

Align powered by Sanford Health Plan Align ChoiceElite (PPO) and Align ChoicePlus (PPO) 2025 Formulary List of Covered Drugs

**PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION ABOUT
THE DRUGS WE COVER IN THIS PLAN**

**For the most current list of covered medications
or if you have questions, call our Pharmacy
Management Team at (844) 642-9090 (TTY: 711).**

Formulary ID# 00025382, V10

This formulary was updated on 02/04/2025.

• **Important Message About What You Pay for Vaccines:**

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

• **Important Message About What You Pay for Insulin:**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

For more recent information or other questions, please contact Align ChoiceElite (PPO) and Align ChoicePlus (PPO) member services at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week or visit align.sanfordhealthplan.com.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, please call our member service department at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week.



Visit align.sanfordhealthplan.com and select Pharmacy Coverage to:

- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options



powered by
SANFORD HEALTH PLAN

Understanding your formulary

What is the Align ChoiceElite (PPO) and Align ChoicePlus (PPO) plan 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 our plan 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 our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 Align ChoiceElite (PPO) and Align ChoicePlus (PPO), please visit our website align.sanfordhealthplan.com or call member services at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Sanford Health Plan. When it refers to “plan” or “our plan,” it means Align ChoiceElite (PPO) and Align ChoicePlus (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of 03/01/2025. For an updated formulary, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on Jan. 1, 2025, and from time to time during the year.

Understanding your formulary

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List 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 at align.sanfordhealthplan.com.

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

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

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

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

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

Understanding your formulary

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the year 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with

Understanding your formulary

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 03/01/2025. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. The monthly formulary updates will be posted on our website including the date it was updated.

Understanding your formulary

How do I use the Formulary?

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

1) Medical Condition

The formulary begins on page 13. 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 Calcium Channel Blocking Agents. If you know what your drug is used for, look for the category name in the list that begins on page 13. Then look under the category name for your drug.

2) 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 73. 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?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well 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.

Understanding your formulary

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: Our plan requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Align ChoiceElite (PPO) and Align ChoicePlus (PPO) before you fill your prescriptions. If you don't get approval, Align ChoiceElite (PPO) and Align ChoicePlus (PPO) may not cover the drug.

Quantity Limits: For certain drugs, the plan limits the amount of the drug that the plan will cover. For example, our plan provides 60 capsules per prescription for celecoxib. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan 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 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain 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 our plan 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 plan's formulary?" on page 9 for information about how to request an exception.

Reading your formulary

The formulary gives you choices so you and your provider can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Tier information

Tiers are different cost levels you pay for a medication. This is how much you will pay when you fill a prescription. Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Consult your Summary of Benefits to determine your cost for each of the tiers listed below.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower cost preferred generic	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost generic	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ High cost non-preferred generic Preferred brand Select Insulin Drugs *After Deductible is Met	Many Tier 3 drugs have lower-cost options in Tiers 1 or 2. Ask your provider if they could work for you. Select insulin drugs with a \$35 maximum copay for up to a 30-day supply.
Tier 4	\$\$\$\$ Higher cost non-preferred brand *After Deductible is Met	Preferred specialty medications typically require more information from you or your provider to determine coverage.
Tier 5	\$\$\$\$\$ Highest cost specialty *After Deductible is Met	Non-preferred specialty medications typically require more information from you or your provider to determine coverage. Lower cost options may be available.
Tier 6	\$0 copay	Generic medications used to treat targeted conditions like diabetes, high blood pressure, high cholesterol and osteoporosis.

Additional Formulary Information

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact member services and ask if your drug is covered. For more information, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

If you learn that Align ChoiceElite (PPO) and Align ChoicePlus (PPO) does not cover your drug, you have two options:

- You can ask member services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Align ChoiceElite (PPO) and Align ChoicePlus (PPO).
- You can ask Align ChoiceElite (PPO) and Align ChoicePlus (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 Formulary?

- You can ask Align ChoiceElite (PPO) and Align ChoicePlus (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, 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 coverage restrictions or limits on your drug. For example, for certain drugs, Align ChoiceElite (PPO) and Align ChoicePlus (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.

Generally, Align ChoiceElite (PPO) and Align ChoicePlus (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 medical 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**

Additional Formulary Information

you need the exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 90-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 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Align ChoiceElite (PPO) and Align ChoicePlus (PPO), please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

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 <http://www.medicare.gov>.

Plan Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

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

Drug List Information

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

NDS	Non-Extended Day Supply – This prescription drug is not available for an extended days' supply.
PA	Prior Authorization – You or your provider must get pre-approval for the medicine with OptumRx before you can get the prescription filled. NOTE: While the member is ultimately responsible for obtaining prior approval from OptumRx, we are here to help you or your provider through this process.
QL	Quantity Limit/Amount Allowed – Medication may be limited to a certain quantity.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ST	Step Therapy – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
PA NSO	Prior Authorization New Starts Only – A prior authorization is only required when a new medication is to be started.
ST NSO	Step Therapy New Starts Only – Step therapy is only required when a new medication is to be started.

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This formulary was updated on 02/04/2025. For more recent information or other questions, please contact member services at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week, or visit align.sanfordhealthplan.com. The formulary, pharmacy network and/or provider network may change at any time. 03/01/2025

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	4	PA
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	3	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>morphine sulfate er tablet extended release</i>	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	2	
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral solution, tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
OPVEE	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>varenicline starting month</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE	5	PA
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
<i>Beta-lactam, Penicillins</i>		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
<i>Carbapenems</i>		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	3	
<i>meropenem injection 1gm, 500mg</i>	3	
<i>meropenem injection 2gm</i>	4	
<i>Macrolides</i>		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr tablet delayed release</i>	4	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	5	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>mondoxyne nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
EPRONTIA	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt tablet disintegrating 200mg</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
<i>levetiracetam tablet disintegrating soluble</i>	4	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA NSO
<i>vigadrone</i>	5	PA NSO
VIGAFYDE	3	PA NSO
<i>vigpoder</i>	5	PA NSO
ZTALMY	5	PA NSO
<i>Sodium Channel Agents</i>		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine suspension, tablet</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
ZONISADE	4	ST NSO
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
<i>memantine/donepezil hydrochloride er</i>	3	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	1	
<i>escitalopram oxalate solution</i>	3	
FETZIMA	4	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
<i>ABELCET</i>	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream</i>	2	QL(90 GM per 30 days)
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
<i>Antiangiogenic Agents</i>		
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID	5	PA NSO
THALOMID	5	PA NSO
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
ORSERDU	5	PA NSO
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	5	
<i>Antineoplastics, Other</i>		
AKEEGA	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
INREBIC	5	PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
IWILFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
<i>leucovorin calcium tablet</i>	3	
LONSURF	5	PA NSO
LYSODREN	5	
OGSIVEO	5	PA NSO
OJEMDA	5	PA NSO
ONUREG	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
REVUFORJ	5	PA NSO
SYNRIBO	5	
TRUSELTIQ	5	PA NSO
VONJO	5	PA NSO
ZOLINZA	5	PA NSO
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<i>Enzyme Inhibitors</i>		

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AUGTYRO	5	PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX TABLET 40MG, 60MG	5	PA NSO
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
DANZITEN	5	PA NSO
<i>dasatinib</i>	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	
FOTIVDA	5	PA NSO
FRUZAQLA	5	PA NSO
GAVRETO	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	3	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE, SUSPENSION	5	PA NSO
IMBRUVICA TABLET 420MG, 560MG	5	PA NSO

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
IMKELDI	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
KRAZATI	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LUMAKRAS	5	PA NSO
LYNPARZA TABLET	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
NINLARO	5	PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
QINLOCK	5	PA NSO
RETEVMO CAPSULE	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
RYDAPT	5	PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
TAFINLAR	5	PA NSO
TAGRISSE TABLET 80MG	5	PA NSO
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TAZVERIK	5	PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
<i>torpenz</i>	5	QL(30 EA per 30 days); PA NSO
TRUQAP	5	PA NSO
TUKYSA	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	4	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
TEVIMBRA	5	PA NSO
<i>Retinoids</i>		
<i>bexarotene</i>	5	PA NSO

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNA TABLET	5	
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>benznidazole</i>	3	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hydrochloride</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir, injection</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	3	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
<i>2nd Generation/Atypical</i>		
ABILIFY MAINTENA	5	
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(16 EA per 365 days); ST NSO

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
PREVYMIS PACKET 20MG	4	
PREVYMIS PACKET 120MG	5	
<i>valganciclovir tablet 450mg</i>	3	
<i>valganciclovir hydrochloride solution 50mg/ml</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	5	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>efavirenz tablet</i>	4	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	4	QL(90 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	QL(60 EA per 30 days)
<i>nevirapine tablet</i>	2	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	3	QL(1200 ML per 30 days)
PIFELTRO	5	QL(30 EA per 30 days)
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
<i>abacavir tablet</i>	3	QL(60 EA per 30 days)
<i>abacavir solution</i>	4	QL(960 ML per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	QL(850 ML per 30 days)
<i>lamivudine/zidovudine</i>	3	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	QL(960 ML per 30 days)
<i>lamivudine tablet 150mg</i>	2	QL(60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days)
ODEFSEY	5	QL(30 EA per 30 days)
<i>stavudine capsule</i>	4	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
<i>zidovudine capsule</i>	3	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	3	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
RUKOBIA	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA INJECTION	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days)
TYBOST	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	5	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	5	QL(60 EA per 30 days)
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	QL(120 EA per 30 days)
LEXIVA SUSPENSION	4	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	QL(360 EA per 30 days)
NORVIR SOLUTION	4	QL(480 ML per 30 days)
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET	5	QL(180 EA per 30 days)
<i>ritonavir</i>	3	QL(360 EA per 30 days)
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
VYJUVEK	5	PA
Antiviral, Coronavirus Agents		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, solution</i>	2	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI	4	PA NSO
Mood Stabilizers		

