



BlueCross TotalSM

2025 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 00025383, Version 13

This formulary was updated on 05/01/2025. For more recent information or other questions, please contact BlueCross Total at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means BlueCross BlueShield of South Carolina. When it refers to “plan” or “our plan,” it means BlueCross Total.

This document includes a Drug List (formulary) for our plan which is current as of 05/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the BlueCross Total 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 BlueCross Total 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. BlueCross Total will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Total 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 BlueCross Total, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 05/01/2025. To get updated information about the drugs covered by BlueCross Total please contact us. Our contact information appears on the front and back cover pages. We will update our printed formularies each month, and they will be available on www.SCBluesMedAdvantage.com.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. 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?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** BlueCross Total requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Total before you fill your prescriptions. If you don't get approval, BlueCross Total may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross Total limits the amount of the drug that BlueCross Total will cover. For example, BlueCross Total provides 30 tablets per 30 days prescription for Cablivi. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueCross Total 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, BlueCross Total may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Total will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 BlueCross Total 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 BlueCross Total's formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that BlueCross Total does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by BlueCross Total. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BlueCross Total.
- You can ask BlueCross Total 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 BlueCross Total's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, BlueCross Total limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

If you are a resident of a long-term care facility 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.

During a level-of-care change in which the member changes from one treatment setting to another, drugs may be prescribed that are not covered by the plan. If this happens, you and your doctor must use the plan's coverage determination request process. To prevent a gap in care when you are discharged, you may get a full outpatient supply that will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Medicare Part A stay. When you are admitted to or discharged from an LTC facility, you may not have access to the drugs you were previously given. You may, however, get a refill upon admission or discharge.

For more information

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

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

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

BlueCross Total Formulary

The formulary that begins on the next page 1 provides coverage information about the drugs covered by BlueCross Total. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

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

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

Deductible Stage	You pay \$0 deductible.					
Initial Coverage Stage	Preferred Retail (In-Network)			Standard Retail (In-Network)		
	30-day Supply	60-day Supply	90-day Supply	30-day Supply	60-day Supply	90-day Supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$15 copay
Tier 2: Generic	\$10 copay	\$20 copay	\$30 copay	\$15 copay	\$30 copay	\$45 copay
Tier 3: Preferred Brand	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay
Tier 4: Non-Preferred	40% coinsurance	40% coinsurance	40% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance

Tier 4: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay
Tier 5: Specialty	33% coinsurance	Not Covered	Not Covered	33% coinsurance	Not Covered	Not Covered
Tier 5: Covered Insulin	\$35 copay	No Covered	Not Covered	\$35 copay	Not Covered	Not Covered
Tier 6: Select Care Drugs	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$15 copay

Mail Order and Long-Term Care (LTC)				
Initial Coverage Stage	Mail Order			Long-Term Care
	30-day Supply	60-day Supply	90-day Supply	31-day Supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$10 copay	\$20 copay	\$0 copay	\$10 copay
Tier 3: Preferred Brand	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay
Tier 4: Non- Preferred	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 4: Covered Insulin	\$35 copay	\$70 copay	\$105 copay	\$35 copay
Tier 5: Specialty	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 5: Covered Insulin	\$35 copay	Not Covered	Not Covered	\$35 copay

Tier 6: Select Care Drugs	\$0 copay	\$0 copay	\$0 copay	\$0 copay
--	-----------	-----------	-----------	-----------

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and copayments/coinsurance may change on January 1 of each year.

