
<i>sodium fluoride chew 1mg</i>	1	
<i>sodium fluoride crea, gel, soln</i>	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	B/D; NDS
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D; NDS
Electrolyte/Mineral/Metal Modifiers		
CHEMET	2	NDS
<i>deferasirox tabs</i>	1	PA
<i>deferasirox pack 90mg</i>	1	PA
<i>deferasirox pack 180mg, 360mg</i>	1	PA; NDS
<i>deferasirox tbso 125mg, 250mg</i>	1	PA
<i>deferasirox tbso 500mg</i>	1	PA; NDS
<i>deferiprone</i>	1	PA; NDS
<i>deferroxamine mesylate</i>	1	B/D
FERRIPROX SOLN	2	PA; NDS

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JYNARQUE TABS	2	QL(124 EA per 31 days); PA; NDS
JYNARQUE TBPk	2	QL(56 EA per 28 days); PA; NDS
<i>tolvaptan tbpk</i>	1	QL(56 EA per 28 days); PA; NDS
<i>tolvaptan tabs 15mg, 30mg</i>	1	QL(124 EA per 31 days); PA
<i>tolvaptan tabs 15mg</i>	1	QL(124 EA per 31 days); PA; NDS
<i>tolvaptan tabs 30mg</i>	1	QL(62 EA per 31 days); PA; NDS
<i>trientine hydrochloride caps 500mg</i>	1	QL(124 EA per 31 days); PA; NDS
<i>trientine hydrochloride caps 250mg</i>	1	QL(248 EA per 31 days); PA; NDS
Phosphate Binders		
<i>calcium acetate caps</i>	1	B/D
<i>calcium acetate tabs 667mg</i>	1	B/D
FOSRENOL PACK	2	B/D; NDS
<i>lanthanum carbonate</i>	1	B/D
<i>sevelamer carbonate</i>	1	B/D
<i>sevelamer hydrochloride</i>	1	B/D
Potassium Binders		
LOKELMA	2	QL(93 EA per 31 days)
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sps</i>	1	
VELTASSA PACK 1GM	2	QL(124 EA per 31 days)
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	2	QL(31 EA per 31 days)
Vitamins		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose soln</i>	1	
LINZESS	2	QL(31 EA per 31 days)
<i>lubiprostone</i>	1	QL(62 EA per 31 days)
MOVANTIK	2	QL(31 EA per 31 days)
RELISTOR TABS	2	QL(93 EA per 31 days); PA; NDS
RELISTOR INJ 8MG/0.4ML	2	QL(12.4 ML per 31 days); PA; NDS
RELISTOR INJ 12MG/0.6ML	2	QL(18.6 ML per 31 days); PA; NDS
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	
<i>alosetron hydrochloride tabs 1mg</i>	1	NDS
<i>diphenoxylate hydrochloride/atropine sulfate</i>	1	
<i>diphenoxylate/atropine liqd</i>	1	
<i>loperamide hydrochloride caps</i>	1	
MYTESI	2	QL(62 EA per 31 days); PA; NDS
XERMELO	2	QL(84 EA per 28 days); PA; NDS

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<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps</i>	1	
<i>dicyclomine hydrochloride tabs 20mg</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	PA
<i>Gastrointestinal Agents, Other</i>		
BYLVAY	3	PA; NDS
BYLVAY (PELLETS)	3	PA; NDS
<i>chenodal</i>	2	PA; NDS
CTEXLI	2	PA; NDS
GATTEX	2	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
MYALEPT	2	PA; NDS
OICALIVA	2	QL(31 EA per 31 days); PA; NDS
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>ursodiol caps 300mg</i>	1	
<i>ursodiol tabs</i>	1	
VOWST	2	PA; NDS
ZINPLAVA	2	PA; NDS
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>cimetidine hcl soln</i>	1	
<i>cimetidine hydrochloride soln 300mg/5ml</i>	1	
<i>cimetidine tabs</i>	1	
<i>famotidine premixed</i>	1	
<i>famotidine susr</i>	1	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	1	
<i>Protectants</i>		
<i>misoprostol</i>	1	
<i>sucralfate susp, tabs</i>	1	
<i>Proton Pump Inhibitors</i>		
<i>lansoprazole cpdr 15mg</i>	2	QL(31 EA per 31 days)
<i>lansoprazole cpdr 30mg</i>	2	QL(62 EA per 31 days)
<i>omeprazole dr cpdr 10mg, 20mg</i>	2	QL(31 EA per 31 days)
<i>omeprazole cpdr 40mg</i>	2	
<i>omeprazole cpdr 20mg</i>	2	QL(31 EA per 31 days)
<i>pantoprazole sodium inj</i>	2	
<i>pantoprazole sodium tbec 20mg</i>	2	QL(31 EA per 31 days)
<i>pantoprazole sodium tbec 40mg</i>	2	QL(62 EA per 31 days)

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Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	2	NDS
ARALAST NP INJ 1000MG, 500MG	2	PA; NDS
<i>betaine anhydrous</i>	1	NDS
CERDELGA	2	QL(62 EA per 31 days); PA; NDS
CEREZYME	2	PA; NDS
CHOLBAM	2	PA; NDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 18000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium conc 100mg/5ml</i>	1	
CRYSVITA	2	PA; NDS
CYSTAGON	2	
ELAPRASE	2	NDS
ELELYSO	2	PA; NDS
EVRYSDI SOLR	2	QL(248 ML per 31 days); PA; NDS
EVRYSDI TABS	2	QL(31 EA per 31 days); PA; NDS
FABRAZYME	2	NDS
GIVLAARI	2	PA; NDS
GLASSIA	2	PA; NDS
KANUMA	2	PA; NDS
<i>levocarnitine</i>	1	
LUMIZYME	2	NDS
MEPSEVII	2	PA; NDS
<i>miglustat</i>	1	PA; NDS
NAGLAZYME	2	NDS
<i>nitisinone</i>	1	NDS
NULIBRY	2	PA; NDS
ONPATTRO	2	PA; NDS
ORFADIN SUSP	2	NDS
OXLUMO	2	PA; NDS
PALYNZIQ INJ 10MG/0.5ML	2	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJ 2.5MG/0.5ML	2	QL(8 ML per 28 days); PA; NDS
PALYNZIQ INJ 20MG/ML	2	QL(93 ML per 31 days); PA; NDS
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	2	ST
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	2	ST; NDS

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Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INJ 1000MG/20ML	2	PA; NDS
PYRUKYND TAPER PACK TBPK 0	2	QL(14 EA per 14 days); PA; NDS
PYRUKYND TAPER PACK TBPK 5MG	2	QL(7 EA per 7 days); PA; NDS
PYRUKYND TABS 50MG	2	QL(112 EA per 28 days); PA; NDS
PYRUKYND TABS 20MG, 5MG	2	QL(56 EA per 28 days); PA; NDS
RAVICTI	2	QL(525 ML per 30 days); NDS
REVCovi	2	PA; NDS
<i>sapropterin dihydrochloride</i>	1	NDS
<i>sodium phenylacetate/sodium benzoate</i>	1	NDS
STRENSIQ	2	PA; NDS
SUCRAID	2	NDS
VIMIZIM	2	PA; NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	2	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	2	ST; NDS
VYNDAMAX	2	QL(31 EA per 31 days); PA; NDS
VYNDAQEL	2	QL(124 EA per 31 days); PA; NDS
WELIREG	2	QL(93 EA per 31 days); PA; NDS
XENPOZYME	2	PA; NDS
XIAFLEX	2	NDS
XURIDEN	2	PA; NDS
<i>yargesa</i>	1	PA; NDS
ZEMAIRA	2	PA; NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
ZOKINVY	2	QL(124 EA per 31 days); PA; NDS
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	QL(31 EA per 31 days)
<i>flavoxate hcl</i>	1	
GEMTESA	3	
<i>mirabegron er</i>	1	QL(31 EA per 31 days)
MYRBETRIQ SRER	2	
MYRBETRIQ TB24	2	QL(31 EA per 31 days)
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride soln</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	QL(31 EA per 31 days)
<i>tropium chloride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tropium chloride er</i>	1	QL(31 EA per 31 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL(31 EA per 31 days)
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL(31 EA per 31 days); ST
<i>dutasteride caps</i>	1	QL(31 EA per 31 days)
<i>finasteride 5mg tabs</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL(31 EA per 31 days); PA
<i>tamsulosin hydrochloride</i>	1	QL(62 EA per 31 days)
<i>terazosin hcl caps 1mg, 5mg</i>	1	QL(31 EA per 31 days)
<i>terazosin hcl caps 10mg</i>	1	QL(62 EA per 31 days)
<i>terazosin hydrochloride caps 2mg</i>	1	QL(31 EA per 31 days)
Genitourinary Agents, Other		
ACETIC ACID 0.25%	1	
<i>bethanechol chloride tabs</i>	1	
ELMIRON	2	
<i>penicillamine tabs</i>	1	NDS
<i>penicillamine caps</i>	1	PA; NDS
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	2	
<i>tiopronin</i>	1	NDS
<i>tiopronin dr</i>	1	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	2	PA; NDS
ACTHAR GEL	2	PA; NDS
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	
DEPO-MEDROL INJ 20MG/ML	2	
<i>dexamethasone sodium phosphate +rfid</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tabs</i>	1	
HEMADY	2	QL(24 EA per 28 days)
<i>hydrocortisone sodium succinate inj 100mg</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone sodium succinate</i>	1	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone soln, tabs</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
SOLU-CORTEF	2	
SOLU-MEDROL INJ 2GM	2	
<i>triamcinolone acetonide inj 400mg/10ml, 40mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin acetate soln 0.01%</i>	1	
GENOTROPIN MINISQUICK INJ 0.2MG	2	PA
GENOTROPIN MINISQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	2	PA; NDS
GENOTROPIN INJ 5MG	2	PA
GENOTROPIN INJ 12MG	2	PA; NDS
HUMATROPE INJ 12MG, 24MG, 6MG	2	PA; NDS
INCRELEX	2	PA; NDS
NORDITROPIN FLEXPOR	2	PA; NDS
NOVAREL INJ 5000UNIT	2	PA
OMNITROPE INJ 5MG/1.5ML	2	PA
OMNITROPE INJ 10MG/1.5ML, 5.8MG	2	PA; NDS
SEROSTIM	2	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps</i>	1	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate inj</i>	1	PA
<i>testosterone pump gel 1.62%</i>	1	QL(150 GM per 30 days); PA
<i>testosterone pump gel 1%</i>	1	QL(300 GM per 30 days); PA
<i>testosterone gel 10mg/act</i>	1	QL(120 GM per 30 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	1	QL(150 GM per 30 days); PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	1	QL(300 GM per 30 days); PA
<i>testosterone gel 20.25mg/1.25gm</i>	1	QL(37.5 GM per 30 days); PA
<i>testosterone soln</i>	1	QL(180 ML per 30 days); PA
<i>Estrogens</i>		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7 tabs 35mcg; 0</i>	1	
<i>amethia</i>	1	