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	6	
<i>glipizide er</i>	6	
<i>glipizide xl</i>	6	
<i>glipizide/metformin hydrochloride</i>	6	
<i>glipizide tablet</i>	6	
<i>glyburide/metformin hydrochloride</i>	6	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	6	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	
<i>repaglinide</i>	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
<i>glucagon emergency kit</i>	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	
METHYLDOPA TABLET 250MG, 500MG	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	6	
EDARBI	4	
<i>irbesartan</i>	6	
<i>losartan potassium tablet</i>	6	
<i>olmesartan medoxomil tablet</i>	6	
<i>telmisartan</i>	6	
<i>valsartan tablet</i>	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	6	
<i>benazepril hydrochloride tablet 20mg</i>	6	
<i>captopril tablet</i>	6	
<i>enalapril maleate tablet</i>	6	
<i>fosinopril sodium</i>	6	
<i>lisinopril tablet</i>	6	
<i>moexipril hcl</i>	6	
<i>perindopril erbumine</i>	6	
<i>quinapril hydrochloride</i>	6	
<i>ramipril</i>	6	
<i>trandolapril</i>	6	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
MULTAQ	3	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine sulfate tablet</i>	4	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadytl er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	6	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	6	
<i>amlodipine besylate/valsartan</i>	6	
<i>amlodipine/olmesartan medoxomil</i>	6	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	6	
<i>captopril/hydrochlorothiazide</i>	6	
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	6	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	6	
<i>irbesartan/hydrochlorothiazide</i>	6	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide</i>	6	
<i>losartan potassium/hydrochlorothiazide</i>	6	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	6	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	6	
<i>ranolazine er</i>	3	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	6	
<i>trandolapril/verapamil hcl er</i>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	6	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	6	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	6	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	6	
<i>rosuvastatin calcium tablet</i>	6	
<i>simvastatin tablet</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	6	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
COBENFY	5	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO
INGREZZA CAPSULE THERAPY PACK	5	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
VEOZAH	4	QL(30 EA per 30 days); PA
<i>Fibromyalgia Agents</i>		
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	QL(100 GM per 30 days)
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream 0.1%</i>	4	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY	5	QL(6 ML per 28 days); PA
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	3	QL(60 GM per 30 days)
<i>fluocinonide solution</i>	3	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 1%, 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	4	
<i>selenium sulfide</i>	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	QL(90 GM per 30 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	QL(48 EA per 30 days)
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetone ointment</i>	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days)
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025
Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er</i>	2	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
<i>penicillamine tablet</i>	5	
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<i>Phosphate Binders</i>		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	
VELPHORO	5	
<i>Potassium Binders</i>		
<i>kionex suspension</i>	3	
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder, suspension</i>	3	
SPS	3	
VELTASSA	4	
<i>Vitamins</i>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
<i>pegylax</i>	2	
<i>prucalopride</i>	3	QL(30 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.4mg/2ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucrafate tablet</i>	2	
<i>sucrafate suspension</i>	4	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
<i>l-glutamine</i>	5	PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	
ONPATTRO	5	PA
PROLASTIN-C	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
SUCRAID	5	PA
TEGSEDI	5	PA
WELIREG	5	PA NSO
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE GEL 10%	4	
GEMTESA	4	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate solution 0.01%</i>	4	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	4	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
Estrogens		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol patch weekly</i>	3	
<i>estradiol patch twice weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>xulane</i>	3	
<i>yuvafem</i>	4	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>zafemy</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>gallifrey</i>	2	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
LILETTA	3	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
NEXPLANON	3	
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	1	
<i>tulana</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025
Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
UNITHROID	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN	3	PA
HIZENTRA	5	PA
HYPERHEP B	4	B/D
PRIVIGEN	5	PA
<i>Immunological Agents, Other</i>		
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(30 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
VEOPOZ	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA NSO
BESREMI	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
<i>Immunosuppressants</i>		

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025
Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(1 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UEVEITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVEITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	5	PA NSO
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET	4	B/D
RENFLIXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	PA NSO
Vaccines		
ABRYSVO	1	QL(1 EA per 252 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJECTION 0	1	
ADACEL	1	
AREXVY	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX INJECTION 1440ELU/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	1	
PENTACEL	3	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOLUTION	3	
SHINGRIX	1	
STAMARIL	1	
TDVAX	1	
TENIVAC	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX	1	
VAXCHORA	1	
VAXELIS	3	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	6	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
ELLA	3	
NUTRILIPID	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
SKYCLARYS	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	2	
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
ZOKINVY	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	1	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
XDEMVI	5	QL(10 ML per 42 days)
ZIRGAN	4	
<i>Ophthalmic Anti-inflammatories</i>		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDHALER	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule</i>	4	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	4	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
ADVAIR HFA	3	QL(24 GM per 30 days)
AIRSUPRA	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
<i>breynd</i>	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	4	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025
Last Updated: 02/04/2025

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

Index of Drugs

	Drug Name	Page #
	AIMOVIG	24
	AIRSUPRA	71
	AKEEGA	26
	ALA-CORT	47
	<i>albendazole</i>	30
	<i>albuterol sulfate</i>	70
	<i>albuterol sulfate hfa</i>	70
	<i>alclometasone dipropionate</i>	47
	ALCOHOL PREP PADS	66
	ALECENSA	27
	<i>alendronate sodium</i>	65
	<i>alfuzosin hcl er</i>	54
	ALINIA	30
	<i>aliskiren</i>	42
	<i>allopurinol</i>	24
	<i>alose tron hydrochloride</i>	51
	<i>alprazolam</i>	36
	<i>altavera</i>	55
	ALUNBRIG	27
	<i>alyacen 1/35</i>	55
	<i>alyacen 7/7/7</i>	55
	<i>alyq</i>	71
	<i>amabelz</i>	55
	<i>amantadine hcl</i>	36
	<i>ambrisentan</i>	71
	<i>amethia</i>	55
	<i>amethia lo</i>	55
	<i>amethyst</i>	55
	<i>amikacin sulfate</i>	15
	<i>amiloride hcl</i>	43
	<i>amiloride/hydrochlorothiazide</i>	42
	AMINOSYN II	50
	AMINOSYN-PF	50
	<i>amiodarone hydrochloride</i>	41
	<i>amitriptyline hcl</i>	22
	<i>amitriptyline hydrochloride</i>	22
	<i>amlodipine besylate</i>	42
	<i>amlodipine besylate/benazepril hydrochloride</i>	42
	<i>amlodipine besylate/valsartan</i>	42
	<i>amlodipine/olmesartan medoxomil</i>	42
	<i>ammonium lactate</i>	47
	<i>amnesteem</i>	47
	<i>amoxapine</i>	22
	<i>amoxicillin</i>	17
	<i>amoxicillin/clavulanate potassium</i>	17
	<i>abacavir</i>	34
	<i>abacavir sulfate/lamivudine</i>	34
	<i>abacavir sulfate/lamivudine/zidovudine</i>	34
	ABELCET	23
	ABILIFY MAINTENA	31
	<i>abiraterone acetate</i>	25
	ABRYSVO	63
	<i>acamprosate calcium dr</i>	14
	<i>acarbose</i>	37
	AC CUTANE	47
	<i>acebutolol hcl</i>	41
	<i>acebutolol hydrochloride</i>	41
	<i>acetaminophen/codeine</i>	13
	<i>acetazolamide</i>	68
	<i>acetazolamide er</i>	68
	<i>acetic acid</i>	69
	<i>acetic acid 0.25%</i>	54
	<i>acitretin</i>	47
	ACTHIB	64
	ACTIMMUNE	61
	<i>acyclovir</i>	36
	<i>acyclovir</i>	49
	<i>acyclovir sodium</i>	36
	ADACEL	64
	ADALIMUMAB-AATY 1-PEN KIT	62
	ADALIMUMAB-AATY 2-PEN KIT	62
	ADALIMUMAB-AATY 2-SYRINGE KIT	62
	ADALIMUMAB-ADBM	62
	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	62
	ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER	62
	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	62
	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS	62
	ADBRY	47
	<i>adefovir dipivoxil</i>	33
	ADEMPAS	70
	ADTHYZA	59
	ADVAIR HFA	71
	<i>afirmelle</i>	55

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

Drug Name	Page #	Drug Name	Page #
<i>amoxicillin/clavulanate potassium er</i>	17	<i>atovaquone/proguanil hcl</i>	30
<i>amphetamine/dextroamphetamine</i>	44	<i>atropine sulfate</i>	67
<i>amphotericin b</i>	23	ATROVENT HFA	69
<i>amphotericin b liposome</i>	23	<i>aubra eq</i>	55
<i>ampicillin</i>	17	AUGMENTIN	17
<i>ampicillin sodium</i>	17	AUGTYRO	27
<i>ampicillin/sulbactam</i>	17	<i>aurovela 1.5/30</i>	55
<i>ampicillin-sulbactam</i>	17	<i>aurovela 1/20</i>	55
<i>anagrelide hydrochloride</i>	39	<i>aurovela fe 1.5/30</i>	55
<i>anastrozole</i>	26	<i>aurovela fe 1/20</i>	55
ANORO ELLIPTA	71	AUSTEDO	45
<i>aprepitant</i>	23	AUSTEDO XR	45
APTIOM	20	AUSTEDO XR PATIENT TITRATION	45
APTIVUS	35	KIT	
AREXVY	64	AUVELITY	21
<i>arformoterol tartrate</i>	70	<i>aviane</i>	55
ARIKAYCE	15	AVONEX	46
<i>aripiprazole</i>	31	AVONEX PEN	46
<i>aripiprazole odt</i>	31	<i>ayuna</i>	55
ARISTADA	31	AYVAKIT	27
ARISTADA INITIO	31	<i>azathioprine</i>	62
<i>armodafinil</i>	72	<i>azelaic acid</i>	47
ARMOUR THYROID	59	<i>azelastine hcl</i>	67
ARNUITY ELLIPTA	69	<i>azelastine hcl</i>	69
<i>asenapine maleate sl</i>	31	<i>azelastine hydrochloride</i>	69
<i>ashlyna</i>	55	<i>azithromycin</i>	17
ASMANEX HFA	69	<i>aztreonam</i>	15
ASMANEX TWISTHALER 120	69	<i>azurette</i>	55
METERED DOSES		<i>bacitracin</i>	68
ASMANEX TWISTHALER 14 METERED	69	<i>bacitracin/polymyxin b</i>	67
DOSES		<i>baclofen</i>	33
ASMANEX TWISTHALER 30 METERED	69	<i>balsalazide disodium</i>	65
DOSES		BALVERSA	27
ASMANEX TWISTHALER 60 METERED	69	<i>balziva</i>	55
DOSES		BAQSIMI ONE PACK	37
<i>aspirin/dipyridamole</i>	40	BAQSIMI TWO PACK	38
<i>aspirin/dipyridamole er</i>	40	BARACLUDGE	33
ASTAGRAF XL	62	<i>bcg vaccine</i>	64
<i>atazanavir</i>	35	BD INSULIN SYRINGE	66
<i>atazanavir sulfate</i>	35	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atenolol</i>	41	B-D INSULIN SYRINGE ULTRAFINE	66
<i>atenolol/chlorthalidone</i>	42	II/0.3ML/31G X 5/16"	
<i>atomoxetine</i>	45	BD INSULIN SYRINGE ULTRA-	66
<i>atomoxetine hydrochloride</i>	45	FINE/0.5ML/30G X 12.7MM	
<i>atorvastatin calcium</i>	43	BD INSULIN SYRINGE ULTRA-	66
<i>atovaquone</i>	30	FINE/1ML/31G X 8MM	