2025 Dosage Abbreviation Key			
AEPB	Aerosol Powder-Breath Activated	NEBU	Nebulization Solution
AERO	Aerosol	OINT	Ointment
AERP	Aerosol, Powder	POWD	Powder
AERS	Aerosol, Solution	PTCH	Patch
CAPS	Capsule	PTTW	Patch Twice Weekly
CART	Cartridge	PTWK	Patch Weekly
CHEW	Tablet, chewable	SHAM	Shampoo
CONC	Concentrate	SOAJ	Solution Auto-Injector
CPCR	Capsule Extended Release	SOCT	Solution Cartridge
CPCW	Capsule Chewable	SOLG	Gel Forming Solution
CPDR	Capsule-Delayed Release	SOLN	Solution
CPEP	Capsule Delayed Release Particles	SOLR	Solution Reconstituted
CPPK	Capsule Therapy Pack	SOPN	Solution Pen-Injector
CPSP	Capsule Sprinkle	SOSY	Solution Prefilled Syringe
CP12	Capsule Extended Release 12 Hour	SRER	Reconstituted Susp that Releases Dose Over Extended Time
CP24	Capsule Extended Release 24 Hour	SUBL	Tablet, Sublingual
CREA	Cream	SUPN	Suspension Pen-Injector
CSDR	Capsule Designed to Delay Release Until Specific Area of GI Tract	SUPP	Suppository
ELIX	Elixir	SUSP	Suspension
EMUL	Emulsion	SUSR	Suspension Reconstituted
ENEM	Enema	SYRP	Syrup
FILM	Film	TABS	Tablet
GEL	Gel	TB12	Tablet Extended Release 12 Hour
GRAN	Granules	TB24	Tablet Extended Release 24 Hour
INHA	Inhaler	TB3D	Tablet Disintegrating Soluble
INJ	Injectable	TB3E	Tablet Disintegrating Soluble ER
KIT	Kit	TDCR	Tablet Extended Release
LIQD	Liquid	TBDP	Tablet Dispersible

LOTN	Lotion	TBEC	Tablet Delayed Release
LOZG	Lozenge	TBPK	Tablet Therapy Pack
LPOP	Lozenge on a Handle	TBSO	Tablet Soluble
NDS	Non-Extended Day Supply	TROC	Troche
ST NSO	Step Therapy for New Starts Only	PA NSO	Prior Authorization for New Starts Only

Drug Tiers

Every drug on the plan's Drug List is in one of five cost sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost sharing Tier 1: Preferred Generic – Tier 1 is the lowest tier and includes preferred generic drugs.
- Cost sharing Tier 2: Generic – Tier 2 includes generic drugs.
- Cost sharing Tier 3: Preferred Brand – Tier 3 includes preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 4: Non-Preferred Drug – Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 5: Specialty Tier – Tier 5 is the highest tier. It contains very high-cost brand and generic drugs that may require special handling and/or close monitoring.

Requirements/Limits Key

B/D = Drug that may be covered under Medicare Part B or Medicare Part D, depending on the indication, where and how the drug was administered and by whom. The plan must first conduct a review to determine the correct coverage (B or D).

PA = Prior Authorization

QL = Quantity Limits

NDS = Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.

ST = Step Therapy

LA = Limited Access Drug. This prescription may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call Customer Service at 1-855-204-2744, 8 a.m. to 8 p.m. Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. TTY users should call 711.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
JOURNAVX	4	QL(30 EA per 90 days)
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<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	
<i>Opioid Analgesics, Long-acting</i>		
<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
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	2	NDS
<i>acetaminophen/codeine solution</i>	2	NDS

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</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
<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; 10mg, 325mg; 2.5mg, 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		
Local Anesthetics		
<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		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>naltrexone hydrochloride tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	2	
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	3	
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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>daptomycin</i>	5	
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	
Beta-lactam, Cephalosporins		
<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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>cefuroxime sodium injection 1.5gm, 750mg</i>	3	
<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	
Beta-lactam, Penicillins		
<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	
Carbapenems		
<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	
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 250mg</i>	1	
<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>mondoxylene 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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
EPIDIOLEX	5	PA NSO
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	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE	4	
<i>levetiracetam solution, tablet</i>	2	
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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<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
Sodium Channel Agents		
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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
ZONISADE	4	ST NSO
zonisamide	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 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</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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>phenelzine sulfate</i>	3	
<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	
RALDESY	5	
<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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 hcl concentrate</i>	4	
<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</i>	4	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet</i>	2	
<i>promethazine hydrochloride suppository 25mg</i>	4	
<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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>flucytosine capsule</i>	5	
<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/cafeine</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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 tablet</i>	2	QL(9 EA per 30 days)
<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>abirtega</i>	4	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
EULEXIN	4	
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>Antiangiogenic Agents</i>		
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO
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	
<i>mercaptopurine suspension</i>	5	
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>		