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<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>brielllyn</i>	1	
<i>camrese</i>	1	
<i>chateal eq</i>	1	
COMBIPATCH	3	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>delyla</i>	1	
<i>depo-estradiol inj 5mg/ml</i>	2	
<i>desogestrel/ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>dotti</i>	1	QL(8 EA per 28 days)
<i>drospirenone/ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>estradiol valerate inj</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm</i>	1	QL(31 EA per 31 days)
<i>estradiol gel 1mg/gm</i>	1	QL(31 GM per 31 days)
<i>estradiol gel 1.25mg/1.25gm</i>	1	QL(38.75 GM per 31 days)
<i>estradiol crea, oral tabs, vaginal tabs</i>	1	

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<i>estradiol ptwk</i>	1	QL(4 EA per 28 days)
<i>estradiol pttw</i>	1	QL(8 EA per 28 days)
ESTRING	2	
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
EVAMIST	2	QL(16.2 ML per 30 days)
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMRING	2	
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol</i>	1	
<i>lo-zumandimine</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>luteru</i>	1	
<i>lyllana</i>	1	QL(8 EA per 28 days)
<i>marlissa</i>	1	
<i>menest</i>	2	
MENOSTAR	2	QL(4 EA per 28 days)
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	1	
<i>norethindrone acetate/ethinyl estradiol tabs</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
PREMARIN CREA	2	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	QL(31 EA per 31 days)
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>xarah fe</i>	1	
<i>xulane</i>	1	
<i>yuvafem</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
Progestins		
<i>camila</i>	1	
CRINONE	2	PA
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	2	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	

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<i>jencycla</i>	1	
LILETTA	2	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate inj, tabs</i>	1	
<i>megestrol acetate susp, tabs</i>	1	PA
<i>meleya</i>	1	
NEXPLANON	2	
<i>nora-be</i>	1	
<i>norethindrone acetate tabs</i>	1	
<i>norethindrone tabs</i>	1	
<i>norlyroc</i>	1	
<i>orquidea</i>	1	
<i>progesterone caps</i>	1	
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	2	QL(31 EA per 31 days); PA
<i>raloxifene hydrochloride</i>	1	QL(31 EA per 31 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	
LEVO-T	1	
<i>levothyroxine sodium tabs</i>	1	
LEVOTHYROXINE SODIUM INJ 100MCG/5ML, 100MCG/ML, 200MCG/5ML, 500MCG/5ML	1	NDS
<i>levothyroxine sodium inj 100mcg, 200mcg, 500mcg</i>	1	NDS
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	
<i>liothyronine sodium inj, tabs</i>	1	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>bromocriptine mesylate caps, tabs</i>	1	
<i>cabergoline</i>	1	
CAMCEVI	2	QL(1 EA per 168 days); PA; NDS
ELIGARD INJ 30MG	2	QL(1 EA per 112 days); PA
ELIGARD INJ 45MG	2	QL(1 EA per 168 days); PA
ELIGARD INJ 7.5MG	2	QL(1 EA per 28 days); PA
ELIGARD INJ 22.5MG	2	QL(1 EA per 84 days); PA
FIRMAGON INJ 80MG	2	QL(1 EA per 28 days); PA
FIRMAGON INJ 120MG/VIAL	2	QL(4 EA per 365 days); PA; NDS

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ISTURISA	2	PA; NDS
<i>lanreotide acetate</i>	1	NDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	1	QL(2 EA per 28 days); PA
LUPRON DEPOT (1-MONTH)	2	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	2	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	2	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	2	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH)	2	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	2	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT-PED (6-MONTH)	2	QL(1 EA per 168 days); PA; NDS
<i>mifepristone tabs 200mg</i>	1	PA
<i>mifepristone tabs 300mg</i>	1	QL(124 EA per 31 days); PA; NDS
MYFEMBREE	2	QL(28 EA per 28 days); PA; NDS
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate inj 10mg, 20mg, 30mg, 500mcg/ml</i>	1	PA; NDS
ORIAHNN	2	QL(56 EA per 28 days); PA
SANDOSTATIN LAR DEPOT	2	PA; NDS
SIGNIFOR	2	QL(62 ML per 31 days); PA; NDS
SOMATULINE DEPOT	2	NDS
SOMAVERT	2	QL(31 EA per 31 days); PA; NDS
SYNAREL	2	QL(32 ML per 26 days); NDS
TRELSTAR MIXJECT INJ 22.5MG	2	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJ 3.75MG	2	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJ 11.25MG	2	QL(1 EA per 84 days); PA
ZOLADEX INJ 3.6MG	2	QL(1 EA per 28 days); PA
ZOLADEX INJ 10.8MG	2	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	2	PA; NDS
CINRYZE	2	PA; NDS
<i>icatibant acetate</i>	1	QL(36 ML per 31 days); PA; NDS
<i>Immunoglobulins</i>		
ATGAM	2	NDS
BIVIGAM INJ 10%, 5GM/50ML	2	PA; NDS
FLEBOGAMMA DIF INJ 10GM/200ML, 20GM/400ML, 5GM/100ML	2	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	2	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	2	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	2	PA; NDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	2	PA; NDS
GAMUNEX-C	2	PA; NDS
HIZENTRA	2	PA; NDS
HYPERRHO S/D MINI-DOSE	2	
HYPERRHO S/D INJ 1500UNIT	2	
HYQVIA	2	PA; NDS
MICRHOGAM ULTRA-FILTERED PLUS	2	
NABI-HB INJ 312UNIT/ML	2	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	2	PA; NDS
PANZYGA	2	PA; NDS
PRIVIGEN	2	PA; NDS
RHOGAM ULTRA-FILTERED PLUS	2	
THYMOGLOBULIN	2	NDS
VARIZIG INJ 125UNIT/1.2ML	2	NDS
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	2	NDS
Immunological Agents, Other		
ACTEMRA ACTPEN	2	QL(3.6 ML per 28 days); PA; NDS
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	2	PA; NDS
ACTEMRA INJ 162MG/0.9ML	2	QL(3.6 ML per 28 days); PA; NDS
ARCALYST	2	PA; NDS
BENLYSTA	2	QL(4 ML per 28 days); PA; NDS
BEYFORTUS	2	
COSENTYX SENSOREADY PEN	2	QL(8 ML per 28 days); PA; NDS
COSENTYX UNOREADY	2	QL(8 ML per 28 days); PA; NDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	2	QL(8 ML per 28 days); PA; NDS
DUPIXENT INJ 100MG/0.67ML	2	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJ 200MG/1.14ML	2	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJ 300MG/2ML	2	QL(8 ML per 28 days); PA; NDS
EMPAVELI	2	QL(160 ML per 28 days); PA; NDS
ENJAYMO	2	PA; NDS
ENTYVIO	2	PA; NDS
ENTYVIO PEN	2	QL(1.36 ML per 28 days); PA; NDS
GAMIFANT	2	PA; NDS
ILARIS INJ 150MG/ML	2	PA; NDS
KINERET	2	QL(18.8 ML per 28 days); PA; NDS
NULOJIX	2	PA; NDS
ORENCIA CLICKJECT	2	QL(4 ML per 28 days); PA; NDS
ORENCIA INJ 250MG	2	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50MG/0.4ML	2	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJ 87.5MG/0.7ML	2	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJ 125MG/ML	2	QL(4 ML per 28 days); PA; NDS
OTEZLA TBPK	2	QL(110 EA per 365 days); PA; NDS
OTEZLA TABS	2	QL(62 EA per 31 days); PA; NDS
PROVENGE	2	PA; NDS
RIDAURA	2	NDS
RINVOQ	2	QL(31 EA per 31 days); PA; NDS
RINVOQ LQ	2	QL(372 ML per 31 days); PA; NDS
SIMULECT	2	NDS
SKYRIZI PEN	2	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 150MG/ML	2	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 180MG/1.2ML	2	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJ 360MG/2.4ML	2	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJ 600MG/10ML	2	QL(60 ML per 365 days); PA; NDS
SOLIRIS	2	QL(180 ML per 30 days); PA; NDS
STELARA INJ 130MG/26ML	2	QL(104 ML per 365 days); PA; NDS
STELARA INJ 45MG/0.5ML, 90MG/ML	2	QL(3 ML per 84 days); PA; NDS
SYLVANT	2	PA; NDS
TEPEZZA	2	PA; NDS
VEOPOZ	2	PA; NDS
VYVGART	2	PA
XELJANZ XR	2	QL(31 EA per 31 days); PA; NDS
XELJANZ SOLN	2	QL(300 ML per 30 days); PA; NDS
XELJANZ TABS	2	QL(62 EA per 31 days); PA; NDS
XOLAIR INJ 75MG/0.5ML	2	QL(1 ML per 28 days); PA; NDS
XOLAIR INJ 150MG	2	QL(8 EA per 28 days); PA; NDS
XOLAIR INJ 150MG/ML, 300MG/2ML	2	QL(8 ML per 28 days); PA; NDS
Immunostimulants		
ACTIMMUNE	2	NDS
BESREMI	2	PA; NDS
PEGASYS INJ 180MCG/0.5ML	2	QL(2 ML per 28 days); NDS
PEGASYS INJ 180MCG/ML	2	QL(4 ML per 28 days); NDS
Immunosuppressants		
AVSOLA	2	PA; NDS
<i>azathioprine inj</i>	1	B/D; NDS
<i>azathioprine tabs 50mg</i>	1	B/D
CIMZIA STARTER KIT	2	PA; NDS
CIMZIA INJ 200MG	2	QL(1 EA per 28 days); PA; NDS
CIMZIA INJ 200MG/ML	2	QL(2 EA per 28 days); PA; NDS
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine caps 100mg, 25mg</i>	1	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	2	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
CYLTEZO STARTER PACKAGE FOR PSORIASIS	2	PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	2	PA; NDS
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	2	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJ 40MG/0.4ML, 40MG/0.8ML	2	QL(4 EA per 28 days); PA; NDS
ENBREL MINI	2	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK	2	QL(8 ML per 28 days); PA; NDS
ENBREL INJ 25MG/0.5ML	2	QL(4 ML per 28 days); PA; NDS
ENBREL INJ 50MG/ML	2	QL(8 ML per 28 days); PA; NDS
ENVARUS XR	2	B/D
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D
<i>engraf caps 100mg, 25mg</i>	1	B/D
<i>engraf soln</i>	1	B/D
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	2	PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	2	PA; NDS
HUMIRA PEN-PS/UV STARTER INJ 0	2	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJ 80MG/0.8ML	2	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	2	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN INJ 40MG/0.4ML	2	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	2	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	2	QL(4 EA per 28 days); PA; NDS
HUMIRA INJ 40MG/0.4ML	2	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
INFLECTRA	2	PA; NDS
<i>leflunomide</i>	1	QL(31 EA per 31 days)
<i>methotrexate sodium tabs</i>	1	
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mycophenolate mofetil caps, inj, susr, tabs</i>	1	B/D
<i>mycophenolic acid dr</i>	1	B/D
PROGRAF PACK	2	B/D
PROGRAF INJ	2	PA
REMICADE	2	PA; NDS
RENFLEXIS	2	PA; NDS
REZUROCK	2	QL(62 EA per 31 days); PA; NDS
SANDIMMUNE SOLN	2	B/D
SIMPONI INJ 50MG/0.5ML	2	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJ 100MG/ML	2	QL(3 ML per 28 days); PA; NDS
<i>sirolimus soln, tabs</i>	1	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
XATMEP	3	PA
YUFLYMA 1-PEN KIT INJ 80MG/0.8ML	2	QL(2 EA per 28 days); PA; NDS
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	2	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-PEN KIT	2	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJ 20MG/0.2ML	2	QL(1 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJ 40MG/0.4ML	2	QL(3 EA per 28 days); PA; NDS
YUFLYMA CD/UC/HS STARTER	2	PA; NDS
Vaccines		
ABRYSVO	2	QL(1 EA per 1 days); PA
ACTHIB INJ 0	2	QL(1 EA per 1 days)
ADACEL	2	QL(0.5 ML per 1 days)
AREXVY	2	QL(1 EA per 1 days); PA
BCG VACCINE INJ 50MG	2	QL(1 EA per 1 days)
BEXSERO	2	QL(0.5 ML per 1 days)
BOOSTRIX	2	QL(0.5 ML per 1 days)
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	QL(0.5 ML per 1 days)
DENGVAIXA	2	QL(1 EA per 1 days)
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	QL(0.5 ML per 1 days)
ENGRIX-B INJ 10MCG/0.5ML	2	QL(0.5 ML per 1 days); B/D
ENGRIX-B INJ 20MCG/ML	2	QL(1 ML per 1 days); B/D
GARDASIL 9	2	QL(0.5 ML per 1 days)
HAVRIX INJ 720ELU/0.5ML	2	QL(1 ML per 999 days)
HAVRIX INJ 1440UNIT/ML	2	QL(2 ML per 999 days)
HEPLISAV-B	2	QL(0.5 ML per 1 days); B/D
HIBERIX	2	QL(1 EA per 1 days)
IMOVAX RABIES (H.D.C.V.)	2	QL(1 EA per 1 days); B/D
INFANRIX	2	QL(0.5 ML per 1 days)
IPOL INACTIVATED IPV	2	QL(0.5 ML per 1 days)
IXCHIQ	2	QL(1 EA per 1 days)
IXIARO	2	QL(0.5 ML per 1 days)
JYNNEOS	2	QL(0.5 ML per 1 days)
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	QL(0.5 ML per 1 days)
M-M-R II	2	QL(1 EA per 1 days)
MENACTRA	2	QL(0.5 ML per 1 days)
MENQUADFI	2	QL(0.5 ML per 1 days)
MENVEO INJ 0	2	QL(1 EA per 1 days)
MENVEO INJ 0	2	QL(1 ML per 1 days)
MRESVIA	2	QL(0.5 ML per 1 days); PA
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	QL(0.5 ML per 1 days)
PEDVAX HIB INJ 7.5MCG/0.5ML	2	QL(0.5 ML per 1 days)
PENBRAYA	2	QL(1 EA per 1 days)