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

Drug Name	Page #	Drug Name	Page #
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	66	<i>bromocriptine mesylate</i>	30
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	66	BRONCHITOL	71
<i>bekyree</i>	55	BRUKINSA	27
BELSOMRA	72	<i>budesonide</i>	65
<i>benazepril hcl</i>	40	<i>budesonide</i>	69
<i>benazepril hydrochloride</i>	40	<i>budesonide er</i>	65
<i>benazepril hydrochloride/hydrochlorothiazide</i>	42	<i>bumetanide</i>	43
BENLYSTA	61	<i>buprenorphine</i>	13
<i>benznidazole</i>	30	<i>buprenorphine hcl</i>	15
<i>benztropine mesylate</i>	30	<i>buprenorphine hcl/naloxone hcl</i>	14
BESIVANCE	68	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	15
BESREMI	61	<i>bupropion hcl</i>	21
<i>betaine anhydrous</i>	53	<i>bupropion hydrochloride</i>	21
<i>betamethasone dipropionate</i>	47	<i>bupropion hydrochloride er (sr)</i>	15
<i>betamethasone dipropionate augmented</i>	47	<i>bupropion hydrochloride er (sr)</i>	21
<i>betamethasone valerate</i>	48	<i>bupropion hydrochloride er (xl)</i>	21
BETASERON	46	<i>bupirone hcl</i>	36
<i>betaxolol hcl</i>	41	<i>bupirone hydrochloride</i>	36
<i>betaxolol hcl</i>	68	<i>butalbital/acetaminophen/caffeine</i>	46
<i>bethanechol chloride</i>	54	BYDUREON BCISE	37
<i>bexarotene</i>	29	BYETTA	37
BEXSERO	64	CABENUVA	33
<i>bicalutamide</i>	25	<i>cabergoline</i>	60
BICILLIN L-A	17	CABLIVI	40
BIKTARVY	33	CABOMETYX	27
<i>bisoprolol fumarate</i>	41	<i>calcipotriene</i>	48
<i>bisoprolol fumarate/hydrochlorothiazide</i>	42	<i>calcitonin-salmon</i>	65
BIVIGAM	61	<i>calcitriol</i>	65
<i>blisovi fe 1.5/30</i>	55	<i>calcium acetate</i>	51
<i>blisovi fe 1/20</i>	55	CALQUENCE	27
BOOSTRIX	64	<i>camila</i>	59
BOSULIF	27	<i>camrese</i>	55
BRAFTOVI	27	<i>camrese lo</i>	55
BREO ELLIPTA	71	<i>candesartan cilexetil</i>	40
<i>breyna</i>	71	<i>candesartan cilexetil/hydrochlorothiazide</i>	42
BREZTRI AEROSPHERE	71	CAPLYTA	31
<i>briellyn</i>	55	CAPRELSA	27
BRILINTA	40	<i>captopril</i>	40
BRIMONIDINE TARTRATE	68	<i>captopril/hydrochlorothiazide</i>	42
<i>brimonidine tartrate/timolol maleate</i>	67	<i>carbamazepine</i>	20
<i>brinzolamide</i>	68	<i>carbamazepine er</i>	20
BRIVIACT	18	<i>carbidopa</i>	31
<i>bromfenac sodium</i>	68	<i>carbidopa/levodopa</i>	31
		<i>carbidopa/levodopa er</i>	31
		<i>carbidopa/levodopa odt</i>	31

Drug Name	Page #	Drug Name	Page #
<i>carglumic acid</i>	50	<i>ciprofloxacin</i>	18
<i>carteolol hcl</i>	68	<i>ciprofloxacin hcl</i>	18
<i>cartia xt</i>	42	<i>ciprofloxacin hydrochloride</i>	18
<i>carvedilol</i>	41	<i>ciprofloxacin hydrochloride</i>	68
<i>caspofungin acetate</i>	23	<i>ciprofloxacin i.v.-in d5w</i>	18
CAYSTON	70	<i>ciprofloxacin/dexamethasone</i>	69
<i>cefaclor</i>	16	<i>cisplatin</i>	25
<i>cefadroxil</i>	16	<i>citalopram hydrobromide</i>	22
CEFAZOLIN	16	<i>claravis</i>	47
<i>cefazolin sodium</i>	16	<i>clarithromycin</i>	18
<i>cefdinir</i>	16	<i>clarithromycin er</i>	18
<i>cefepime</i>	16	CLENPIQ	52
<i>cefepime hydrochloride</i>	16	CLIMARA PRO	56
<i>cefixime</i>	16	<i>clindacin etz pledgets</i>	15
<i>cefotaxime sodium</i>	16	<i>clindamycin hcl</i>	15
<i>cefotetan</i>	16	<i>clindamycin hydrochloride</i>	15
<i>cefoxitin sodium</i>	16	<i>clindamycin palmitate hydrochloride</i>	15
<i>cefpodoxime proxetil</i>	16	<i>clindamycin phosphate</i>	15
<i>cefprozil</i>	16	<i>clindamycin phosphate</i>	49
<i>ceftazidime</i>	16	<i>clobazam</i>	19
<i>ceftazidime/dextrose</i>	16	<i>clobetasol propionate</i>	48
<i>ceftriaxone sodium</i>	16	<i>clobetasol propionate e</i>	48
<i>cefuroxime axetil</i>	16	<i>clomipramine hydrochloride</i>	22
<i>cefuroxime sodium</i>	16	<i>clonazepam</i>	19
<i>celecoxib</i>	13	<i>clonazepam odt</i>	19
<i>cephalexin</i>	17	<i>clonidine</i>	40
CERDELGA	53	<i>clonidine hydrochloride</i>	40
<i>chateal</i>	55	<i>clopidogrel</i>	40
<i>chateal eq</i>	55	<i>clorazepate dipotassium</i>	36
CHEMET	51	<i>clotrimazole</i>	23
<i>chlorhexidine gluconate</i>	47	<i>clotrimazole/betamethasone dipropionate</i>	48
<i>chloroquine phosphate</i>	30	CLOVIQUE	51
<i>chlorpromazine hcl</i>	31	<i>clozapine</i>	32
<i>chlorpromazine hydrochloride</i>	31	<i>clozapine odt</i>	32
<i>chlorthalidone</i>	43	COARTEM	30
CHOLBAM	53	COBENFY	46
<i>cholestyramine</i>	44	COBENFY STARTER PACK	46
<i>cholestyramine light</i>	43	<i>colchicine</i>	24
<i>ciclodan</i>	49	<i>colesevelam hydrochloride</i>	44
<i>ciclopirox</i>	49	<i>colestipol hcl</i>	44
<i>ciclopirox nail lacquer</i>	49	<i>colistimethate sodium</i>	15
<i>ciclopirox olamine</i>	49	<i>colocort</i>	65
<i>cilostazol</i>	40	COMBIGAN	67
CIMDUO	34	COMBIVENT RESPIMAT	71
<i>cinacalcet hydrochloride</i>	65	COMETRIQ	27
CINRYZE	60	COMPLERA	34

Drug Name	Page #	Drug Name	Page #
<i>compro</i>	23	DENGVAXIA	64
<i>constulose</i>	51	DEPO-SUBQ PROVERA 104	59
COPIKTRA	27	DESCOVY	34
<i>cortisone acetate</i>	54	<i>desipramine hydrochloride</i>	22
COSENTYX	61	<i>desmopressin acetate</i>	54
COSENTYX SENSOREADY PEN	61	<i>desogestrel/ethinyl estradiol</i>	56
COSENTYX UNOREADY	61	<i>desonide</i>	48
COTELLIC	27	<i>desoximetasone</i>	48
CREON	53	<i>desvenlafaxine er</i>	22
<i>cromolyn sodium</i>	53	<i>dexamethasone</i>	54
<i>cromolyn sodium</i>	67	<i>dexamethasone sodium phosphate</i>	68
<i>cromolyn sodium</i>	70	<i>dextroamphetamine sulfate</i>	45
<i>cryselle-28</i>	56	<i>dextroamphetamine sulfate er</i>	45
CURITY GAUZE PADS 2"X2" 12 PLY	66	<i>dextrose 5%</i>	50
CUVITRU	61	<i>dextrose 5%/sodium chloride 0.45%</i>	50
<i>cyclafem 1/35</i>	56	<i>dextrose 5%/sodium chloride 0.9%</i>	50
<i>cyclafem 7/7/7</i>	56	DIACOMIT	19
<i>cyclobenzaprine hydrochloride</i>	71	<i>diazepam</i>	36
<i>cyclophosphamide</i>	25	<i>diazepam intensol</i>	36
<i>cycloserine</i>	25	<i>diazepam rectal gel</i>	19
<i>cyclosporine</i>	62	<i>diazoxide</i>	38
<i>cyclosporine</i>	67	<i>diclofenac potassium</i>	13
<i>cyclosporine modified</i>	62	<i>diclofenac sodium</i>	13
<i>cyproheptadine hydrochloride</i>	69	<i>diclofenac sodium</i>	49
CYSTAGON	53	<i>diclofenac sodium</i>	68
CYSTARAN	67	<i>diclofenac sodium dr</i>	13
<i>dalfampridine er</i>	46	<i>diclofenac sodium er</i>	13
<i>danazol</i>	55	<i>dicloxacillin sodium</i>	17
<i>dantrolene sodium</i>	33	<i>dicyclomine hcl</i>	52
DANZITEN	27	<i>dicyclomine hydrochloride</i>	52
<i>dapsone</i>	25	DIFICID	18
DAPTACEL	64	<i>diflunisal</i>	13
<i>daptomycin</i>	15	<i>digitek</i>	41
DAPTOMYCIN/SODIUM CHLORIDE	16	<i>digox</i>	41
<i>darunavir</i>	35	<i>digoxin</i>	41
<i>dasatinib</i>	27	<i>dihydroergotamine mesylate</i>	24
<i>dasetta 1/35</i>	56	DILANTIN	20
<i>dasetta 7/7/7</i>	56	<i>diltiazem hcl</i>	42
DAURISMO	27	<i>diltiazem hcl cd</i>	42
<i>daysee</i>	56	<i>diltiazem hcl er</i>	42
<i>deblitane</i>	59	<i>diltiazem hydrochloride</i>	42
<i>deferasirox</i>	51	<i>diltiazem hydrochloride er</i>	42
DELSTRIGO	34	<i>dilt-xr</i>	42
<i>delyla</i>	56	<i>dimethyl fumarate</i>	46
<i>demeclocycline hcl</i>	18	<i>dimethyl fumarate starterpack</i>	46
<i>demeclocycline hydrochloride</i>	18	<i>diphenhydramine hcl</i>	69