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
Molecular Target Inhibitors		
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
GOMEKLI	5	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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
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
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	5	PA NSO
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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
REZLIDHIA	5	PA NSO
ROMVIMZA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA	5	PA NSO
Retinoids		
bexarotene	5	PA NSO
PANRETIN	5	
tretinoin capsule 10mg	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		
albendazole tablet	4	
ivermectin tablet	2	PA
praziquantel tablet	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
atovaquone	4	
atovaquone/proguanil hcl tablet 62.5mg; 25mg	3	
atovaquone/proguanil hydrochloride	3	
benznidazole	3	
chloroquine phosphate tablet	3	
COARTEM	4	
hydroxychloroquine sulfate tablet 100mg, 200mg	2	
mefloquine hydrochloride	2	
nitazoxanide	4	
pentamidine isethionate injection	3	
pentamidine isethionate inhalation solution reconstituted	3	B/D
primaquine phosphate tablet	3	
pyrimethamine tablet	5	PA
quinine sulfate capsule 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	2	
trihexyphenidyl hydrochloride	4	
Antiparkinson Agents, Other		
entacapone	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	4	PA
Dopamine Agonists		
bromocriptine mesylate capsule, tablet	4	
pramipexole dihydrochloride	2	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>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		
<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
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<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 hydrochloride</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 hydrochloride</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	
2nd Generation/Atypical		
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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
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
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	
Treatment-Resistant		
<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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 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)
<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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
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)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
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)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days)
ODEFSEY	5	QL(30 EA per 30 days)
<i>stavudine capsule</i>	4	
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	5	QL(24 EA per 168 days)
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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
ritonavir	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)
Anti-influenza Agents		
amantadine hcl capsule, solution	2	
oseltamivir phosphate capsule 75mg	3	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	3	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted	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		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet	3	
valacyclovir hydrochloride	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(11 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		
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 5mg	1	
buspirone hydrochloride tablet 30mg, 7.5mg	4	
Benzodiazepines		
alprazolam tablet 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam tablet 2mg	2	QL(150 EA per 30 days)
clorazepate dipotassium tablet 15mg	4	QL(180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	4	QL(360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	4	QL(720 EA per 30 days)
diazepam intensol	2	
diazepam concentrate, solution	2	
diazepam tablet 10mg	2	QL(120 EA per 30 days)
diazepam tablet 5mg	2	QL(240 EA per 30 days)
diazepam tablet 2mg	2	QL(300 EA per 30 days)
lorazepam intensol	3	
lorazepam tablet 2mg	2	QL(150 EA per 30 days)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI	4	PA NSO
<i>Mood Stabilizers</i>		
<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, 4MG, 7MG, 9MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 1.5MG, 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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
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 2.5MG	3	QL(360 EA per 30 days)
XARELTO TABLET 15MG	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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
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
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 hydrochloride</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 hydrochloride tablet</i>	6	
<i>captopril tablet</i>	6	
<i>enalapril maleate tablet</i>	6	
<i>fosinopril sodium</i>	6	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>lisinopril tablet</i>	6	
<i>moexipril hydrochloride</i>	6	
<i>perindopril erbumine</i>	6	
<i>quinapril hydrochloride</i>	6	
<i>ramipril</i>	6	
<i>trandolapril</i>	6	
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 hydrochloride capsule 150mg</i>	3	
<i>mexiletine hydrochloride 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 tablet 120mg, 160mg, 240mg</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 tablet 10mg, 5mg</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>pindolol tablet</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er</i>	2	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	2	
isradipine	4	
nifedipine er	2	
nimodipine capsule	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem hcl cd	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er capsule extended release 12 hour	4	
diltiazem hcl er tablet extended release 24 hour 420mg	4	
diltiazem hcl tablet 30mg, 60mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tablet 120mg, 90mg	2	
matzim la	4	
taztia xt	2	
tiadytl er	2	
verapamil hcl er tablet extended release 120mg	2	
verapamil hcl sr capsule extended release 24 hour	3	
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er tablet extended release 180mg, 240mg	2	
verapamil hydrochloride tablet 120mg	1	
Cardiovascular Agents, Other		
aliskiren	6	
amiloride/hydrochlorothiazide	2	
amlodipine besylate/benazepril hydrochloride	6	
amlodipine besylate/valsartan	6	
amlodipine/olmesartan medoxomil	6	
atenolol/chlorthalidone	2	
benazepril hydrochloride/hydrochlorothiazide	6	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	6	
captopril/hydrochlorothiazide	6	
EDARBYCLOR	4	
enalapril maleate/hydrochlorothiazide	6	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>fosinopril sodium/hydrochlorothiazide</i>	6	
<i>irbesartan/hydrochlorothiazide</i>	6	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide</i>	6	
<i>losartan potassium/hydrochlorothiazide</i>	6	
<i>metirosine</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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>simvastatin tablet</i>	6	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	4	
<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
TRYNGOLZA	5	QL(0.8 ML per 28 days); PA
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<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
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hydrochloride tablet 10mg, 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
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
FIRDAPSE	5	QL(240 EA per 30 days); PA
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
RADICAVA ORS	5	PA
RADICAVA ORS STARTER KIT	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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
<i>teriflunomide</i>	5	QL(30 EA per 30 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
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 tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnestem</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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>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	
<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 0.05%</i>	2	
<i>clobetasol propionate 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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>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)
<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 acetonide 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: 25383, Version: 13, Effective Date: 06/01/2025
Last Updated: 05/01/2025