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Drug Name	Drug Tier	Requirements/Limits
PENMENVY	2	QL(1 EA per 1 days)
PENTACEL	2	QL(1 EA per 1 days)
PREHEVBRIO	2	QL(1 ML per 1 days); B/D
PRIORIX	2	QL(1 EA per 1 days)
PROQUAD	2	QL(1 EA per 1 days)
QUADRACEL	2	QL(0.5 ML per 1 days)
RABAVERT	2	QL(1 EA per 1 days); B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	QL(0.5 ML per 1 days); B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	2	QL(1 ML per 1 days); B/D
ROTARIX SUSR	2	QL(1 ML per 1 days)
ROTARIX SUSP	2	QL(1.5 ML per 1 days)
ROTATEQ SOLN	2	QL(2 ML per 1 days)
SHINGRIX	2	QL(1 EA per 1 days)
<i>stamaril</i>	2	QL(1 EA per 1 days)
TDVAX	2	QL(0.5 ML per 1 days)
TENIVAC	2	QL(0.5 ML per 1 days)
TICOVAC INJ 1.2MCG/0.25ML	2	QL(0.25 ML per 1 days)
TICOVAC INJ 2.4MCG/0.5ML	2	QL(0.5 ML per 1 days)
TRUMENBA	2	QL(0.5 ML per 1 days)
TWINRIX	2	QL(1 ML per 1 days)
TYPHIM VI	2	QL(0.5 ML per 1 days)
VAQTA INJ 25UNIT/0.5ML	2	QL(1 ML per 999 days)
VAQTA INJ 50UNIT/ML	2	QL(2 ML per 999 days)
VARIVAX	2	QL(1 EA per 1 days)
VAXCHORA	2	QL(100 ML per 1 days); PA
VIMKUNYA	2	QL(0.8 ML per 1 days)
VIVOTIF	2	QL(4 EA per 999 days)
YF-VAX	2	QL(1 EA per 1 days)
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	1	
DIPENTUM	2	NDS
<i>mesalamine dr cpdr</i>	1	
<i>mesalamine dr tbec 1.2gm</i>	1	QL(124 EA per 31 days)
<i>mesalamine dr tbec 800mg</i>	1	QL(186 EA per 31 days)
<i>mesalamine er cp24</i>	1	QL(124 EA per 31 days)
<i>mesalamine er cpcr</i>	1	QL(248 EA per 31 days)
<i>mesalamine enem</i>	1	QL(1860 ML per 31 days)
<i>mesalamine supp</i>	1	QL(31 EA per 31 days)
<i>mesalamine kit</i>	1	QL(4 EA per 28 days)
PENTASA CPCR 250MG	2	QL(496 EA per 31 days)
SFROWASA	3	QL(1860 ML per 31 days); NDS
<i>sulfasalazine tabs, tbec</i>	1	
<i>Glucocorticoids</i>		

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<i>budesonide er</i>	1	NDS
<i>budesonide cpep 3mg</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	1	QL(300 ML per 28 days)
<i>alendronate sodium tabs 10mg</i>	1	QL(31 EA per 31 days)
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL(4 EA per 28 days)
BONSITY	2	QL(2.4 ML per 28 days); PA; NDS
<i>calcitonin-salmon soln</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	B/D
<i>calcitriol inj 1mcg/ml</i>	1	B/D
<i>calcitriol oral soln 1mcg/ml</i>	1	B/D
<i>cinacalcet hydrochloride tabs 90mg</i>	1	QL(124 EA per 31 days); B/D
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	1	QL(62 EA per 31 days); B/D
<i>doxercalciferol</i>	1	B/D
<i>ibandronate sodium inj</i>	1	B/D
<i>ibandronate sodium tabs</i>	1	QL(1 EA per 28 days)
<i>paricalcitol caps</i>	1	B/D
PROLIA	2	QL(1 ML per 180 days)
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days); ST
<i>risedronate sodium tabs 150mg</i>	1	QL(1 EA per 28 days); ST
<i>risedronate sodium tabs 30mg</i>	1	QL(31 EA per 31 days)
<i>risedronate sodium tabs 5mg</i>	1	QL(31 EA per 31 days); ST
<i>risedronate sodium tabs 35mg</i>	1	QL(4 EA per 28 days); ST
TERIPARATIDE	2	QL(2.48 ML per 28 days); PA; NDS
TYMLOS	2	QL(1.56 ML per 30 days); PA; NDS
XGEVA	2	PA; NDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	B/D
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	1	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	1	QL(200 EA per 30 days)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	QL(200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	1	QL(200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	1	QL(200 EA per 30 days)
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	1	QL(200 EA per 30 days)
<i>curity gauze pads 2"x2" 12 ply</i>	2	
IGALMI	2	PA; NDS
<i>omnipod 5 dexcom g7g6 intro kit (gen 5)</i>	2	QL(1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>omnipod 5 dexcom g7g6 pods (gen 5)</i>	2	
<i>omnipod 5 g7 intro kit (gen 5)</i>	2	QL(1 EA per 365 days)
<i>omnipod 5 g7 pods (gen 5)</i>	2	
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5	2	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
<i>omnipod classic pdm starter kit (gen 3)</i>	2	QL(1 EA per 365 days)
<i>omnipod classic pods (gen 3)</i>	2	
<i>omnipod dash intro kit (gen 4)</i>	2	QL(1 EA per 365 days)
<i>omnipod dash pdm kit (gen 4)</i>	2	QL(1 EA per 365 days)
<i>omnipod dash pods (gen 4)</i>	2	
<i>omnipod go 10 units/day</i>	2	
<i>omnipod go 15 units/day</i>	2	
<i>omnipod go 20 units/day</i>	2	
<i>omnipod go 25 units/day</i>	2	
<i>omnipod go 30 units/day</i>	2	
<i>omnipod go 35 units/day</i>	2	
<i>omnipod go 40 units/day</i>	2	
STERILE WATER FOR IRRIGATION	1	
<i>v-go 20</i>	2	
<i>v-go 30</i>	2	
<i>v-go 40</i>	2	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	1	
<i>brimonidine tartrate/timolol maleate</i>	1	
BYOOVIZ	2	NDS
CEQUA	2	QL(60 EA per 30 days); PA
<i>cyclosporine emul 0.05%</i>	1	QL(60 EA per 30 days)
CYSTADROPS	2	QL(20 ML per 28 days); NDS
CYSTARAN	2	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
ENSPRYNG	2	PA; NDS
EYLEA	2	NDS
LACRISERT	2	
LUCENTIS SOSY	2	NDS
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
OXERVATE	2	QL(56 ML per 28 days); PA; NDS
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SYFOVRE	2	PA; NDS
TOBRADEX OINT	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin/dexamethasone</i>	1	
XIIDRA	2	QL(60 EA per 30 days); PA
ZYLET	2	
Ophthalmic Anti-allergy Agents		
ALOCRI	2	
ALOMIDE	2	
<i>azelastine hcl</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hydrochloride soln 0.2%</i>	1	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac</i>	1	
AZASITE	2	
<i>bacitracin</i>	1	QL(7 GM per 28 days)
<i>bacitracin/polymyxin b</i>	1	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	1	
NATACYN	2	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
XDEMVA	3	QL(10 ML per 42 days)
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	1	
<i>bromfenac sodium soln 0.07%</i>	1	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML FORTE	2	
ILEVRO	2	QL(6 ML per 31 days)
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	
LOTEMAX SM	2	
LOTEMAX OINT	2	
<i>loteprednol etabonate</i>	1	
MAXIDEX SUSP	2	
NEVANAC	2	QL(6 ML per 31 days)
OZURDEX	2	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	1	
BETOPTIC-S	2	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>apraclonidine</i>	1	
<i>brimonidine tartrate</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
IOPIDINE SOLN 1%	2	
<i>methazolamide tabs</i>	1	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	1	
SIMBRINZA	2	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	1	QL(5 ML per 31 days)
<i>latanoprost soln</i>	1	QL(2.5 ML per 25 days)
LUMIGAN	2	QL(2.5 ML per 25 days)
<i>tafluprost</i>	1	
<i>travoprost</i>	1	QL(2.5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	1	
CIPRO HC	2	
CIPROFLOXACIN	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>flac</i>	1	