Drug Name	Page #	Drug Name	Page #
<i>diphenhydramine hydrochloride</i>	69	<i>elimest</i>	56
<i>diphenoxylate hydrochloride/atropine sulfate</i>	52	ELIQUIS	39
<i>diphtheria/tetanus toxoids adsorbed pediatric disulfiram</i>	64	ELIQUIS STARTER PACK	39
<i>divalproex sodium dr</i>	14	ELLA	66
<i>divalproex sodium er</i>	19	ELMIRON	54
<i>dofetilide</i>	19	<i>eluryng</i>	56
<i>dolishale</i>	41	EMCYT	26
<i>donepezil hcl</i>	56	EMGALITY	24
<i>donepezil hydrochloride</i>	21	EMPAVELI	61
DOPTELET	40	EMSAM	21
<i>dorzolamide hcl/timolol maleate</i>	67	<i>emtricitabine</i>	34
<i>dorzolamide hydrochloride</i>	68	<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	34
DOTTI	56	<i>emtricitabine/tenofovir disoproxil fumarate</i>	34
DOVATO	33	EMTRIVA	34
<i>doxazosin mesylate</i>	54	<i>emzahh</i>	59
<i>doxepin hcl</i>	22	<i>enalapril maleate</i>	40
<i>doxepin hydrochloride</i>	23	<i>enalapril maleate/hydrochlorothiazide</i>	42
<i>doxy 100</i>	18	ENBREL	62
<i>doxycycline</i>	18	ENBREL MINI	62
<i>doxycycline hyclate</i>	18	ENBREL SURECLICK	62
<i>doxycycline hyclate</i>	47	<i>endocet</i>	13
<i>doxycycline monohydrate</i>	18	ENGERIX-B	64
DRIZALMA SPRINKLE	22	<i>enilloring</i>	56
<i>dronabinol</i>	23	<i>enoxaparin sodium</i>	39
DROXIA	26	<i>enpresse-28</i>	56
<i>droxidopa</i>	40	<i>entacapone</i>	30
DULERA	71	<i>entecavir</i>	33
<i>duloxetine hydrochloride</i>	22	ENTRESTO	42
DUPIXENT	61	<i>enulose</i>	51
<i>dutasteride</i>	54	ENVARBUS XR	62
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	66	EPIDIOLEX	18
<i>ec-naproxen</i>	13	<i>epinephrine</i>	70
<i>econazole nitrate</i>	23	<i>epitol</i>	20
EDARBI	40	<i>eplerenone</i>	44
EDARBYCLOR	42	EPRONTIA	19
EDURANT	34	<i>ergoloid mesylates</i>	21
<i>efavirenz</i>	34	<i>ergotamine tartrate/caffeine</i>	24
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	34	ERIVEDGE	27
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	34	ERLEADA	25
<i>effe-k</i>	50	<i>erlotinib hydrochloride</i>	27
		<i>errin</i>	59
		<i>ertapenem</i>	17
		<i>ertapenem sodium</i>	17
		<i>ery</i>	49
		<i>erythromycin</i>	49

Drug Name	Page #	Drug Name	Page #
<i>erythromycin</i>	68	FETZIMA	22
<i>erythromycin dr</i>	18	FETZIMA TITRATION PACK	22
<i>erythromycin/benzoyl peroxide</i>	47	FINACEA	47
<i>escitalopram oxalate</i>	22	<i>finasteride</i>	54
<i>esomeprazole magnesium</i>	52	<i>fingolimod hydrochloride</i>	46
<i>estarylla</i>	56	FINTEPLA	19
<i>estradiol</i>	56	FIRMAGON	60
<i>estradiol/norethindrone acetate</i>	56	FLAREX	68
ESTRING	56	<i>flecainide acetate</i>	41
<i>eszopiclone</i>	72	<i>fluconazole</i>	23
<i>ethambutol hydrochloride</i>	25	<i>fluconazole in sodium chloride</i>	23
<i>ethosuximide</i>	19	<i>flucytosine</i>	23
<i>ethynodiol diacetate/ethinyl estradiol</i>	56	<i>fludrocortisone acetate</i>	54
<i>etodolac</i>	13	<i>flunisolide</i>	69
<i>etonogestrel/ethinyl estradiol</i>	56	<i>fluocinolone acetonide</i>	48
<i>etravirine</i>	34	<i>fluocinolone acetonide body</i>	48
EUCRISA	48	<i>fluocinolone acetonide scalp</i>	48
EUTHYROX	59	<i>fluocinolone acetonide topical</i>	48
<i>everolimus</i>	27	<i>fluocinonide</i>	48
<i>everolimus</i>	62	<i>fluorometholone</i>	68
EVOTAZ	35	<i>fluorouracil</i>	49
EVRYSDI	53	<i>fluoxetine hydrochloride</i>	22
<i>exemestane</i>	26	<i>fluphenazine decanoate</i>	31
EXKIVITY	27	<i>fluphenazine hcl</i>	31
<i>ezetimibe</i>	44	<i>fluphenazine hydrochloride</i>	31
<i>ezetimibe/simvastatin</i>	44	<i>flurbiprofen</i>	13
FABRAZYME	53	<i>flurbiprofen sodium</i>	68
<i>falmina</i>	56	<i>flutamide</i>	25
<i>famciclovir</i>	36	<i>fluticasone propionate</i>	48
<i>famotidine</i>	52	<i>fluticasone propionate</i>	69
FANAPT	31	<i>fluticasone propionate/salmeterol</i>	71
FANAPT TITRATION PACK	31	<i>fluticasone propionate/salmeterol diskus</i>	71
FARXIGA	44	<i>fluvastatin</i>	43
FARYDAK	27	<i>fluvastatin sodium er</i>	43
FASENRA	71	<i>fluvoxamine maleate</i>	22
FASENRA PEN	71	<i>fondaparinux sodium</i>	39
<i>fayosim</i>	56	<i>formoterol fumarate</i>	70
<i>febuxostat</i>	24	FORTEO	65
<i>felbamate</i>	19	<i>fosamprenavir calcium</i>	35
<i>felodipine er</i>	42	<i>fosinopril sodium</i>	40
<i>femynor</i>	56	<i>fosinopril sodium/hydrochlorothiazide</i>	42
<i>fenofibrate</i>	43	FOTIVDA	27
<i>fenofibrate micronized</i>	43	FRAGMIN	39
<i>fenofibric acid dr</i>	43	FRUZAQLA	27
<i>fentanyl</i>	13	<i>furosemide</i>	43
<i>fentanyl citrate oral transmucosal</i>	13	FUZEON	35

Drug Name	Page #	Drug Name	Page #
FYAVOLV	56	GVOKE HYPOPEN 1-PACK	38
FYCOMPA	19	GVOKE HYPOPEN 2-PACK	38
<i>gabapentin</i>	19	GVOKE KIT	38
<i>galantamine hydrobromide</i>	21	GVOKE PFS	38
<i>galantamine hydrobromide er</i>	21	<i>hailey 1.5/30</i>	56
<i>gallifrey</i>	59	<i>hailey fe 1.5/30</i>	56
GAMASTAN	61	<i>hailey fe 1/20</i>	56
<i>ganciclovir</i>	33	<i>halobetasol propionate</i>	48
GARDASIL 9	64	<i>haloette</i>	56
<i>gatifloxacin</i>	68	<i>haloperidol</i>	31
<i>gavilyte-c</i>	52	<i>haloperidol decanoate</i>	31
<i>gavilyte-g</i>	52	<i>haloperidol lactate</i>	31
<i>gavilyte-h</i>	52	HAVRIX	64
<i>gavilyte-n/flavor pack</i>	52	<i>heather</i>	59
GAVRETO	27	<i>heparin sodium</i>	39
<i>gefitinib</i>	27	HEPLISAV-B	64
GELNIQUE	53	HIBERIX	64
<i>gemfibrozil</i>	43	HIZENTRA	61
GEMTESA	53	HUMALOG	38
<i>generlac</i>	51	HUMALOG JUNIOR KWIKPEN	38
<i>engraf</i>	62	HUMALOG KWIKPEN	38
GENOTROPIN	55	HUMALOG MIX 50/50	38
GENOTROPIN MINIQUICK	55	HUMALOG MIX 50/50 KWIKPEN	38
<i>gentak</i>	68	HUMALOG MIX 75/25	38
<i>gentamicin sulfate</i>	15	HUMALOG MIX 75/25 KWIKPEN	38
<i>gentamicin sulfate</i>	68	HUMATIN	15
<i>gentamicin sulfate pediatric</i>	15	HUMIRA	63
GENVOYA	33	HUMIRA PEDIATRIC CROHNS	63
GILOTRIF	27	DISEASE STARTER PACK	
<i>glatiramer acetate</i>	46	HUMIRA PEN	63
GLEOSTINE	25	HUMIRA PEN-CD/UC/HS STARTER	63
<i>glimepiride</i>	37	HUMIRA PEN-PEDIATRIC UC	63
<i>glipizide</i>	37	STARTER PACK	
<i>glipizide er</i>	37	HUMIRA PEN-PS/UV STARTER	63
<i>glipizide xl</i>	37	HUMULIN 70/30	38
<i>glipizide/metformin hydrochloride</i>	37	HUMULIN 70/30 KWIKPEN	38
<i>glucagon emergency kit</i>	38	HUMULIN N	38
<i>glucagon emergency kit for low blood sugar</i>	38	HUMULIN N KWIKPEN	38
<i>glyburide</i>	37	HUMULIN R	38
<i>glyburide/metformin hydrochloride</i>	37	HUMULIN R U-500 (CONCENTRATED)	38
<i>glycopyrrolate</i>	52	HUMULIN R U-500 KWIKPEN	38
GLYXAMBI	37	<i>hydralazine hcl</i>	44
<i>griseofulvin microsize</i>	24	<i>hydralazine hydrochloride</i>	44
<i>griseofulvin ultramicrosize</i>	24	<i>hydrochlorothiazide</i>	43
<i>guanfacine hydrochloride</i>	40	<i>hydrocodone bitartrate/acetaminophen</i>	14
<i>guanfacine hydrochloride er</i>	45	<i>hydrocodone/acetaminophen</i>	14