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: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 hydrochloride 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		
<i>chenodal</i>	5	PA
CLENPIQ	3	
GATTEX	5	PA
<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 hydrochloride tablet</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>sucralfate tablet</i>	2	
<i>sucralfate 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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<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 SOLUTION RECONSTITUTED	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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIUICK 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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>chateal eq</i>	3	
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>feirza 1.5/30</i>	3	
<i>feirza 1/20</i>	3	
<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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>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	
<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-lynyah</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>valtya 1/50</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>xulane</i>	3	
<i>yuvaferm</i>	4	
<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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
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		

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>Angioedema Agents</i>		
CINRYZE	5	PA
HAEGARDA INJECTION 2000UNIT	5	PA
icatibant acetate	5	PA
sajazir	5	PA
<i>Immunoglobulins</i>		
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
TAVNEOS	5	QL(180 EA per 30 days); PA
VEOPOZ	5	PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1.5 ML per 84 days); PA
WEZLANA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); 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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA NSO
BESREMI	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
<i>Immunosuppressants</i>		
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-ADBIM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM PSORIASIS/UEVITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM STARTER PACKAGE FOR PSORIASIS/UEVITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM 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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
ENVARUSUS 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
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
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>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)
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	
DENG VAXIA	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	3	
RABAVERT	1	B/D

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
RECOMBIVAX HB	1	B/D
ROTARIX	3	
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	
VIMKUNYA	1	
VIVOTIF	1	
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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 560MCG/2.24ML	5	PA
<i>ibandronate sodium tablet</i>	6	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	
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)
EASY COMFORT PEN NEEDLES 29GX4MM	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)

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
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
SKYCLARYS	5	QL(90 EA per 30 days); PA
sodium chloride 0.9%	2	
ulticare micro pen needles/32g x 5/32"	2	QL(200 EA per 30 days)
unifine pentips 32gx6mm	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>		
atropine sulfate solution 1%	2	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	3	
COMBIGAN	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	2	
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone	2	
neomycin/polymyxin/gramicidin	3	
OXERVATE	5	QL(56 ML per 28 days); PA
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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 Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	2	
cromolyn sodium solution 4%	1	
olopatadine hydrochloride	3	
Ophthalmic Anti-Infectives		
bacitracin	4	
BESIVANCE	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin	4	
gentak ointment	2	
gentamicin sulfate ophthalmic solution 0.3%	2	
levofloxacin ophthalmic solution 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	
sulfacetamide sodium solution	2	
sulfacetamide sodium ointment	3	
tobramycin solution 0.3%	1	
trifluridine	4	
XDEMVI	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium solution 0.07%	4	QL(12 ML per 365 days)
dexamethasone sodium phosphate solution	3	
diclofenac sodium ophthalmic solution 0.1%	2	
FLAREX	3	
fluorometholone	3	
flurbiprofen sodium	2	
ILEVRO	3	QL(4 ML per 30 days)
ketorolac tromethamine ophthalmic solution 0.5%	2	
ketorolac tromethamine ophthalmic solution 0.4%	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
prednisolone acetate	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	3	
carteolol hcl	2	
levobunolol hcl solution 0.5%	2	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide	3	
acetazolamide er	3	
brimonidine tartrate solution 0.2%	2	
brimonidine tartrate solution 0.1%	3	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide 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 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	