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<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ALVESCO AERS 160MCG/ACT	2	QL(12.2 GM per 30 days)
ALVESCO AERS 80MCG/ACT	2	QL(6.1 GM per 30 days)
ASMANEX HFA	2	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	2	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	2	QL(1 EA per 14 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220MCG/INH	2	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	2	QL(2 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	2	QL(1 EA per 30 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D
<i>flunisolide soln 0.025%</i>	1	QL(50 ML per 31 days)
<i>fluticasone propionate diskus aepb 50mcg/act</i>	2	QL(120 EA per 30 days)
<i>fluticasone propionate diskus aepb 250mcg/act</i>	2	QL(240 EA per 30 days)
<i>fluticasone propionate diskus aepb 100mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate hfa aero 44mcg/act</i>	2	QL(10.6 GM per 30 days)
<i>fluticasone propionate hfa aero 110mcg/act</i>	2	QL(12 GM per 30 days)
<i>fluticasone propionate hfa aero 220mcg/act</i>	2	QL(24 GM per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(16 GM per 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	2	QL(1 EA per 30 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT	2	QL(2 EA per 30 days)
QVAR REDHALER	2	QL(21.2 GM per 30 days)
<i>Antihistamines</i>		
<i>azelastine hydrochloride</i>	1	QL(60 ML per 31 days)
<i>cetirizine hydrochloride soln 5mg/5ml</i>	1	QL(330 ML per 31 days)
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hydrochloride tabs</i>	1	
<i>desloratadine</i>	1	QL(31 EA per 31 days)
<i>diphenhydramine hydrochloride inj</i>	1	
<i>levocetirizine dihydrochloride soln</i>	1	
<i>levocetirizine dihydrochloride tabs</i>	1	QL(31 EA per 31 days)
<i>olopatadine hcl</i>	1	QL(30.5 GM per 30 days)
<i>Antileukotrienes</i>		
<i>montelukast sodium chew, pack, tabs</i>	1	QL(31 EA per 31 days)
<i>zafirlukast</i>	1	QL(62 EA per 31 days)

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Bronchodilators, Anticholinergic		
ATROVENT HFA	2	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	B/D
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL(30 ML per 28 days)
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL(45 ML per 30 days)
SPIRIVA RESPIMAT	2	QL(4 GM per 30 days)
<i>tiotropium bromide</i>	1	QL(31 EA per 31 days)
TUDORZA PRESSAIR	2	QL(1 EA per 30 days); ST
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(36 GM per 30 days)
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	B/D
<i>arformoterol tartrate</i>	1	QL(124 ML per 31 days); B/D
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL(4 EA per 31 days)
<i>formoterol fumarate nebu</i>	1	QL(124 ML per 31 days); B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 1.25mg/3ml</i>	1	B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	1	B/D
<i>levalbuterol nebu</i>	1	B/D
PROAIR RESPICLICK	2	QL(2 EA per 30 days); ST
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	2	QL(4 GM per 30 days)
<i>terbutaline sulfate inj, tabs</i>	1	
VENTOLIN HFA	2	QL(36 GM per 30 days)
XOPENEX HFA	2	QL(30 GM per 30 days); ST
Cystic Fibrosis Agents		
CAYSTON	2	QL(84 ML per 28 days); NDS
KALYDECO PACK	2	QL(56 EA per 28 days); PA; NDS
KALYDECO TABS	2	QL(62 EA per 31 days); PA; NDS
ORKAMBI TABS	2	QL(124 EA per 31 days); PA; NDS
ORKAMBI PACK	2	QL(56 EA per 28 days); PA; NDS
PULMOZYME	2	QL(155 ML per 31 days); B/D; NDS
SYMDEKO	2	QL(56 EA per 28 days); PA; NDS
<i>tobramycin nebu 300mg/5ml</i>	1	QL(280 ML per 28 days); B/D
TRIKAFTA THPK	2	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TBPK	2	QL(84 EA per 28 days); PA; NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>elixophyllin</i>	1	
<i>roflumilast</i>	1	QL(31 EA per 31 days); PA
<i>theophylline</i>	1	

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<i>theophylline er tb12, tb24</i>	1	
Pulmonary Antihypertensives		
ADEMPAS	2	QL(93 EA per 31 days); PA; NDS
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	1	QL(62 EA per 31 days); PA
<i>ambrisentan</i>	1	QL(31 EA per 31 days); PA; NDS
<i>bosentan tbso</i>	1	QL(124 EA per 31 days); PA; NDS
<i>bosentan tabs</i>	1	QL(62 EA per 31 days); PA; NDS
<i>epoprostenol sodium</i>	1	B/D; NDS
OPSUMIT	2	QL(31 EA per 31 days); PA; NDS
<i>sildenafil citrate (pulmonary arterial hypertension) 10mg/ml susr</i>	1	QL(231 ML per 31 days); PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	1	QL(93 EA per 31 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tabs 20mg</i>	1	QL(62 EA per 31 days); PA
<i>treprostinil</i>	1	PA; NDS
TYVASO	2	B/D; NDS
TYVASO DPI INSTITUTIONAL KIT	2	PA; NDS
TYVASO DPI MAINTENANCE KIT	2	PA; NDS
TYVASO DPI TITRATION KIT	2	PA; NDS
TYVASO REFILL KIT	2	B/D; NDS
TYVASO STARTER KIT	2	B/D; NDS
UPTRAVI TITRATION PACK	2	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJ	2	PA; NDS
UPTRAVI TABS 200MCG	2	QL(150 EA per 30 days); PA; NDS
UPTRAVI TABS 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	2	QL(62 EA per 31 days); PA; NDS
VENTAVIS	2	B/D; NDS
Pulmonary Fibrosis Agents		
OFEV	2	QL(62 EA per 31 days); PA; NDS
<i>pirfenidone tabs 267mg</i>	1	QL(186 EA per 31 days); PA; NDS
<i>pirfenidone tabs 534mg, 801mg</i>	1	QL(93 EA per 31 days); PA; NDS
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	1	B/D
ADVAIR HFA	2	QL(12 GM per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
<i>breynd</i>	1	QL(10.3 GM per 30 days)
BRONCHITOL	2	QL(560 EA per 28 days); PA; NDS
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL(10.2 GM per 30 days)
COMBIVENT RESPIMAT	2	QL(8 GM per 30 days)
DULERA	2	QL(13 GM per 30 days); PA
FASENRA PEN	2	QL(1 ML per 28 days); PA; NDS
FASENRA INJ 10MG/0.5ML	2	QL(0.5 ML per 28 days); PA; NDS
FASENRA INJ 30MG/ML	2	QL(1 ML per 28 days); PA; NDS

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<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	QL(1 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
NUCALA INJ 40MG/0.4ML	2	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJ 100MG	2	QL(3 EA per 28 days); PA; NDS
NUCALA INJ 100MG/ML	2	QL(3 ML per 28 days); PA; NDS
<i>promethazine hydrochloride/phenylephrine hydrochloride</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine/phenylephrine</i>	1	
STIOLTO RESPIMAT	2	QL(4 GM per 30 days)
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	1	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	2	QL(31 EA per 31 days)
DAYVIGO	2	QL(31 EA per 31 days)
<i>eszopiclone</i>	1	QL(31 EA per 31 days)
<i>ramelteon</i>	1	QL(31 EA per 31 days)
<i>tasimelteon</i>	1	QL(31 EA per 31 days); PA; NDS
<i>temazepam</i>	1	QL(31 EA per 31 days)
<i>zaleplon caps 5mg</i>	1	QL(31 EA per 31 days)
<i>zaleplon caps 10mg</i>	1	QL(62 EA per 31 days)
<i>zolpidem tartrate tabs</i>	1	QL(31 EA per 31 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	1	QL(31 EA per 31 days); PA
<i>armodafinil tabs 50mg</i>	1	QL(62 EA per 31 days); PA
<i>modafinil tabs 100mg</i>	1	QL(31 EA per 31 days); PA
<i>modafinil tabs 200mg</i>	1	QL(62 EA per 31 days); PA
XYREM	2	QL(540 ML per 30 days); PA; NDS

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<i>acetaminophen/codeine</i>	2	<i>aliskiren</i>	40
<i>acetaminophen/codeine phosphate</i>	2	<i>allopurinol</i>	13
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BENDEKA	15	<i>brimonidine tartrate</i>	72
BENLYSTA	64	<i>brimonidine tartrate/timolol maleate</i>	70
BENZNIDAZOLE	25	<i>brinzolamide</i>	72
<i>benztropine mesylate</i>	25	BRIVIACT	7
BERINERT	63	<i>bromfenac</i>	71
BESIVANCE	71	<i>bromfenac sodium</i>	71
BESPONSA	23	<i>bromocriptine mesylate</i>	62
BESREMI	65	BRONCHITOL	75
<i>betaine anhydrous</i>	54	BRUKINSA	19
<i>betamethasone dipropionate</i>	46	<i>budesonide</i>	69
<i>betamethasone dipropionate augmented</i>	46	<i>budesonide</i>	73
<i>betamethasone sodium</i>	56	<i>budesonide er</i>	69
<i>phosphate/betamethasone acetate</i>		<i>budesonide/formoterol fumarate dihydrate</i>	75
<i>betamethasone valerate</i>	46	<i>bumetanide</i>	41
BETASERON	45	<i>buprenorphine</i>	1
<i>betaxolol hcl</i>	39	<i>buprenorphine hcl</i>	3
<i>betaxolol hcl</i>	72	<i>buprenorphine hcl/naloxone hcl</i>	3
<i>bethanechol chloride</i>	56	<i>buprenorphine hydrochloride</i>	4
BETOPTIC-S	72	<i>buprenorphine hydrochloride/naloxone</i>	4
<i>bexarotene</i>	24	<i>hydrochloride</i>	
BEXSERO	67	<i>bupropion hydrochloride</i>	10
BEYFORTUS	64	<i>bupropion hydrochloride er (sr)</i>	4
<i>bicalutamide</i>	16	<i>bupropion hydrochloride er (sr)</i>	10