Drug Name	Page #	Drug Name	Page #
<i>hydrocortisone</i>	48	INLYTA	28
<i>hydrocortisone</i>	54	INQOVI	28
<i>hydrocortisone</i>	65	INREBIC	26
<i>hydrocortisone valerate</i>	48	<i>insulin lispro</i>	38
<i>hydrocortisone/acetic acid</i>	69	INTELENCE	34
<i>hydromorphone hcl</i>	14	<i>introvale</i>	56
<i>hydromorphone hydrochloride</i>	14	INVEGA HAFYERA	32
<i>hydromorphone hydrochloride dosette</i>	14	INVEGA SUSTENNA	32
<i>hydroxychloroquine sulfate</i>	30	INVEGA TRINZA	32
<i>hydroxyurea</i>	26	IPOL INACTIVATED IPV	64
<i>hydroxyzine hcl</i>	69	<i>ipratropium bromide</i>	69
<i>hydroxyzine hydrochloride</i>	69	<i>ipratropium bromide/albuterol sulfate</i>	71
<i>hydroxyzine pamoate</i>	69	<i>irbesartan</i>	40
HYPERHEP B	61	<i>irbesartan/hydrochlorothiazide</i>	42
<i>ibandronate sodium</i>	65	ISENTRESS	33
IBRANCE	26	ISENTRESS HD	33
IBRANCE	27	ISONIAZID	25
<i>ibu</i>	13	<i>isosorbide dinitrate</i>	44
<i>ibuprofen</i>	13	<i>isosorbide dinitrate/hydralazine</i>	42
<i>icatibant acetate</i>	60	<i>hydrochloride</i>	
<i>iclevia</i>	56	<i>isosorbide mononitrate</i>	44
ICLUSIG	27	<i>isosorbide mononitrate er</i>	44
<i>icosapent ethyl</i>	44	<i>isotretinoin</i>	47
IDHIFA	27	<i>isradipine</i>	42
IGALMI	36	ISTURISA	55
ILEVRO	68	ITOVEBI	26
<i>imatinib mesylate</i>	27	<i>itraconazole</i>	24
IMBRUVICA	27	<i>ivabradine hydrochloride</i>	43
<i>imipenem/cilastatin</i>	17	<i>ivermectin</i>	30
<i>imipramine hcl</i>	23	IWILFIN	26
<i>imipramine hydrochloride</i>	23	IXCHIQ	64
<i>imiquimod</i>	49	IXIARO	64
IMKELDI	28	<i>jaimiess</i>	56
IMOVAX RABIES (H.D.C.V.)	64	JAKAFI	28
IMPAVIDO	16	<i>jantoven</i>	39
INBRIJA	31	JANUMET	37
<i>incassia</i>	59	JANUMET XR	37
INCRELEX	55	JANUVIA	37
INCRUSE ELLIPTA	69	JARDIANCE	44
<i>indapamide</i>	43	JAYPIRCA	28
<i>indomethacin</i>	13	<i>jencycla</i>	59
<i>indomethacin er</i>	13	JENTADUETO	37
INFANRIX	64	JENTADUETO XR	37
INFLECTRA	63	<i>jinteli</i>	56
INFLIXIMAB	63	<i>jolessa</i>	56
INGREZZA	46	JUBLIA	24

Drug Name	Page #	Drug Name	Page #
JULUCA	33	<i>lamotrigine odt</i>	19
<i>junel 1.5/30</i>	56	<i>lamotrigine starter kit/blue</i>	19
<i>junel 1/20</i>	56	<i>lamotrigine starter kit/green</i>	19
<i>junel fe 1.5/30</i>	56	<i>lamotrigine starter kit/orange</i>	19
<i>junel fe 1/20</i>	56	<i>lansoprazole</i>	52
JYLAMVO	63	LANTUS	38
JYNNEOS	64	LANTUS SOLOSTAR	38
KALYDECO	70	<i>lapatinib ditosylate</i>	28
<i>kariva</i>	56	<i>larin 1.5/30</i>	57
<i>kelnor 1/35</i>	56	<i>larin 1/20</i>	57
<i>kelnor 1/50</i>	57	<i>larin fe 1.5/30</i>	57
KERENDIA	44	<i>larin fe 1/20</i>	57
KESIMPTA	46	<i>larissia</i>	57
<i>ketoconazole</i>	24	<i>latanoprost</i>	69
<i>ketorolac tromethamine</i>	13	LAZCLUZE	26
<i>ketorolac tromethamine</i>	68	<i>leflunomide</i>	63
<i>kimidess</i>	57	<i>lenalidomide</i>	25
KINERET	61	LENVIMA 10 MG DAILY DOSE	28
KINRIX	64	LENVIMA 12MG DAILY DOSE	28
<i>kionex</i>	51	LENVIMA 14 MG DAILY DOSE	28
KISQALI	28	LENVIMA 18 MG DAILY DOSE	28
KISQALI FEMARA 200 DOSE	26	LENVIMA 20 MG DAILY DOSE	28
KISQALI FEMARA 400 DOSE	26	LENVIMA 24 MG DAILY DOSE	28
KISQALI FEMARA 600 DOSE	26	LENVIMA 4 MG DAILY DOSE	28
<i>klayesta</i>	24	LENVIMA 8 MG DAILY DOSE	28
<i>klor-con</i>	50	<i>lessina</i>	57
<i>klor-con 10</i>	50	<i>letrozole</i>	26
<i>klor-con 8</i>	50	<i>leucovorin calcium</i>	26
<i>klor-con m10</i>	50	LEUKERAN	25
<i>klor-con m15</i>	50	<i>leuprolide acetate</i>	60
<i>klor-con m20</i>	50	<i>levalbuterol</i>	70
<i>klor-con sprinkle</i>	50	<i>levalbuterol hcl</i>	70
<i>klor-con/ef</i>	50	<i>levalbuterol hydrochloride</i>	70
KOSELUGO	28	<i>levalbuterol tartrate hfa</i>	70
<i>kourzeq</i>	47	<i>levetiracetam</i>	19
KRAZATI	28	<i>levetiracetam er</i>	19
<i>kurvelo</i>	57	<i>levobunolol hcl</i>	68
<i>labetalol hydrochloride</i>	41	<i>levocetirizine dihydrochloride</i>	69
<i>lacosamide</i>	20	<i>levofloxacin</i>	18
<i>lactulose</i>	51	<i>levofloxacin</i>	68
LAGEVRIO	36	<i>levofloxacin in d5w</i>	18
<i>lamivudine</i>	33	<i>levonest</i>	57
<i>lamivudine</i>	34	<i>levonorgestrel and ethinyl estradiol</i>	57
<i>lamivudine/zidovudine</i>	34	<i>levonorgestrel/ethinyl estradiol</i>	57
<i>lamotrigine</i>	19	<i>levora 0.15/30-28</i>	57
<i>lamotrigine er</i>	19	LEVO-T	59

Drug Name	Page #	Drug Name	Page #
<i>levothyroxine sodium</i>	59	LUPRON DEPOT (6-MONTH)	60
LEVOXYL	60	LUPRON DEPOT-PED (1-MONTH)	60
LEXIVA	35	LUPRON DEPOT-PED (3-MONTH)	60
<i>l-glutamine</i>	53	<i>lurasidone hydrochloride</i>	32
LIBERVANT	20	<i>lutera</i>	57
<i>lidocaine</i>	14	LYBALVI	32
<i>lidocaine hydrochloride viscous</i>	47	<i>lyleq</i>	59
<i>lidocaine viscous</i>	47	<i>lyllana</i>	57
<i>lidocaine/prilocaine</i>	14	LYNPARZA	28
<i>lidocaine-prilocaine-cream base</i>	14	LYSODREN	26
LILETTA	59	LYTGOBI	28
<i>lillow</i>	57	LYUMJEV	38
<i>linezolid</i>	16	LYUMJEV KWIKPEN	38
LINZESS	51	<i>lyza</i>	59
<i>liothyronine sodium</i>	60	<i>magnesium sulfate</i>	50
<i>lisinopril</i>	40	<i>malathion</i>	49
<i>lisinopril/hydrochlorothiazide</i>	43	<i>maraviroc</i>	35
<i>lithium</i>	37	<i>marlissa</i>	57
<i>lithium carbonate</i>	37	MARPLAN	21
<i>lithium carbonate er</i>	37	MATULANE	25
LIVMARLI	52	<i>matzim la</i>	42
LIVTENCITY	33	MAVYRET	33
<i>lojaimiess</i>	57	MAYZENT	46
LOKELMA	51	MAYZENT STARTER PACK	46
LONSURF	26	<i>meclizine hcl</i>	23
<i>loperamide hcl</i>	52	<i>medroxyprogesterone acetate</i>	59
<i>lopinavir/ritonavir</i>	35	<i>mefloquine hydrochloride</i>	30
<i>lopreeza</i>	57	<i>megestrol acetate</i>	59
<i>lorazepam</i>	36	MEKINIST	28
<i>lorazepam intensol</i>	36	MEKTOVI	28
LORBRENA	28	<i>meloxicam</i>	13
<i>lorcet</i>	14	<i>memantine hcl titration pak</i>	21
<i>lorcet hd</i>	14	<i>memantine hydrochloride</i>	21
<i>lorcet plus</i>	14	<i>memantine hydrochloride er</i>	21
<i>losartan potassium</i>	40	<i>memantine/donepezil hydrochloride er</i>	21
<i>losartan potassium/hydrochlorothiazide</i>	43	MENACTRA	64
LOTEMAX SM	68	MENEST	57
<i>lovastatin</i>	43	MENQUADFI	64
<i>low-ogestrel</i>	57	MENVEO	64
<i>loxapine</i>	31	<i>mercaptopurine</i>	26
<i>lubiprostone</i>	51	<i>meropenem</i>	17
LUMAKRAS	28	<i>mesalamine</i>	65
LUMIGAN	69	<i>mesalamine dr</i>	65
LUPRON DEPOT (1-MONTH)	60	<i>mesalamine er</i>	65
LUPRON DEPOT (3-MONTH)	60	MESNA	30
LUPRON DEPOT (4-MONTH)	60	MESNEX	30