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>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	
<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		

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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>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	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	5	QL(90 EA per 30 days); PA
<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
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
UPTRAVI TABLET 1600MCG	5	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>breyna</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

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

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
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL(12 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
wixela inhub	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	3	PA
methocarbamol tablet 500mg, 750mg	2	
orphenadrine citrate er	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
eszopiclone	4	QL(30 EA per 30 days)
ramelteon	4	QL(30 EA per 30 days)
temazepam capsule 15mg, 30mg	3	QL(30 EA per 30 days)
zaleplon capsule 5mg	4	QL(30 EA per 30 days)
zaleplon capsule 10mg	4	QL(60 EA per 30 days)
zolpidem tartrate er	4	QL(30 EA per 30 days)
zolpidem tartrate tablet	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
armodafinil tablet 150mg, 200mg, 250mg	4	QL(30 EA per 30 days); PA
armodafinil tablet 50mg	4	QL(60 EA per 30 days); PA
modafinil tablet	3	QL(30 EA per 30 days); PA
sodium oxybate	5	QL(540 ML per 30 days); PA

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025
Last Updated: 05/01/2025

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 #	Drug Name	Page #
<i>abacavir</i>	22	ADVAIR HFA	59
<i>abacavir sulfate/lamivudine</i>	22	<i>afirmelle</i>	43
<i>abacavir sulfate/lamivudine/zidovudine</i>	22	AIMOVIG	12
ABELCET	11	AIRSUPRA	59
ABILIFY MAINTENA	19	AKEEGA	14
<i>abiraterone acetate</i>	13	ALA-CORT	35
<i>abirtega</i>	13	<i>albendazole</i>	18
ABRYSVO	52	<i>albuterol sulfate</i>	58
<i>acamprosate calcium dr</i>	2	<i>albuterol sulfate hfa</i>	58
<i>acarbose</i>	25	<i>alclometasone dipropionate</i>	35
ACCUTANE	35	ALCOHOL PREP PADS	54
<i>acebutolol hcl</i>	29	ALECENSA	15
<i>acebutolol hydrochloride</i>	29	<i>alendronate sodium</i>	53
<i>acetaminophen/codeine</i>	1	<i>alfuzosin hcl er</i>	42
<i>acetaminophen/codeine phosphate</i>	1	ALINIA	18
<i>acetazolamide</i>	56	<i>aliskiren</i>	30
<i>acetazolamide er</i>	56	<i>allopurinol</i>	12
<i>acetic acid</i>	57	<i>alose tron hydrochloride</i>	39
<i>acetic acid 0.25%</i>	42	<i>alprazolam</i>	24
<i>acitretin</i>	35	<i>altavera</i>	43
ACTHIB	52	ALUNBRIG	15
ACTIMMUNE	50	<i>alyacen 1/35</i>	43
<i>acyclovir</i>	24	<i>alyacen 7/7/7</i>	43
<i>acyclovir</i>	37	<i>alyq</i>	59
<i>acyclovir sodium</i>	24	<i>amabelz</i>	43
ADACEL	52	<i>amantadine hcl</i>	24
ADALIMUMAB-AATY 1-PEN KIT	50	<i>ambrisentan</i>	59
ADALIMUMAB-AATY 2-PEN KIT	50	<i>amethia</i>	43
ADALIMUMAB-AATY 2-SYRINGE KIT	50	<i>amethia lo</i>	43
ADALIMUMAB-ADBM	50	<i>amethyst</i>	43
ADALIMUMAB-ADBM CROHNS/UC/HS	50	<i>amikacin sulfate</i>	3
STARTER		<i>amiloride hcl</i>	31
ADALIMUMAB-ADBM	50	<i>amiloride/hydrochlorothiazide</i>	30
PSORIASIS/UEITIS STARTER		AMINOSYN II	38
ADALIMUMAB-ADBM STARTER	50	AMINOSYN-PF	38
PACKAGE FOR CROHNS		<i>amiodarone hydrochloride</i>	29
DISEASE/UC/HS		<i>amitriptyline hcl</i>	10
ADALIMUMAB-ADBM STARTER	50	<i>amitriptyline hydrochloride</i>	10
PACKAGE FOR PSORIASIS/UEITIS		<i>amlodipine besylate</i>	30
ADBRY	35	<i>amlodipine besylate/benazepril</i>	30
<i>adefovir dipivoxil</i>	21	<i>hydrochloride</i>	
ADEMPAS	59	<i>amlodipine besylate/valsartan</i>	30
ADTHYZA	47	<i>amlodipine/olmesartan medoxomil</i>	30
		<i>ammonium lactate</i>	36
		<i>amnestem</i>	35
		<i>amoxapine</i>	10