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<i>bupropion hydrochloride er (xl)</i>	10
<i>buspirone hcl</i>	31
<i>buspirone hydrochloride</i>	31
<i>busulfan</i>	15
<i>butorphanol tartrate</i>	2
BYLVAY	53
BYLVAY (PELLETS)	53
BYOOVIZ	70
CABENUVA	28
<i>cabergoline</i>	62
CABLIVI	37
CABOMETYX	19
<i>calcipotriene</i>	47
<i>calcipotriene/betamethasone dipropionate</i>	47
<i>calcitonin-salmon</i>	69
<i>calcitriol</i>	47
<i>calcitriol</i>	69
<i>calcium acetate</i>	52
CALQUENCE	19
CAMCEVI	62
<i>camila</i>	61
<i>camrese</i>	58
<i>candesartan cilexetil</i>	38
<i>candesartan cilexetil/hydrochlorothiazide</i>	40
CAPLYTA	27
CAPRELSA	19
<i>captopril</i>	38
<i>captopril/hydrochlorothiazide</i>	40
<i>carbamazepine</i>	9
<i>carbamazepine er</i>	9
<i>carbidopa</i>	26
<i>carbidopa/levodopa</i>	26
<i>carbidopa/levodopa er</i>	26
<i>carbidopa/levodopa odt</i>	26
<i>carbidopa/levodopa/entacapone</i>	26
<i>carboplatin</i>	15
<i>carglumic acid</i>	48
<i>carmustine</i>	15
<i>carteolol hcl</i>	72
<i>cartia xt</i>	39
<i>carvedilol</i>	39
<i>caspofungin acetate</i>	13
CAYSTON	74
<i>cefaclor</i>	5
<i>cefadroxil</i>	5
<i>cefazolin</i>	5
<i>cefazolin sodium</i>	5

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CEFAZOLIN SODIUM/DEXTROSE	5
CEFAZOLIN/DEXTROSE	5
<i>cefdinir</i>	5
<i>cefepime</i>	5
<i>cefepime hydrochloride</i>	5
<i>cefepime/dextrose</i>	5
<i>cefixime</i>	5
<i>cefotaxime sodium</i>	5
<i>cefotixin sodium</i>	6
<i>cefpodoxime proxetil</i>	6
<i>cefprozil</i>	6
<i>ceftazidime</i>	6
<i>ceftriaxone in iso-osmotic dextrose</i>	6
<i>ceftriaxone sodium</i>	6
<i>ceftriaxone/dextrose</i>	6
<i>cefuroxime axetil</i>	6
<i>cefuroxime sodium</i>	6
<i>celecoxib</i>	1
<i>cephalexin</i>	6
CEPROTIN	36
CEQUA	70
CERDELGA	54
CEREZYME	54
<i>cetirizine hydrochloride</i>	73
<i>cevimeline hydrochloride</i>	45
<i>chateal eq</i>	58
CHEMET	51
<i>chenodal</i>	53
<i>chloramphenicol sodium succinate</i>	4
<i>chlordiazepoxide hcl</i>	31
<i>chlordiazepoxide hydrochloride</i>	31
<i>chlordiazepoxide/amitriptyline</i>	10
<i>chlorhexidine gluconate</i>	45
<i>chloroquine phosphate</i>	25
<i>chlorpromazine hcl</i>	26
<i>chlorpromazine hydrochloride</i>	26
<i>chlorthalidone</i>	41
<i>chlorzoxazone</i>	76
CHOLBAM	54
<i>cholestyramine</i>	42
<i>cholestyramine light</i>	42
<i>ciclodan</i>	48
<i>ciclopirox</i>	48
<i>ciclopirox nail lacquer</i>	48
<i>ciclopirox olamine</i>	48
<i>cidofovir</i>	27
<i>cilostazol</i>	37

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cimetidine	53	clobazam	8
cimetidine hcl	53	clobetasol propionate	46
cimetidine hydrochloride	53	clobetasol propionate e	46
CIMZIA	65	clobetasol propionate emollient	46
CIMZIA STARTER KIT	65	clodan	46
cinacalcet hydrochloride	69	clofarabine	16
CINRYZE	63	clomipramine hydrochloride	12
CIPRO HC	72	clonazepam	31
CIPROFLOXACIN	72	clonazepam odt	31
ciprofloxacin hcl	7	clonidine	38
ciprofloxacin hydrochloride	7	clonidine hydrochloride	38
ciprofloxacin hydrochloride	71	clonidine hydrochloride er	44
ciprofloxacin i.v.-in d5w	7	clopidogrel	37
ciprofloxacin/dexamethasone	72	clorazepate dipotassium	31
CISPLATIN	15	clotrimazole	13
citalopram hydrobromide	11	clotrimazole	48
cladribine	16	clotrimazole/betamethasone dipropionate	47
claravis	46	clozapine	27
clarithromycin	7	clozapine odt	27
clarithromycin er	7	COARTEM	25
clindacin etz pledgets	48	COBENFY	44
clindacin-p	48	COBENFY STARTER PACK	44
clindamycin hcl	4	CODEINE SULFATE	2
clindamycin hydrochloride	4	colchicine	13
clindamycin palmitate hydrochloride	4	colesevelam hydrochloride	42
clindamycin phosphate	4	colestipol hydrochloride	42
clindamycin phosphate	48	colistimethate sodium	4
clindamycin phosphate in d5w	4	COLUMVI	23
clindamycin phosphate/benzoyl peroxide	46	COMBIPATCH	58
clindamycin phosphate/dextrose	4	COMBIVENT RESPIMAT	75
clindamycin/benzoyl peroxide	46	COMETRIQ	19
clindamycin/sodium chloride	4	COMPLERA	28
CLINIMIX 4.25%/DEXTROSE 10%	48	compro	12
CLINIMIX 4.25%/DEXTROSE 5%	49	constulose	52
CLINIMIX 5%/DEXTROSE 15%	49	COPIKTRA	19
CLINIMIX 5%/DEXTROSE 20%	49	CORLANOR	40
CLINIMIX 6/5	49	COSENTYX	64
CLINIMIX 8/10	49	COSENTYX SENSOREADY PEN	64
CLINIMIX 8/14	49	COSENTYX UNOREADY	64
CLINIMIX E 2.75%/DEXTROSE 5%	49	COTELIC	19
CLINIMIX E 4.25%/DEXTROSE 10%	49	CREON	54
CLINIMIX E 4.25%/DEXTROSE 5%	49	CRESEMBA	13
CLINIMIX E 5%/DEXTROSE 15%	49	CRINONE	61
CLINIMIX E 5%/DEXTROSE 20%	49	cromolyn sodium	54
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CRYSVITA	54	DAURISMO	20
CTEXLI	53	<i>daysee</i>	58
<i>curity gauze pads 2"x2" 12 ply</i>	69	DAYVIGO	76
<i>cyclobenzaprine hydrochloride</i>	76	<i>deblitane</i>	61
<i>cyclophosphamide</i>	15	<i>decitabine</i>	17
CYCLOPHOSPHAMIDE	15	<i>deferasirox</i>	51
MONOHYDRATE		<i>deferiprone</i>	51
<i>cycloserine</i>	14	<i>deferoxamine mesylate</i>	51
<i>cyclosporine</i>	65	DELSTRIGO	28
<i>cyclosporine</i>	70	<i>delyla</i>	58
<i>cyclosporine modified</i>	65	<i>demeclocycline hcl</i>	7
CYLTEZO	66	DENG VAXIA	67
CYLTEZO STARTER PACKAGE FOR	65	<i>denta 5000 plus</i>	49
CROHNS DISEASE/UC/HS		<i>dentagel</i>	49
CYLTEZO STARTER PACKAGE FOR	66	<i>depo-estradiol</i>	58
PSORIASIS		DEPO-MEDROL	56
CYLTEZO STARTER PACKAGE FOR	66	DEPO-SUBQ PROVERA 104	61
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<i>cyproheptadine hcl</i>	73	<i>desipramine hydrochloride</i>	12
<i>cyproheptadine hydrochloride</i>	73	<i>desloratadine</i>	73
CYRAMZA	19	<i>desmopressin acetate</i>	57
<i>cyred eq</i>	58	<i>desogestrel/ethinyl estradiol</i>	58
CYSTADROPS	70	<i>desonide</i>	46
CYSTAGON	54	<i>desoximetasone</i>	46
CYSTARAN	70	DESVENLAFAXINE ER	11
<i>cytarabine</i>	16	<i>dexamethasone</i>	56
<i>cytarabine aqueous</i>	16	<i>dexamethasone sodium phosphate</i>	56
<i>dabigatran etexilate</i>	36	<i>dexamethasone sodium phosphate</i>	71
<i>dacarbazine</i>	15	<i>dexamethasone sodium phosphate +rfd</i>	56
<i>dactinomycin</i>	17	<i>dexmethylphenidate hcl</i>	44
<i>dalfampridine er</i>	45	<i>dexmethylphenidate hydrochloride</i>	44
<i>danazol</i>	57	<i>dexrazoxane</i>	25
<i>dantrolene sodium</i>	27	<i>dexrazoxane hydrochloride</i>	25
DANYELZA	23	<i>dextroamphetamine sulfate</i>	43
DANZITEN	19	<i>dextroamphetamine sulfate er</i>	43
<i>dapsone</i>	14	DEXTROSE 5% /ELECTROLYTE #48	49
DAPTACEL	67	VIAFLEX	
<i>daptomycin</i>	4	<i>dextrose 10%</i>	49
<i>darifenacin hydrobromide er</i>	55	DEXTROSE 10%/SODIUM CHLORIDE	49
<i>darunavir</i>	30	0.2%	
DARZALEX	23	DEXTROSE 10%/SODIUM CHLORIDE	49
DARZALEX FASPRO	23	0.45%	
<i>dasatinib</i>	19	<i>dextrose 2.5%/sodium chloride 0.45%</i>	49
<i>dasetta 1/35</i>	58	DEXTROSE 25%	49
<i>dasetta 7/7/7</i>	58	<i>dextrose 5%</i>	49

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DEXTROSE 5%/SODIUM CHLORIDE	49	disulfiram	3
0.2%		divalproex sodium dr	32
dextrose 5%/sodium chloride 0.3%	49	divalproex sodium er	32
DEXTROSE 5%/SODIUM CHLORIDE	49	docetaxel	17
0.33%		DOCIVYX	17
dextrose 5%/sodium chloride 0.45%	49	dofetilide	38
dextrose 5%/sodium chloride 0.9%	49	dolishale	58
DEXTROSE 50%	49	donepezil hcl	10
DEXTROSE 70%	49	donepezil hydrochloride	10
dextrose/sodium chloride	49	donepezil hydrochloride odt	10
DIACOMIT	8	DOPTelet	37
diazepam	31	dorzolamide hcl/timolol maleate	70
diazepam intensol	31	dorzolamide hydrochloride	72
diazepam rectal gel	8	dotti	58
diazoxide	34	DOVATO	28
diclofenac potassium	1	doxazosin mesylate	38
diclofenac sodium	1	doxepin hcl	12
diclofenac sodium	47	doxepin hydrochloride	12
diclofenac sodium	71	doxepin hydrochloride	46
diclofenac sodium dr	1	doxercalciferol	69
diclofenac sodium er	1	doxorubicin hcl	17
diclofenac sodium/misoprostol	1	doxorubicin hydrochloride	17
dicloxacin sodium	6	doxorubicin hydrochloride liposomal	17
dicyclomine hcl	53	doxy 100	7
dicyclomine hydrochloride	53	doxycycline	7
DIFICID	7	doxycycline hyclate	7
diflunisal	1	DRIZALMA SPRINKLE	44
difluprednate	71	dronabinol	12
digoxin	40	drospirenone/ethinyl estradiol	58
dihydroergotamine mesylate	14	DROXIA	17
dilantin	9	droxidopa	38
diltiazem hcl	40	DULERA	75
diltiazem hcl cd	40	duloxetine hydrochloride dr	44
diltiazem hcl er	40	DUPIXENT	64
diltiazem hydrochloride	40	dutasteride	56
diltiazem hydrochloride er	40	dutasteride/tamsulosin hydrochloride	56
dilt-xr	40	ec-naproxen	1
dimethyl fumarate	45	econazole nitrate	48
dimethyl fumarate starterpack	45	edaravone	44
DIPENTUM	68	EDURANT	28
diphenhydramine hydrochloride	73	EDURANT PED	28
diphenoxylate hydrochloride/atropine	52	efavirenz	28
sulfate		efavirenz/emtricitabine/tenofovir disoproxil	28
diphenoxylate/atropine	52	fumarate	
DIPHThERIA/TETANUS TOXoids	67	efavirenz/lamivudine/tenofovir disoproxil	28
ADSORBED PEDIATRIC		fumarate	