Drug Name	Page #	Drug Name	Page #
<i>metformin hydrochloride</i>	37	<i>molindone hydrochloride</i>	31
<i>metformin hydrochloride er</i>	37	<i>mometasone furoate</i>	48
<i>methadone hcl</i>	13	<i>mometasone furoate</i>	69
<i>methadone hydrochloride</i>	13	<i>mondoxyne nl</i>	18
<i>methadone hydrochloride intensol</i>	13	<i>mono-lynyah</i>	57
<i>methazolamide</i>	68	<i>mononessa</i>	57
<i>methenamine hippurate</i>	16	<i>montelukast sodium</i>	69
<i>methimazole</i>	60	<i>morgidox 1x100mg</i>	18
<i>methocarbamol</i>	71	<i>morgidox 2x100mg</i>	18
<i>methotrexate</i>	63	<i>morphine sulfate</i>	14
<i>methotrexate sodium</i>	63	<i>morphine sulfate er</i>	13
<i>methsuximide</i>	19	MOTTEGRITY	51
METHYLDOPA	40	MOUNJARO	37
<i>methylphenidate hydrochloride</i>	45	<i>moxifloxacin hydrochloride/sodium</i>	18
<i>methylphenidate hydrochloride er</i>	45	<i>hydrochloride</i>	
<i>methylprednisolone</i>	54	<i>moxifloxacin hydrochloride</i>	18
<i>methylprednisolone dose pack</i>	54	<i>moxifloxacin hydrochloride</i>	68
<i>metoclopramide hcl</i>	52	MRESVIA	64
<i>metoclopramide hydrochloride</i>	52	MULTAQ	41
<i>metolazone</i>	43	<i>mupirocin</i>	49
<i>metoprolol succinate er</i>	41	<i>mycophenolate mofetil</i>	63
<i>metoprolol tartrate</i>	41	<i>mycophenolic acid dr</i>	63
<i>metronidazole</i>	16	<i>myorisan</i>	47
<i>metronidazole</i>	47	MYRBETRIQ	54
<i>metronidazole vaginal</i>	16	<i>nabumetone</i>	13
<i>metyrosine</i>	43	<i>nadolol</i>	41
<i>mexiletine hcl</i>	41	<i>nafcillin sodium</i>	17
<i>microgestin 1.5/30</i>	57	<i>naloxone hcl</i>	15
<i>microgestin 1/20</i>	57	<i>naloxone hydrochloride</i>	15
<i>microgestin fe 1.5/30</i>	57	<i>naltrexone hcl</i>	14
<i>microgestin fe 1/20</i>	57	NAMZARIC	21
<i>midodrine hcl</i>	40	<i>naproxen</i>	13
<i>mifepristone</i>	60	<i>naproxen dr</i>	13
<i>miglustat</i>	53	<i>naproxen sodium</i>	13
<i>mili</i>	57	<i>naratriptan hcl</i>	24
<i>mimvey</i>	57	NATACYN	68
<i>mimvey lo</i>	57	<i>nateglinide</i>	37
<i>minocycline hcl</i>	18	NAYZILAM	19
<i>minocycline hydrochloride</i>	18	<i>nebivolol</i>	41
<i>minoxidil</i>	44	<i>nebivolol hydrochloride</i>	41
<i>mirtazapine</i>	21	<i>necon 0.5/35-28</i>	57
<i>mirtazapine odt</i>	21	<i>necon 7/7/7</i>	57
<i>misoprostol</i>	52	<i>nefazodone hydrochloride</i>	22
M-M-R II	64	<i>neomycin sulfate</i>	15
<i>modafinil</i>	72	<i>neomycin/bacitracin/polymyxin</i>	67
<i>moexipril hcl</i>	40	<i>neomycin/polymyxin/bacitracin</i>	67

Drug Name	Page #	Drug Name	Page #
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	67	<i>nortriptyline hcl</i>	23
		<i>nortriptyline hydrochloride</i>	23
<i>neomycin/polymyxin/dexamethasone</i>	67	NORVIR	35
<i>neomycin/polymyxin/gramicidin</i>	67	NOVOLIN 70/30	38
<i>neomycin/polymyxin/hc</i>	69	NOVOLIN 70/30 FLEXPEN	38
<i>neomycin/polymyxin/hydrocortisone</i>	69	NOVOLIN 70/30 FLEXPEN RELION	38
<i>neo-polycin</i>	67	NOVOLIN 70/30 RELION	38
<i>neo-polycin hc</i>	67	NOVOLIN N	38
NERLYNX	28	NOVOLIN N FLEXPEN	38
NEULASTA	39	NOVOLIN N FLEXPEN RELION	38
NEULASTA ONPRO KIT	39	NOVOLIN N RELION	38
<i>nevirapine</i>	34	NOVOLIN R	38
<i>nevirapine er</i>	34	NOVOLIN R FLEXPEN	38
NEXLETOL	44	NOVOLIN R FLEXPEN RELION	38
NEXLIZET	44	NOVOLIN R RELION	38
NEXPLANON	59	NOVOLOG	38
<i>niacin er</i>	44	NOVOLOG FLEXPEN	38
NICOTROL NS	15	NOVOLOG FLEXPEN RELION	38
<i>nifedipine er</i>	42	NOVOLOG MIX 70/30	38
<i>nilutamide</i>	25	NOVOLOG MIX 70/30 PREFILLED	39
<i>nimodipine</i>	42	FLEXPEN	
NINLARO	28	NOVOLOG MIX 70/30 PREFILLED	39
<i>nitazoxanide</i>	30	FLEXPEN RELION	
<i>nitisinone</i>	53	NOVOLOG MIX 70/30 RELION	39
NITRO-BID	44	NOVOLOG PENFILL	39
<i>nitrofurantoin macrocrystals</i>	16	NOVOLOG RELION	39
<i>nitrofurantoin monohydrate</i>	16	<i>np thyroid 120</i>	60
<i>nitrofurantoin monohydrate/macrocrystals</i>	16	<i>np thyroid 15</i>	60
<i>nitroglycerin</i>	44	<i>np thyroid 30</i>	60
<i>nitroglycerin</i>	52	<i>np thyroid 60</i>	60
<i>nitroglycerin transdermal</i>	44	<i>np thyroid 90</i>	60
NIVA THYROID	60	NUBEQA	25
<i>nizatidine</i>	52	NUCALA	71
<i>nora-be</i>	59	NUDEXTA	46
<i>norelgestromin/ethinyl estradiol</i>	57	NUPLAZID	32
<i>norethindrone</i>	59	NUTRILIPID	66
<i>norethindrone acetate</i>	59	<i>nyamyc</i>	24
<i>norethindrone acetate/ethinyl estradiol</i>	57	<i>nylia 1/35</i>	58
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	57	<i>nylia 7/7/7</i>	58
<i>norgestimate/ethinyl estradiol</i>	57	<i>nymyo</i>	58
<i>norlyda</i>	59	<i>nystatin</i>	24
<i>norlyroc</i>	59	<i>nystatin/triamcinolone</i>	49
<i>nortrel 0.5/35 (28)</i>	57	<i>nystatin/triamcinolone acetate</i>	49
<i>nortrel 1/35</i>	58	<i>nystop</i>	24
<i>nortrel 7/7/7</i>	58	<i>octreotide acetate</i>	60
		ODEFSEY	34

Drug Name	Page #	Drug Name	Page #
ODOMZO	28	ORENCIA	61
OFEV	71	ORENCIA	63
<i>ofloxacin</i>	68	ORENCIA CLICKJECT	61
<i>ofloxacin</i>	69	ORENITRAM	71
OGSIVEO	26	ORENITRAM TITRATION KIT MONTH	71
OJEMDA	26	1	
OJJAARA	28	ORENITRAM TITRATION KIT MONTH	71
<i>olanzapine</i>	32	2	
<i>olanzapine odt</i>	32	ORENITRAM TITRATION KIT MONTH	71
<i>olmesartan medoxomil</i>	40	3	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	43	ORGOVYX	60
<i>olopatadine hcl</i>	67	ORKAMBI	70
<i>olopatadine hydrochloride</i>	67	<i>orphenadrine citrate er</i>	72
<i>omega-3-acid ethyl esters</i>	44	ORSERDU	26
<i>omeprazole</i>	52	<i>orsythia</i>	58
<i>omeprazole dr</i>	52	<i>oseltamivir phosphate</i>	36
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	66	OSMOLEX ER	30
(GEN 5)		OSPHERA	59
OMNIPOD 5 DEXCOM G7G6 PODS	66	OTEZLA	49
(GEN 5)		OTEZLA	61
OMNIPOD 5 G7 INTRO KIT (GEN 5)	66	<i>oxacillin sodium</i>	17
OMNIPOD 5 G7 PODS (GEN 5)	66	<i>oxaprozin</i>	13
OMNIPOD 5 LIBRE2 PLUS G6	66	<i>oxcarbazepine</i>	20
OMNIPOD 5 LIBRE2 PLUS G6 PODS	66	<i>oxybutynin chloride</i>	54
OMNIPOD CLASSIC PDM STARTER	66	<i>oxybutynin chloride er</i>	54
KIT (GEN 3)		<i>oxycodone hydrochloride</i>	14
OMNIPOD CLASSIC PODS (GEN 3)	66	<i>oxycodone/acetaminophen</i>	14
OMNIPOD DASH INTRO KIT (GEN 4)	66	OZEMPIC	37
OMNIPOD DASH PDM KIT (GEN 4)	66	PACERONE	41
OMNIPOD DASH PODS (GEN 4)	66	<i>paliperidone er</i>	32
OMNIPOD GO 10 UNITS/DAY	66	PANRETIN	30
OMNIPOD GO 15 UNITS/DAY	66	<i>pantoprazole sodium</i>	53
OMNIPOD GO 20 UNITS/DAY	66	<i>paricalcitol</i>	65
OMNIPOD GO 25 UNITS/DAY	66	<i>paroex</i>	47
OMNIPOD GO 30 UNITS/DAY	66	<i>paromomycin sulfate</i>	15
OMNIPOD GO 35 UNITS/DAY	66	<i>paroxetine hcl</i>	22
OMNIPOD GO 40 UNITS/DAY	66	<i>paroxetine hydrochloride</i>	22
<i>ondansetron hcl</i>	23	PASER	25
<i>ondansetron hydrochloride</i>	23	PAXLOVID	36
<i>ondansetron odt</i>	23	<i>pazopanib hydrochloride</i>	28
ONPATTRO	53	PEDIARIX	64
ONUREG	26	PEDVAX HIB	64
OPIPZA	32	<i>peg 3350/electrolytes</i>	52
OPSUMIT	71	<i>peg-3350/electrolytes</i>	52
OPVEE	15	<i>peg-3350/nacl/na bicarbonate/kcl</i>	52
<i>oralone dental paste</i>	47	PEGASYS	61