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>amoxicillin</i>	5	<i>atorvastatin calcium</i>	31
<i>amoxicillin/clavulanate potassium</i>	5	<i>atovaquone</i>	18
<i>amoxicillin/clavulanate potassium er</i>	5	<i>atovaquone/proguanil hcl</i>	18
<i>amphetamine/dextroamphetamine</i>	32	<i>atovaquone/proguanil hydrochloride</i>	18
<i>amphotericin b</i>	11	<i>atropine sulfate</i>	55
<i>amphotericin b liposome</i>	11	ATROVENT HFA	58
<i>ampicillin</i>	5	<i>aubra eq</i>	43
<i>ampicillin sodium</i>	5	AUGMENTIN	5
<i>ampicillin/sulbactam</i>	5	AUGTYRO	15
<i>ampicillin-sulbactam</i>	5	<i>aurovela 1.5/30</i>	43
<i>anagrelide hydrochloride</i>	27	<i>aurovela 1/20</i>	43
<i>anastrozole</i>	15	<i>aurovela fe 1.5/30</i>	43
ANORO ELLIPTA	59	<i>aurovela fe 1/20</i>	43
<i>aprepitant</i>	11	AUSTEDO	33
APTIOM	8	AUSTEDO XR	33
APTIVUS	23	AUSTEDO XR PATIENT TITRATION	33
AREXVY	52	KIT	
<i>arformoterol tartrate</i>	58	AUVELITY	9
ARIKAYCE	3	<i>aviane</i>	43
<i>aripiprazole</i>	19	AVONEX	34
<i>aripiprazole odt</i>	19	AVONEX PEN	34
ARISTADA	19	<i>ayuna</i>	43
ARISTADA INITIO	19	AYVAKIT	15
<i>armodafinil</i>	60	<i>azathioprine</i>	50
ARMOUR THYROID	47	<i>azelaic acid</i>	35
ARNUITY ELLIPTA	57	<i>azelastine hcl</i>	56
<i>asenapine maleate sl</i>	19	<i>azelastine hcl</i>	57
<i>ashlyna</i>	43	<i>azelastine hydrochloride</i>	57
ASMANEX HFA	57	<i>azithromycin</i>	5
ASMANEX TWISTHALER 120	57	<i>aztreonam</i>	3
METERED DOSES		<i>azurette</i>	43
ASMANEX TWISTHALER 14 METERED	57	<i>bacitracin</i>	56
DOSES		<i>bacitracin/polymyxin b</i>	55
ASMANEX TWISTHALER 30 METERED	57	<i>baclofen</i>	21
DOSES		<i>balsalazide disodium</i>	53
ASMANEX TWISTHALER 60 METERED	57	BALVERSA	15
DOSES		<i>balziva</i>	43
<i>aspirin/dipyridamole</i>	28	BAQSIMI ONE PACK	26
<i>aspirin/dipyridamole er</i>	28	BAQSIMI TWO PACK	26
ASTAGRAF XL	50	BARACLUDE	21
<i>atazanavir</i>	23	<i>bcg vaccine</i>	52
<i>atazanavir sulfate</i>	23	BD INSULIN SYRINGE	54
<i>atenolol</i>	29	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atenolol/chlorthalidone</i>	30	B-D INSULIN SYRINGE ULTRAFINE	54
<i>atomoxetine</i>	33	II/0.3ML/31G X 5/16"	
<i>atomoxetine hydrochloride</i>	33		