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ELAPRASE	54	ENTYVIO PEN	64
ELELYSO	54	<i>enulose</i>	52
ELEPSIA XR	7	ENVARBUS XR	66
<i>eletriptan hydrobromide</i>	14	EPCLUSA	28
ELIGARD	62	EPIDIOLEX	7
<i>elinest</i>	58	<i>epinastine hcl</i>	71
ELIQUIS	36	<i>epinephrine</i>	74
ELIQUIS STARTER PACK	36	<i>epitol</i>	9
ELITEK	25	EPIVIR HBV	28
<i>elixophyllin</i>	74	EPKINLY	23
ELLENCE	17	<i>eplerenone</i>	42
ELMIRON	56	<i>epoprostenol sodium</i>	75
ELREXFIO	17	EPRONTIA	7
<i>eltrombopag olamine</i>	37	EQUETRO	32
<i>eluryng</i>	58	ERBITUX	23
ELZONRIS	17	<i>ergoloid mesylates</i>	10
EMGALITY	14	<i>ergotamine tartrate/cafeine</i>	14
EMPAVELI	64	<i>eribulin mesylate</i>	17
EMPLICITI	23	ERIVEDGE	20
EMRELIS	23	ERLEADA	16
EMSAM	11	<i>erlotinib hydrochloride</i>	20
<i>emtricitabine</i>	29	<i>errin</i>	61
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	28	<i>ertapenem sodium</i>	6
<i>emtricitabine/tenofovir disoproxil fumarate</i>	29	<i>ery</i>	48
<i>emtricitabine/tenofovir disoproxil fumarate</i>	29	<i>erythromycin</i>	48
EMTRIVA	29	<i>erythromycin</i>	71
<i>emverm</i>	25	<i>erythromycin base</i>	7
<i>emzahn</i>	61	<i>erythromycin dr</i>	7
<i>enalapril maleate</i>	38	<i>erythromycin ethylsuccinate</i>	7
<i>enalapril maleate/hydrochlorothiazide</i>	40	<i>erythromycin lactobionate</i>	7
ENBREL	66	<i>erythromycin/benzoyl peroxide</i>	46
ENBREL MINI	66	<i>escitalopram oxalate</i>	11
ENBREL SURECLICK	66	<i>eslicarbazepine acetate</i>	9
<i>endocet</i>	2	<i>estarylla</i>	58
ENGERIX-B	67	<i>estradiol</i>	58
ENHERTU	23	<i>estradiol valerate</i>	58
<i>enilloring</i>	58	<i>estradiol/norethindrone acetate</i>	58
ENJAYMO	64	ESTRING	59
<i>enoxaparin sodium</i>	36	<i>eszopiclone</i>	76
<i>enpresse-28</i>	58	<i>ethacrynic acid</i>	41
<i>enskyce</i>	58	<i>ethambutol hydrochloride</i>	14
ENSPRYNG	70	<i>ethosuximide</i>	8
<i>entacapone</i>	26	<i>ethynodiol diacetate/ethinyl estradiol</i>	59
<i>entecavir</i>	28	<i>etodolac</i>	1
ENTRESTO	41	<i>etodolac er</i>	1
		<i>etonogestrel/ethinyl estradiol</i>	59

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<i>etoposide</i>	19	FIRDAPSE	44
<i>etravirine</i>	29	FIRMAGON	62
<i>eulexin</i>	16	<i>flac</i>	72
EUTHYROX	62	FLAREX	71
EVAMIST	59	<i>flavoxate hcl</i>	55
<i>everolimus</i>	20	FLEBOGAMMA DIF	63
<i>everolimus</i>	66	<i>flecainide acetate</i>	38
EVOTAZ	30	<i>floxuridine</i>	16
EVRYSDI	54	<i>fluconazole</i>	13
<i>exemestane</i>	19	<i>fluconazole in sodium chloride</i>	13
<i>exenatide</i>	32	<i>flucytosine</i>	13
EXKIVITY	20	<i>fludarabine phosphate</i>	17
<i>extencilline</i>	6	<i>fludrocortisone acetate</i>	56
EYLEA	70	<i>flunisolide</i>	73
<i>ezetimibe</i>	42	<i>fluocinolone acetonide</i>	47
<i>ezetimibe/simvastatin</i>	42	<i>fluocinolone acetonide</i>	73
FABRAZYME	54	<i>fluocinolone acetonide body</i>	46
<i>falmina</i>	59	<i>fluocinolone acetonide ear drops</i>	73
<i>famciclovir</i>	30	<i>fluocinolone acetonide scalp</i>	46
<i>famotidine</i>	53	<i>fluocinolone acetonide topical</i>	46
<i>famotidine premixed</i>	53	<i>fluocinonide</i>	47
FANAPT	27	<i>fluocinonide emulsified base</i>	47
FANAPT TITRATION PACK A	27	<i>fluoride</i>	49
FANAPT TITRATION PACK B	27	<i>fluoridex daily renewal</i>	49
FANAPT TITRATION PACK C	27	<i>fluorometholone</i>	72
FASENRA	75	<i>fluorouracil</i>	16
FASENRA PEN	75	FLUOROURACIL	47
<i>febuxostat</i>	13	<i>fluoxetine dr</i>	11
<i>feirza 1.5/30</i>	59	<i>fluoxetine hydrochloride</i>	11
<i>feirza 1/20</i>	59	<i>fluphenazine decanoate</i>	26
<i>felbamate</i>	8	<i>fluphenazine hcl</i>	26
<i>felodipine er</i>	39	<i>fluphenazine hydrochloride</i>	26
FEMRING	59	<i>flurbiprofen</i>	1
<i>femynor</i>	59	<i>flurbiprofen sodium</i>	72
<i>fenofibrate</i>	41	<i>flutamide</i>	16
<i>fenofibrate micronized</i>	41	<i>fluticasone propionate</i>	47
<i>fenofibric acid dr</i>	42	<i>fluticasone propionate</i>	73
<i>fentanyl</i>	1	<i>fluticasone propionate diskus</i>	73
FENTANYL CITRATE	2	<i>fluticasone propionate hfa</i>	73
<i>fentanyl citrate oral transmucosal</i>	2	<i>fluticasone propionate/salmeterol</i>	76
FERRIPROX	51	<i>fluticasone propionate/salmeterol diskus</i>	76
FETZIMA	11	<i>fluvastatin</i>	42
FETZIMA TITRATION PACK	11	<i>fluvoxamine maleate</i>	11
<i>fidaxomicin</i>	7	<i>fluvoxamine maleate er</i>	11
<i>finasteride 5mg</i>	56	FML FORTE	72
<i>fingolimod hydrochloride</i>	45	FOLOTYN	16