Drug Name	Page #	Drug Name	Page #
PEGASYS	63	<i>polymyxin b sulfate/trimethoprim sulfate</i>	67
<i>pegylax</i>	51	POMALYST	25
PEMAZYRE	28	<i>portia-28</i>	58
PENBRAYA	64	<i>posaconazole</i>	24
<i>penicillamine</i>	51	<i>posaconazole dr</i>	24
<i>penicillin g sodium</i>	17	<i>potassium chloride</i>	50
<i>penicillin v potassium</i>	17	<i>potassium chloride er</i>	50
PENTACEL	64	<i>potassium chloride sr</i>	50
<i>pentamidine isethionate</i>	30	<i>potassium citrate er</i>	50
<i>pentoxifylline er</i>	43	PRALUENT	44
<i>perindopril erbumine</i>	40	<i>pramipexole dihydrochloride</i>	30
<i>periogard</i>	47	<i>prasugrel hydrochloride</i>	40
<i>permethrin</i>	49	<i>pravastatin sodium</i>	43
<i>perphenazine</i>	31	<i>praziquantel</i>	30
PERSERIS	32	<i>prazosin hydrochloride</i>	40
<i>phenadoz</i>	23	<i>prednisolone</i>	54
<i>phenelzine sulfate</i>	21	<i>prednisolone acetate</i>	68
<i>phenobarbital</i>	20	<i>prednisolone sodium phosphate</i>	54
PHENYTEK	20	<i>prednisone</i>	54
<i>phenytoin</i>	20	<i>pregabalin</i>	20
<i>phenytoin infatabs</i>	20	PREHEVBRIO	64
<i>phenytoin sodium extended</i>	20	PREMARIN	58
PHESGO	26	<i>premium lidocaine</i>	14
<i>philith</i>	58	PREMPHASE	58
PIFELTRO	34	PREMPRO	58
<i>pilocarpine hcl</i>	68	<i>prenatal</i>	51
<i>pilocarpine hydrochloride</i>	47	<i>prevalite</i>	44
<i>pimecrolimus</i>	48	<i>previfem</i>	58
<i>pimozide</i>	31	PREVYMIS	33
<i>pimtreea</i>	58	PREZCOBIX	35
<i>pindolol</i>	41	PREZISTA	35
<i>pioglitazone hcl</i>	37	PRIFTIN	25
<i>pioglitazone hcl/metformin hcl</i>	37	<i>primaquine phosphate</i>	30
<i>pioglitazone hydrochloride</i>	37	<i>primidone</i>	20
<i>piperacillin sodium/tazobactam sodium</i>	17	PRIORIX	64
PIQRAY 200MG DAILY DOSE	28	PRIVIGEN	61
PIQRAY 250MG DAILY DOSE	28	PROAIR RESPICLICK	70
PIQRAY 300MG DAILY DOSE	28	<i>probenecid</i>	24
<i>pirfenidone</i>	71	<i>probenecid/colchicine</i>	24
<i>pirmella 1/35</i>	58	<i>prochlorperazine</i>	23
<i>pirmella 7/7/7</i>	58	<i>prochlorperazine maleate</i>	23
<i>piroxicam</i>	13	PROCRIT	39
<i>pitavastatin calcium</i>	43	<i>procto-med hc</i>	65
PLENAMINE	50	<i>proctosol hc</i>	65
<i>podofilox</i>	49	<i>proctozone-hc</i>	65
<i>polycin</i>	67	<i>progesterone</i>	59

Drug Name	Page #	Drug Name	Page #
PROGRAF	63	REBIF REBIDOSE TITRATION PACK	46
PROLASTIN-C	53	REBIF TITRATION PACK	46
PROLIA	66	RECOMBIVAX HB	64
PROMACTA	39	RELENZA DISKHALER	36
<i>promethazine hcl</i>	23	RELISTOR	51
<i>promethazine hydrochloride</i>	23	RENFLEXIS	63
<i>promethazine hydrochloride plain</i>	23	<i>repaglinide</i>	37
<i>promethgan</i>	23	REPATHA	44
<i>propafenone hcl</i>	41	REPATHA PUSHTRONEX SYSTEM	44
<i>propafenone hydrochloride</i>	41	REPATHA SURECLICK	44
<i>propafenone hydrochloride er</i>	41	RESTASIS	67
<i>propranolol hcl</i>	41	RESTASIS MULTIDOSE	67
<i>propranolol hcl er</i>	41	RETACRIT	39
<i>propranolol hydrochloride</i>	41	RETEVMO	28
<i>propranolol hydrochloride er</i>	41	REVCOVI	53
<i>propylthiouracil</i>	60	REVLIMID	26
PROQUAD	64	REVUFORJ	26
<i>protriptyline hcl</i>	23	REXULTI	32
<i>prucalopride</i>	51	REYATAZ	35
PULMOZYME	70	REZLIDHIA	28
PURIXAN	26	REZUROCK	63
<i>pyrazinamide</i>	25	RHOPRESSA	68
<i>pyridostigmine bromide</i>	25	<i>ribavirin</i>	33
<i>pyrimethamine</i>	30	<i>rifabutin</i>	25
PYRUKYND	53	<i>rifampin</i>	25
PYRUKYND TAPER PACK	53	<i>riluzole</i>	46
QINLOCK	28	RINVOQ	61
QUADRACEL	64	RINVOQ LQ	61
<i>quetiapine fumarate</i>	32	<i>risedronate sodium</i>	66
<i>quetiapine fumarate er</i>	32	<i>risperidone</i>	32
<i>quinapril hydrochloride</i>	40	<i>risperidone er</i>	32
<i>quinapril/hydrochlorothiazide</i>	43	<i>risperidone odt</i>	32
<i>quinidine sulfate</i>	41	<i>ritonavir</i>	35
<i>quinine sulfate</i>	30	<i>rivastigmine tartrate</i>	21
QULIPTA	24	<i>rivastigmine transdermal system</i>	21
QVAR REDIHALER	69	<i>rivelsa</i>	58
RABAVERT	64	RIVFLOZA	66
<i>rabeprazole sodium</i>	53	<i>rizatriptan benzoate</i>	24
<i>raloxifene hydrochloride</i>	59	<i>rizatriptan benzoate odt</i>	24
<i>ramelteon</i>	72	ROCKLATAN	67
<i>ramipril</i>	40	<i>roflumilast</i>	70
<i>ranolazine er</i>	43	ROLVEDON	39
<i>rasagiline mesylate</i>	31	<i>ropinirole er</i>	30
RAYALDEE	66	<i>ropinirole hcl</i>	30
REBIF	46	<i>ropinirole hydrochloride</i>	30
REBIF REBIDOSE	46	<i>rosadan</i>	47

Drug Name	Page #	Drug Name	Page #
<i>rosuvastatin calcium</i>	43	<i>sodium chloride 0.45%</i>	51
ROTARIX	64	<i>sodium chloride 0.9%</i>	67
ROTATEQ	65	<i>sodium oxybate</i>	72
<i>roweepra</i>	19	<i>sodium phenylbutyrate</i>	53
<i>roweepra xr</i>	19	<i>sodium polystyrene sulfonate</i>	51
ROZLYTREK	28	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	52
RUBRACA	28		
<i>rufinamide</i>	20	<i>sofosbuvir/velpatasvir</i>	33
RUKOBIA	35	<i>solifenacin succinate</i>	54
RYBELSUS	37	SOLQUA 100/33	37
RYDAPT	29	SOLTAMOX	26
RYTARY	31	SOMAVERT	60
<i>sajazir</i>	60	<i>sorafenib</i>	29
SANDIMMUNE	63	<i>sorafenib tosylate</i>	29
SANTYL	49	<i>sorine</i>	41
<i>sapropterin dihydrochloride</i>	53	<i>sotalol hcl</i>	41
SAVELLA	46	<i>sotalol hydrochloride</i>	41
SAVELLA TITRATION PACK	46	<i>sotalol hydrochloride (af)</i>	41
SCSEMBLIX	29	SOTYKTU	49
<i>scopolamine</i>	23	SPEVIGO	48
SECUADO	32	SPIRIVA RESPIMAT	70
<i>selegiline hcl</i>	31	<i>spironolactone</i>	44
<i>selenium sulfide</i>	48	<i>spironolactone/hydrochlorothiazide</i>	43
SELZENTRY	35	SPRAVATO 56MG DOSE	21
SEREVENT DISKUS	70	SPRAVATO 84MG DOSE	21
<i>sertraline hcl</i>	22	<i>sprintec 28</i>	58
<i>sertraline hydrochloride</i>	22	SPRITAM	19
<i>setlakin</i>	58	SPRYCEL	29
<i>sevelamer carbonate</i>	51	SPS	51
SFROWASA	65	<i>sronyx</i>	58
<i>sharobel</i>	59	<i>ssd</i>	49
SHINGRIX	65	STAMARIL	65
SIGNIFOR	60	<i>stavudine</i>	34
<i>sildenafil citrate</i>	71	STELARA	61
<i>silodosin</i>	54	STIOLTO RESPIMAT	71
<i>silver sulfadiazine</i>	49	STIVARGA	29
SIMBRINZA	67	<i>streptomycin sulfate</i>	15
<i>simliya</i>	58	STRIBILD	33
<i>simpesse</i>	58	<i>subvenite</i>	19
<i>simvastatin</i>	43	<i>subvenite starter kit/blue</i>	19
<i>sirolimus</i>	63	<i>subvenite starter kit/green</i>	19
SIRTURO	25	<i>subvenite starter kit/orange</i>	19
SKYCLARYS	67	SUCRAID	53
SKYRIZI	61	<i>sucrafate</i>	52
SKYRIZI PEN	61	<i>sulfacetamide sodium</i>	68
<i>sodium chloride</i>	51		