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<i>formoterol fumarate</i>	74	<i>gentak</i>	71
<i>fosamprenavir calcium</i>	30	<i>gentamicin sulfate</i>	4
<i>fosaprepitant dimeglumine</i>	12	<i>gentamicin sulfate</i>	48
<i>fosinopril sodium</i>	38	<i>gentamicin sulfate</i>	71
<i>fosinopril sodium/hydrochlorothiazide</i>	41	<i>gentamicin sulfate pediatric</i>	4
<i>fosphenytoin sodium</i>	9	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
FOSRENOL	52	GENVOYA	28
FOTIVDA	20	GILENYA	45
<i>frovatriptan succinate</i>	14	GILOTRIF	20
FRUZAQLA	20	GIVLAARI	54
FULPHILA	37	GLASSIA	54
<i>fulvestrant</i>	16	<i>glatiramer acetate</i>	45
<i>furosemide</i>	41	<i>glatopa</i>	45
FUZEON	29	GLEOSTINE	15
FYARRO	20	<i>glimepiride</i>	32
<i>fyavolv</i>	59	<i>glipizide</i>	33
FYCOMPA	8	<i>glipizide er</i>	33
<i>gabapentin</i>	8	<i>glipizide xl</i>	33
<i>galantamine hydrobromide</i>	10	<i>glipizide/metformin hydrochloride</i>	33
<i>galantamine hydrobromide er</i>	10	GLUCAGEN HYPOKIT	34
<i>gallifrey</i>	61	<i>glucagon emergency kit for low blood sugar</i>	34
GAMASTAN	63	GLUCOSE (DEXTROSE) 70%	49
GAMIFANT	64	<i>glyburide</i>	33
GAMMAGARD LIQUID	63	<i>glyburide micronized</i>	33
GAMMAGARD S/D IGA LESS THAN	63	<i>glyburide/metformin hydrochloride</i>	33
1MCG/ML		<i>glycopyrrolate</i>	53
GAMMAKED	64	<i>glydo</i>	3
GAMMAPLEX	64	GLYXAMBI	33
GAMUNEX-C	64	GOMEKLI	20
<i>ganciclovir</i>	27	GRAFAPEX	15
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<i>gavilyte-c</i>	53	<i>griseofulvin ultramicrosize</i>	13
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<i>haloperidol lactate</i>	26	<i>hydrocortisone</i>	69
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<i>heather</i>	61	<i>hydrocortisone butyrate (lipophilic)</i>	47
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HEPARIN SODIUM	36	<i>hydrocortisone valerate</i>	47
HEPARIN SODIUM/D5W	36	<i>hydrocortisone/acetic acid</i>	73
HEPARIN SODIUM/DEXTROSE	36	<i>hydromorphone hcl</i>	2
HEPARIN SODIUM/NACL 0.45%	36	HYDROMORPHONE	2
HEPARIN SODIUM/SODIUM	36	HYDROCHLORIDE	
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<i>heparin sodium/sodium chloride 0.9%</i>	36	<i>hydroxyurea</i>	16
<i>heparin sodium/sodium chloride 0.9%</i>	36	<i>hydroxyzine hcl</i>	31
<i>premix</i>		<i>hydroxyzine hydrochloride</i>	31
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HIZENTRA	64	IBTROZI	20
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HUMALOG JUNIOR KWIKPEN	35	<i>ibuprofen</i>	1
HUMALOG KWIKPEN	35	<i>ibutilide fumarate</i>	38
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<i>isosorbide dinitrate/hydralazine</i>	41	KANJINTI	24
<i>hydrochloride</i>		KANUMA	54
<i>isosorbide mononitrate</i>	42	<i>kariva</i>	59
<i>isosorbide mononitrate er</i>	42	<i>kcl 0.075%/d5w/nacl 0.45%</i>	49
<i>isotonic gentamicin</i>	4	<i>kcl 0.15%/d5w/nacl 0.2%</i>	50
<i>isotretinoin</i>	46	<i>kcl 0.15%/d5w/nacl 0.45%</i>	50
<i>isradipine</i>	39	<i>kcl 0.15%/d5w/nacl 0.9%</i>	50
ISTURISA	63	<i>kcl 0.3%/d5w/nacl 0.45%</i>	50
ITOVEBI	20	<i>kcl 0.3%/d5w/nacl 0.9%</i>	50
<i>itraconazole</i>	13	<i>kelnor 1/35</i>	59
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<i>ketoconazole</i>	48	<i>larin 1.5/30</i>	59
<i>ketorolac tromethamine</i>	1	<i>larin 1/20</i>	59
<i>ketorolac tromethamine</i>	72	<i>larin 24 fe</i>	59
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KISQALI FEMARA 400 DOSE	20	LEMTRADA	45
KISQALI FEMARA 600 DOSE	20	<i>lenalidomide</i>	16
<i>klayesta</i>	48	<i>lentocilin</i>	6
<i>klor-con</i>	50	LENVIMA 10 MG DAILY DOSE	21
KLOR-CON 10	50	LENVIMA 12MG DAILY DOSE	21
KLOR-CON 8	50	LENVIMA 14 MG DAILY DOSE	21
<i>klor-con m10</i>	50	LENVIMA 18 MG DAILY DOSE	21
<i>klor-con m15</i>	50	LENVIMA 20 MG DAILY DOSE	21
<i>klor-con m20</i>	50	LENVIMA 24 MG DAILY DOSE	21
KLOXXADO	4	LENVIMA 4 MG DAILY DOSE	21
KOSELUGO	21	LENVIMA 8 MG DAILY DOSE	21
<i>kourzeq</i>	45	<i>lessina</i>	59
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<i>kurvelo</i>	59	LEUKERAN	15
KYPROLIS	18	LEUKINE	37
<i>labetalol hydrochloride</i>	39	<i>leuprolide acetate</i>	63
<i>lacosamide</i>	9	<i>levalbuterol</i>	74
LACRISERT	70	<i>levalbuterol hcl</i>	74
<i>lactated ringers</i>	50	<i>levalbuterol hydrochloride</i>	74
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<i>lamivudine</i>	28	<i>levetiracetam/sodium chloride</i>	8
<i>lamivudine</i>	29	<i>levobunolol hcl</i>	72
<i>lamivudine/zidovudine</i>	29	<i>levocarnitine</i>	54
<i>lamotrigine</i>	8	<i>levocetirizine dihydrochloride</i>	73
<i>lamotrigine er</i>	8	<i>levofloxacin</i>	7
<i>lamotrigine odt</i>	8	<i>levofloxacin in d5w</i>	7
<i>lamotrigine starter kit/blue</i>	8	<i>levoleucovorin</i>	25
<i>lamotrigine starter kit/green</i>	8	<i>levoleucovorin calcium</i>	25
<i>lamotrigine starter kit/orange</i>	8	<i>levonest</i>	59
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<i>lanreotide acetate</i>	63	<i>levonorgestrel/ethinyl estradiol</i>	60
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LIBERVANT	8	<i>luizza 1/20</i>	60
LIBTAYO	24	LUMAKRAS	21
<i>lidocaine</i>	3	LUMIGAN	72
<i>lidocaine hcl</i>	3	LUMIZYME	54
<i>lidocaine hcl</i>	38	LUNSUMIO	24
<i>lidocaine hcl jelly</i>	3	LUPRON DEPOT (1-MONTH)	63
<i>lidocaine hydrochloride</i>	3	LUPRON DEPOT (3-MONTH)	63
<i>lidocaine hydrochloride</i>	39	LUPRON DEPOT (4-MONTH)	63
<i>lidocaine hydrochloride jelly</i>	3	LUPRON DEPOT (6-MONTH)	63
<i>lidocaine hydrochloride viscous</i>	3	LUPRON DEPOT-PED (1-MONTH)	63
<i>lidocaine hydrochloride/epinephrine</i>	3	LUPRON DEPOT-PED (3-MONTH)	63
<i>lidocaine/epinephrine</i>	3	LUPRON DEPOT-PED (6-MONTH)	63
<i>lidocaine/prilocaine</i>	3	<i>lurasidone hydrochloride</i>	32
LILETTA	62	<i>luteria</i>	60
<i>linezolid</i>	5	<i>lyleq</i>	62
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<i>liothyronine sodium</i>	62	LYNOZYFIC	18
<i>liraglutide</i>	33	LYNPARZA	21
<i>lisdexamfetamine dimesylate</i>	43	LYSODREN	18
<i>lisinopril</i>	38	LYTGOBI	21
<i>lisinopril/hydrochlorothiazide</i>	41	<i>lyza</i>	62
<i>lithium</i>	32	MAGNESIUM SULFATE	50
<i>lithium carbonate</i>	32	<i>malathion</i>	48
<i>lithium carbonate er</i>	32	<i>maraviroc</i>	29
LIVTENCITY	27	MARGENZA	24
<i>lojaimiess</i>	60	<i>marlissa</i>	60
LOKELMA	52	MARPLAN	11
LONSURF	18	MATULANE	15
<i>loperamide hydrochloride</i>	52	<i>matzim la</i>	40
<i>lopinavir/ritonavir</i>	30	MAVYRET	28
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LORAZEPAM	31	MAYZENT	45
<i>lorazepam intensol</i>	31	MAYZENT STARTER PACK	45
LORBRENA	21	<i>meclizine hcl 12.5mg, 25mg</i>	12
<i>loryna</i>	60	<i>medroxyprogesterone acetate</i>	62
<i>losartan potassium</i>	38	<i>mefloquine hydrochloride</i>	25
<i>losartan potassium/hydrochlorothiazide</i>	41	<i>megestrol acetate</i>	62
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<i>loteprednol etabonate</i>	72	<i>meleya</i>	62
<i>lovastatin</i>	42	<i>meloxicam</i>	1
<i>low-ogestrel</i>	60	<i>melphalan hydrochloride</i>	15
<i>loxapine</i>	26	<i>memantine hcl titration pak</i>	10
<i>lo-zumandimine</i>	60	<i>memantine hydrochloride</i>	10

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<i>menest</i>	60	<i>microgestin 1/20</i>	60
MENOSTAR	60	<i>microgestin 24 fe</i>	60
MENQUADFI	67	<i>microgestin fe 1.5/30</i>	60
MENVEO	67	<i>microgestin fe 1/20</i>	60
MEPSEVII	54	<i>midodrine hydrochloride</i>	38
<i>mercaptapurine</i>	16	<i>mifepristone</i>	63
<i>meropenem</i>	6	<i>miglitol</i>	33
<i>meropenem/sodium chloride</i>	6	<i>miglustat</i>	54
<i>mesalamine</i>	68	<i>mili</i>	60
<i>mesalamine dr</i>	68	<i>mimvey</i>	60
<i>mesalamine er</i>	68	MINOCIN	7
<i>mesna</i>	25	<i>minocycline hcl</i>	7
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<i>metformin hydrochloride</i>	33	<i>minoxidil</i>	43
<i>metformin hydrochloride er</i>	33	<i>mirabegron er</i>	55
<i>methadone hcl</i>	1	<i>mirtazapine</i>	10
<i>methadone hydrochloride</i>	1	<i>mirtazapine odt</i>	10
<i>methadone hydrochloride intensol</i>	1	<i>misoprostol</i>	53
<i>methazolamide</i>	72	<i>mitigo</i>	1
<i>methenamine hippurate</i>	5	<i>mitomycin</i>	18
<i>methimazole</i>	63	<i>mitoxantrone hcl</i>	18
<i>methotrexate</i>	66	M-M-R II	67
<i>methotrexate sodium</i>	66	<i>modafinil</i>	76
<i>methoxsalen</i>	47	MODEYSO	18
<i>methsuximide</i>	8	<i>moexipril hydrochloride</i>	38
<i>methylphenidate hydrochloride</i>	44	<i>molindone hydrochloride</i>	26
<i>methylphenidate hydrochloride er</i>	44	<i>mometasone furoate</i>	47
<i>methylphenidate hydrochloride er (cd)</i>	44	MONJUVI	24
<i>methylphenidate hydrochloride er (osm)</i>	44	<i>mono-lynyah</i>	60
<i>methylprednisolone</i>	56	<i>montelukast sodium</i>	73
<i>methylprednisolone acetate</i>	56	MORPHINE SULFATE	2
<i>methylprednisolone dose pack</i>	56	<i>morphine sulfate er</i>	1
<i>methylprednisolone sodium succinate</i>	56	MOUNJARO	33
<i>methylprednisolone sodiumsuccinate</i>	56	MOVANTIK	52
<i>metoclopramide hcl</i>	12	<i>moxifloxacin hydrochloride/sodium</i>	7
<i>metoclopramide hydrochloride</i>	12	<i>hydrochloride</i>	
<i>metolazone</i>	41	<i>moxifloxacin hydrochloride</i>	7
<i>metoprolol succinate er</i>	39	<i>moxifloxacin hydrochloride</i>	71
<i>metoprolol tartrate</i>	39	MRESVIA	67
<i>metoprolol/hydrochlorothiazide</i>	41	MULPLETA	37
<i>metronidazole</i>	5	MULTAQ	39
<i>metronidazole vaginal</i>	5	<i>multiple electrolytes injection type 1</i>	50
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MYTESI	52	<i>nicardipine hcl</i>	39
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<i>nabumetone</i>	1	NICOTROL NS	4
<i>nadolol</i>	39	<i>nifedipine er</i>	39
<i>nafcillin</i>	6	<i>nikki</i>	60
<i>nafcillin sodium</i>	6	<i>nilotinib hydrochloride</i>	21
NAGLAZYME	54	<i>nilutamide</i>	16
<i>nalbuphine hydrochloride</i>	3	<i>nimodipine</i>	39
<i>naloxone hcl</i>	4	NINLARO	21
<i>naloxone hydrochloride</i>	4	NIPENT	16
<i>naltrexone hydrochloride</i>	3	<i>nisoldipine er</i>	39
<i>naproxen</i>	1	<i>nitazoxanide</i>	25
<i>naproxen dr</i>	1	<i>nitisinone</i>	54
<i>naproxen sodium</i>	1	<i>nitro-bid</i>	42
<i>naratriptan hcl</i>	14	<i>nitrofurantoin</i>	5
NATACYN	71	<i>nitrofurantoin macrocrystals</i>	5
<i>nateglinide</i>	34	<i>nitrofurantoin monohydrate/macrocrystals</i>	5
NAYZILAM	8	<i>nitroglycerin</i>	42
<i>nebivolol hydrochloride</i>	39	<i>nitroglycerin transdermal</i>	42
<i>necon 0.5/35-28</i>	60	NIVESTYM	37
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<i>neomycin sulfate</i>	4	NORDITROPIN FLEXPPO	57
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<i>neomycin/polymyxin/gramicidin</i>	71	<i>norethindrone acetate/ethinyl</i>	60
<i>neomycin/polymyxin/hc</i>	73	<i>estradiol/ferrous fumarate</i>	
<i>neomycin/polymyxin/hydrocortisone</i>	70	<i>norgestimate/ethinyl estradiol</i>	60
<i>neomycin/polymyxin/hydrocortisone</i>	73	<i>norlyroc</i>	62
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NOVOLIN N FLEXPEN	35	<i>ofloxacin</i>	73
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NOVOLIN R FLEXPEN	35	<i>olanzapine</i>	32
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NOVOLOG PENFILL	35	<i>omnipod 5 dexcom g7g6 intro kit (gen 5)</i>	69
NOVOLOG RELION	35	<i>omnipod 5 dexcom g7g6 pods (gen 5)</i>	70
NPLATE	37	<i>omnipod 5 g7 intro kit (gen 5)</i>	70
NUBEQA	16	<i>omnipod 5 g7 pods (gen 5)</i>	70
NUCALA	76	OMNIPOD 5 LIBRE2 PLUS G6 INTRO	70
NUEDEXTA	44	GEN 5	
NULIBRY	54	OMNIPOD 5 LIBRE2 PLUS G6 PODS	70
NULOJIX	64	<i>omnipod classic pdm starter kit (gen 3)</i>	70
NUPLAZID	27	<i>omnipod classic pods (gen 3)</i>	70
NURTEC	14	<i>omnipod dash intro kit (gen 4)</i>	70
NUZYRA	7	<i>omnipod dash pdm kit (gen 4)</i>	70
<i>nyamyc</i>	48	<i>omnipod dash pods (gen 4)</i>	70
<i>nylia 1/35</i>	60	<i>omnipod go 10 units/day</i>	70
<i>nylia 7/7/7</i>	60	<i>omnipod go 15 units/day</i>	70
<i>nymyo</i>	60	<i>omnipod go 20 units/day</i>	70
<i>nystatin</i>	13	<i>omnipod go 25 units/day</i>	70
<i>nystatin</i>	48	<i>omnipod go 30 units/day</i>	70
<i>nystatin/triamcinolone</i>	47	<i>omnipod go 35 units/day</i>	70
<i>nystatin/triamcinolone acetonide</i>	47	<i>omnipod go 40 units/day</i>	70
<i>nystop</i>	48	OMNITROPE	57
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<i>ocella</i>	60	<i>ondansetron hcl</i>	13
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OPDIVO QVANTIG	24	<i>paroxetine hcl er</i>	11
OPDUALAG	24	<i>paroxetine hydrochloride</i>	11
OPIPZA	32	<i>paroxetine hydrochloride er</i>	11
OPSUMIT	75	PAXLOVID	31
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ORFADIN	54	<i>peg-3350/nacl/na bicarbonate/kcl</i>	53
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<i>orquidea</i>	62	<i>pemetrexed disodium</i>	17
ORSERDU	16	PEMFEXY	17
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OTEZLA	65	<i>penicillamine</i>	56
<i>oxacillin sodium</i>	6	<i>penicillin g potassium</i>	6
<i>oxaliplatin</i>	15	PENICILLIN G POTASSIUM IN ISO-	6
<i>oxaprozin</i>	1	OSMOTIC DEXTROSE	
<i>oxazepam</i>	31	<i>penicillin g sodium</i>	6
<i>oxcarbazepine</i>	9	<i>penicillin v potassium</i>	6
OXERVATE	70	PENMENVY	68
OXLUMO	54	PENTACEL	68
<i>oxybutynin chloride</i>	55	<i>pentamidine isethionate</i>	25
<i>oxybutynin chloride er</i>	55	PENTASA	68
<i>oxycodone hcl</i>	3	<i>pentobarbital sodium</i>	9
<i>oxycodone hydrochloride</i>	3	<i>pentoxifylline er</i>	41
<i>oxycodone/acetaminophen</i>	3	<i>perampanel</i>	8
<i>oxymorphone hydrochloride</i>	3	<i>perindopril erbumine</i>	38
<i>oxymorphone hydrochloride er</i>	2	<i>periogard</i>	45
<i>oxymorphone hydrochlorideer</i>	2	PERJETA	24
OZEMPIC	34	<i>permethrin</i>	48
OZURDEX	72	<i>perphenazine</i>	12
<i>paclitaxel</i>	18	<i>perphenazine/amitriptyline</i>	10
<i>paclitaxel protein-bound particles</i>	18	<i>phenelzine sulfate</i>	11
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<i>paliperidone er</i>	27	<i>phenobarbital sodium</i>	9
PALYNZIQ	54	<i>phenoxybenzamine hydrochloride</i>	38
PANCREAZE	54	<i>phenytek</i>	9
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<i>pilocarpine hydrochloride</i>	45
<i>pilocarpine hydrochloride</i>	72
<i>pimecrolimus</i>	47
<i>pimozide</i>	26
<i>pimtrea</i>	60
<i>pindolol</i>	39
<i>pioglitazone hcl</i>	34
<i>pioglitazone hcl/metformin hcl</i>	34
<i>pioglitazone hcl-glimepiride</i>	34
<i>pioglitazone hydrochloride</i>	34
<i>piperacillin sodium/tazobactam sodium</i>	6
PIQRAY 200MG DAILY DOSE	21
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PIQRAY 300MG DAILY DOSE	21
<i>pirfenidone</i>	75
<i>piroxicam</i>	1
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<i>plerixafor</i>	37
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<i>polycin</i>	71
<i>polymyxin b sulfate/trimethoprim sulfate</i>	71
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<i>portia-28</i>	60
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<i>posaconazole</i>	13
<i>posaconazole dr</i>	13
<i>potassium chloride</i>	50
<i>potassium chloride cr</i>	50
<i>potassium chloride er</i>	50
<i>potassium chloride/dextrose</i>	50
POTASSIUM	50
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RINGERS	
<i>potassium chloride/dextrose/sodium chloride</i>	50
<i>potassium chloride/sodium chloride</i>	50
<i>potassium citrate er</i>	50
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<i>prochlorperazine edisylate</i>	12
<i>prochlorperazine maleate</i>	12
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<i>promethazine hydrochloride/phenylephrine</i>	76	REBIF	45
<i>hydrochloride</i>		REBIF REBIDOSE	45
<i>promethazine vc</i>	76	REBIF REBIDOSE TITRATION PACK	45
<i>promethazine/phenylephrine</i>	76	REBIF TITRATION PACK	45
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<i>propafenone hydrochloride</i>	39	RECOMBIVAX HB	68
<i>propafenone hydrochloride er</i>	39	REGRANEX	47
<i>propranolol hcl</i>	39	RELENZA DISKHALER	30
<i>propranolol hydrochloride</i>	39	RELISTOR	52
<i>propranolol hydrochloride er</i>	39	REMICADE	66
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<i>ropinirole hcl</i>	26	<i>sildenafil citrate (pulmonary arterial hypertension) 10mg/ml</i>	75
<i>ropinirole hydrochloride</i>	26	<i>silver sulfadiazine</i>	48
<i>rosuvastatin calcium</i>	42	SIMBRINZA	72
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SANDIMMUNE	66	<i>sodium fluoride 5000 ppm</i>	51
SANDOSTATIN LAR DEPOT	63	<i>sodium fluoride 5000 ppm dry mouth</i>	51
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<i>spironolactone/hydrochlorothiazide</i>	41	SYNAREL	63
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<i>sprintec 28</i>	60	TABLOID	17
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<i>sronyx</i>	61	<i>tadalafil</i>	56
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<i>testosterone pump</i>	57	TOUJEO MAX SOLOSTAR	35
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<i>thiotepa</i>	15	<i>trandolapril</i>	38
<i>thiothixene</i>	26	<i>trandolapril/verapamil hcl er</i>	41
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<i>tiadylt er</i>	40	<i>tranylcyproamine sulfate</i>	11
<i>tiagabine hydrochloride</i>	9	TRAVASOL	51
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<i>ticagrelor</i>	37	TRAZIMERA	24
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<i>timolol maleate</i>	72	TRESIBA	35
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<i>tiopronin</i>	56	<i>tretinoin</i>	46
<i>tiopronin dr</i>	56	<i>triamcinolone acetonide</i>	45
<i>tiotropium bromide</i>	74	<i>triamcinolone acetonide</i>	47
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<i>tobramycin</i>	74	<i>trifluoperazine hydrochloride</i>	26
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<i>tri-lo-mili</i>	61	UVADEX	18
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<i>trimethoprim sulfate/polymyxin b sulfate</i>	71	<i>valganciclovir</i>	28
<i>tri-mili</i>	61	<i>valganciclovir hydrochloride</i>	28
<i>trimipramine maleate</i>	12	<i>valproate sodium</i>	8
TRINTELLIX	11	<i>valproic acid</i>	8
<i>tri-nymyo</i>	61	<i>valrubicin</i>	18
<i>tri-sprintec</i>	61	<i>valsartan</i>	38
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<i>tri-vylibra</i>	61	VALTOCO 20 MG DOSE	9
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TROGARZO	30	VANCOMYCIN HCL	5
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<i>v-go 30</i>	70	XARELTO	36
<i>v-go 40</i>	70	XARELTO STARTER PACK	36
<i>vienva</i>	61	XATMEP	67
<i>vigabatrin</i>	9	XCOPRI	8
<i>vigadrone</i>	9	XCOPRI	9
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<i>vigpoder</i>	9	XELJANZ	65
<i>vilazodone hydrochloride</i>	12	XELJANZ XR	65
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VIMKUNYA	68	XEOMIN	27
<i>vinblastine sulfate</i>	18	XERMELO	52
<i>vincasar pfs</i>	18	XGEVA	69
<i>vincristine sulfate</i>	18	XIAFLEX	55
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This formulary was updated on November 1, 2025. For more recent information or other questions, please contact us, UAW Trust Medicare Advantage Service Center, at 1-888-322-5616 (TTY users should call 711), Monday through Friday, 8 a.m. to 7 p.m. Eastern time or visit www.bcbsm.com/uawtrust.

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