Drug Name	Page #	Drug Name	Page #
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	67	TEPMETKO	29
<i>sulfadiazine</i>	18	<i>terazosin hcl</i>	54
<i>sulfamethoxazole/trimethoprim</i>	18	<i>terazosin hydrochloride</i>	54
<i>sulfamethoxazole/trimethoprim ds</i>	18	<i>terbinafine hcl</i>	24
<i>sulfasalazine</i>	65	<i>terconazole</i>	24
<i>sulindac</i>	13	<i>teriparatide</i>	66
<i>sumatriptan</i>	25	<i>testosterone</i>	55
<i>sumatriptan succinate</i>	24	<i>testosterone cypionate</i>	55
<i>sunitinib malate</i>	29	<i>testosterone enanthate</i>	55
SUNLENCA	35	<i>testosterone pump</i>	55
SUTAB	52	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	65
SYMPAZAN	20	<i>tetrabenazine</i>	46
SYMTUZA	35	<i>tetracycline hydrochloride</i>	18
SYNJARDY	37	TEVIMBRA	29
SYNJARDY XR	37	THALOMID	26
SYNRIBO	26	<i>theophylline er</i>	70
SYNTHROID	60	<i>thioridazine hcl</i>	31
TABLOID	26	<i>thiothixene</i>	31
TABRECTA	29	THYROID	60
<i>tacrolimus</i>	48	<i>tiadylt er</i>	42
<i>tacrolimus</i>	63	<i>tiagabine hydrochloride</i>	20
<i>tadalafil</i>	54	TIBSOVO	29
<i>tadalafil</i>	71	TICOVAC	65
TAFINLAR	29	<i>tigecycline</i>	16
TAGRISSE	29	<i>timolol maleate</i>	24
TALZENNA	29	<i>timolol maleate</i>	68
<i>tamoxifen citrate</i>	26	<i>tinidazole</i>	16
<i>tamsulosin hydrochloride</i>	54	<i>tiotropium bromide</i>	70
<i>tarina fe 1/20</i>	58	TIVICAY	33
<i>tarina fe 1/20 eq</i>	58	TIVICAY PD	33
TASIGNA	29	<i>tizanidine hcl</i>	33
TAVNEOS	61	<i>tizanidine hydrochloride</i>	33
<i>tazarotene</i>	47	TOBI PODHALER	70
TAZICEF	17	TOBRADEX	67
<i>taztia xt</i>	42	TOBRADEX ST	67
TAZVERIK	29	<i>tobramycin</i>	68
TDVAX	65	<i>tobramycin</i>	70
TEFLARO	17	<i>tobramycin sulfate</i>	15
TEGSEDI	53	<i>tobramycin/dexamethasone</i>	67
<i>telmisartan</i>	40	<i>tolterodine tartrate</i>	54
<i>telmisartan/hydrochlorothiazide</i>	43	<i>tolterodine tartrate er</i>	54
<i>temazepam</i>	72	<i>topiramate</i>	19
TEMIXYS	35	<i>topotecan hcl</i>	27
TENIVAC	65	<i>topotecan hydrochloride</i>	27
<i>tenofovir disoproxil fumarate</i>	35	<i>toremifene citrate</i>	26

Drug Name	Page #	Drug Name	Page #
<i>torpenz</i>	29	<i>trivora-28</i>	58
<i>torseamide</i>	43	<i>tri-vylibra</i>	58
TOUJEO MAX SOLOSTAR	39	TRIZIVIR	35
TOUJEO SOLOSTAR	39	<i>trospium chloride</i>	54
TRADJENTA	37	<i>trospium chloride er</i>	54
<i>tramadol hydrochloride</i>	14	TRULICITY	37
<i>tramadol hydrochloride/acetaminophen</i>	14	TRUMENBA	65
<i>trandolapril</i>	40	TRUQAP	29
<i>trandolapril/verapamil hcl er</i>	43	TRUSELTIQ	26
<i>tranexamic acid</i>	40	TUKYSA	29
<i>tranylcypromine sulfate</i>	22	<i>tulana</i>	59
<i>trazodone hydrochloride</i>	22	TURALIO	29
TRECTOR	25	<i>turqoz</i>	58
TRELEGY ELLIPTA	71	TWINRIX	65
TRELSTAR MIXJECT	60	TYBOST	35
TRESIBA	39	TYMLOS	66
TRESIBA FLEXTOUCH	39	TYPHIM VI	65
<i>tretinoin</i>	30	TYRVAYA	15
<i>tretinoin</i>	47	UBRELVY	24
<i>tri femynor</i>	58	UDENYCA	39
<i>triamcinolone acetonide</i>	48	UDENYCA ONBODY	39
<i>triamcinolone acetonide</i>	54	<i>ulticare micro pen needles/32g x 5/32"</i>	67
<i>triamcinolone acetonide dental paste</i>	47	<i>unifine pentips 32gx6mm</i>	67
<i>triamterene</i>	43	UNITHROID	60
<i>triamterene/hydrochlorothiazide</i>	43	<i>urea</i>	49
<i>triderm</i>	48	<i>ursodiol</i>	52
<i>trientine hydrochloride</i>	51	<i>valacyclovir hydrochloride</i>	36
<i>tri-estarylla</i>	58	VALCHLOR	25
<i>trifluoperazine hcl</i>	31	<i>valganciclovir tablet 450mg</i>	33
<i>trifluoperazine hydrochloride</i>	31	<i>valganciclovir hydrochloride solution</i>	33
<i>trifluridine</i>	68	<i>50mg/ml</i>	
<i>trihexyphenidyl hydrochloride</i>	30	<i>valproic acid</i>	19
TRIJARDY XR	37	<i>valsartan</i>	40
TRIKAFTA	70	<i>valsartan/hydrochlorothiazide</i>	43
<i>tri-linyah</i>	58	VALTOCO 10 MG DOSE	20
<i>trilyte</i>	52	VALTOCO 15 MG DOSE	20
<i>trimethoprim</i>	16	VALTOCO 20 MG DOSE	20
<i>tri-mili</i>	58	VALTOCO 5 MG DOSE	20
<i>trimipramine maleate</i>	23	<i>vancomycin hcl</i>	16
<i>trinessa</i>	58	<i>vancomycin hydrochloride</i>	16
TRINTELLIX	22	VANFLYTA	29
<i>tri-nymyo</i>	58	VAQTA	65
<i>tri-previfem</i>	58	<i>varenicline starting month</i>	15
<i>tri-sprintec</i>	58	<i>varenicline tartrate</i>	15
TRIUMEQ	35	VARIVAX	65
TRIUMEQ PD	35	VAXCHORA	65

Drug Name	Page #	Drug Name	Page #
VAXELIS	65	<i>vylibra</i>	58
VELPHORO	51	VYNDAMAX	43
VELTASSA	51	VYZULTA	69
VENCLEXTA	29	<i>warfarin sodium</i>	39
VENCLEXTA STARTING PACK	29	WELIREG	53
<i>venlafaxine hydrochloride</i>	22	<i>wera</i>	58
<i>venlafaxine hydrochloride er</i>	22	<i>wixela inhub</i>	71
VENTAVIS	71	XALKORI	29
VEOPOZ	61	XARELTO	39
VEOZAH	46	XARELTO STARTER PACK	39
<i>verapamil hcl</i>	42	XATMEP	63
<i>verapamil hcl er</i>	42	XCOPRI	20
<i>verapamil hcl sr</i>	42	XDEMVI	68
<i>verapamil hydrochloride</i>	42	XELJANZ	61
<i>verapamil hydrochloride er</i>	42	XELJANZ XR	61
VERQUVO	44	XERMELO	52
VERSACLOZ	33	XGEVA	66
VERZENIO	29	XIFAXAN	52
V-GO 20	67	XIGDUO XR	37
V-GO 30	67	XIIDRA	67
V-GO 40	67	XOFLUZA	36
<i>vicodin hp</i>	14	XOLAIR	61
<i>vienna</i>	58	XOLREMDI	40
<i>vigabatrin</i>	20	XOSPATA	29
<i>vigadrone</i>	20	XPOVIO	29
VIGAFYDE	20	XPOVIO 60 MG TWICE WEEKLY	29
<i>vigpoder</i>	20	XPOVIO 80 MG TWICE WEEKLY	29
<i>vilazodone hydrochloride</i>	22	XTAMPZA ER	13
<i>viorele</i>	58	XTANDI	25
VIRACEPT	35	<i>xulane</i>	58
VIREAD	35	<i>yargesa</i>	53
VISTOGARD	67	YF-VAX	65
VITRAKVI	29	YUPELRI	70
VIVITROL	14	<i>yuvafem</i>	58
VIZIMPRO	29	<i>zafemy</i>	59
VOCABRIA	34	<i>zafirlukast</i>	69
<i>volnea</i>	58	<i>zaleplon</i>	72
VONJO	26	ZARXIO	40
VORANIGO	30	ZEJULA	29
<i>voriconazole</i>	24	ZELBORAF	29
VOSEVI	33	<i>zenatane</i>	47
VOWST	52	ZENPEP	53
VRAYLAR	32	ZEPOSIA	46
VUMERITY	46	ZEPOSIA 7-DAY STARTER PACK	46
<i>vyfemla</i>	58	ZEPOSIA STARTER KIT	47
VYJUVEK	36	<i>zidovudine</i>	35

Formulary ID: 25382, Version: 10, Effective Date: 03/01/2025

Last Updated: 02/04/2025

Drug Name	Page #
<i>ziprasidone hcl</i>	32
<i>ziprasidone mesylate</i>	32
ZIRGAN	68
ZOKINVY	67
ZOLINZA	26
<i>zolmitriptan</i>	25
<i>zolpidem tartrate</i>	72
<i>zolpidem tartrate er</i>	72
ZONISADE	21
<i>zonisamide</i>	21
<i>zovia 1/35</i>	59
<i>zovia 1/35e</i>	59
ZTALMY	20
ZURZUVAE	21
ZYDELIG	29
ZYKADIA	29
ZYLET	67
ZYPREXA RELPREVV	32

Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, please call us:
 - Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549)
 - Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103
Telephone number: (877) 473-0911 (TTY: 711)
Fax: (605) 312-9886
Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



Help in Other Languages

For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Arabic – ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 637-4760: Great Plains Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549) (888) 278-6485: Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549).

Amharic – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ Great Plains Medicare Advantage: (844) 637-4760 (መስማት ለተሳናቸው: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (መስማት ለተሳናቸው: (888) 279-1549).

Chinese – 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 。

Cushite (Oromo) – XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Karen – ၵဝ်သုဉ်ပဝ်သး- နမ့ၢ်ကတိၤ ကညိၣ် ကျိၣ်အဆိၣ်, နမၤန့ၢ် ကျိၣ်အတၢ်မၤတၢ်လၢ တလၢကတိၣ်လၢကတိၣ် နိတမံၤဘၣ်သ့န့ၣ်လိၤ. ကိ: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 번으로 전화해 주십시오.

Laotian – ໂບດຊາບ: ຖ້າວ່າ ທ່ານ ບໍ່ເຂົ້າເວົ້າພາສາ ັ້ ການ ວາວ, ການບວ໊

າ້ ນ. ໂທຣ

ມໄທ

Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Great Plains Medicare Advantage: (844) 637-4760 (ATS: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (ATS: (888) 279-1549).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Great Plains Medicare Advantage: (844) 637-4760 (телетайп: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (телетайп: (888) 279-1549).

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Thai – เรีย น: ถ าคณพุดภาษาไทยคุณสามารถไช บริ การ ช วยเหลือี อทงภาษาไโด ฟร โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).



SANFORD HEALTH PLAN

Optum Rx[®]

align
Powered by
SANFORD HEALTH PLAN

Align ChoiceElite (PPO) | Align ChoicePlus (PPO)

2025 Formulary List of Covered Drugs

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

Formulary ID# 00025382, V9

This formulary was updated on 02/04/2025.

For more recent information or other questions, please contact member service at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week, or visit align.sanfordhealthplan.com.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, please call our member service at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week.

This formulary last updated 02/04/2025