Drug Name	Page #	Drug Name	Page #
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	54	brinzolamide	57
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	54	BRIVIACT	6
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	54	bromfenac sodium	56
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	54	bromocriptine mesylate	18
<i>bekyree</i>	43	BRONCHITOL	59
BELSOMRA	60	BRUKINSA	15
<i>benazepril hydrochloride</i>	28	budesonide	53
<i>benazepril</i>	30	budesonide	57
<i>hydrochloride/hydrochlorothiazide</i>		budesonide er	53
BENLYSTA	49	bumetanide	31
<i>benznidazole</i>	18	buprenorphine	1
<i>benztropine mesylate</i>	18	buprenorphine hcl	3
BESIVANCE	56	buprenorphine hcl/naloxone hcl	3
BESREMI	50	buprenorphine hydrochloride/naloxone hydrochloride	3
<i>betaine anhydrous</i>	41	bupropion hydrochloride	9
<i>betamethasone dipropionate</i>	36	bupropion hydrochloride er (sr)	3
<i>betamethasone dipropionate augmented</i>	36	bupropion hydrochloride er (sr)	9
<i>betamethasone valerate</i>	36	bupropion hydrochloride er (xl)	9
BETASERON	34	buspirone hcl	24
<i>betaxolol hcl</i>	29	buspirone hydrochloride	24
<i>betaxolol hcl</i>	56	butalbital/acetaminophen/caffeine	34
<i>bethanechol chloride</i>	42	BYDUREON BCISE	25
<i>bexarotene</i>	18	BYETTA	25
BEXSERO	52	CABENUVA	21
<i>bicalutamide</i>	13	cabergoline	48
BICILLIN L-A	5	CABLIVI	28
BIKTARVY	21	CABOMETYX	15
<i>bisoprolol fumarate</i>	29	calcipotriene	37
<i>bisoprolol fumarate/hydrochlorothiazide</i>	30	calcitonin-salmon	53
BIVIGAM	49	calcitriol	53
<i>blisovi fe 1.5/30</i>	43	calcium acetate	39
<i>blisovi fe 1/20</i>	43	CALQUENCE	15
BOOSTRIX	52	camila	47
BOSULIF	15	camrese	43
BRAFTOVI	15	camrese lo	43
BREO ELLIPTA	59	candesartan cilexetil	28
<i>brey-na</i>	59	candesartan cilexetil/hydrochlorothiazide	30
BREZTRI AEROSPHERE	59	CAPLYTA	20
<i>briellyn</i>	43	CAPRELSA	15
BRILINTA	28	captopril	28
<i>brimonidine tartrate</i>	56	captopril/hydrochlorothiazide	30
<i>brimonidine tartrate/timolol maleate</i>	55	carbamazepine	8
		carbamazepine er	8
		carbidopa	19
		carbidopa/levodopa	19

Drug Name	Page #	Drug Name	Page #
<i>carbidopa/levodopa er</i>	19	CIMDUO	22
<i>carbidopa/levodopa odt</i>	19	<i>cinacalcet hydrochloride</i>	54
<i>carglumic acid</i>	38	CINRYZE	49
<i>carteolol hcl</i>	56	<i>ciprofloxacin</i>	6
<i>cartia xt</i>	30	<i>ciprofloxacin hcl</i>	6
<i>carvedilol</i>	29	<i>ciprofloxacin hydrochloride</i>	6
<i>caspofungin acetate</i>	11	<i>ciprofloxacin hydrochloride</i>	56
CAYSTON	58	<i>ciprofloxacin i.v.-in d5w</i>	6
<i>cefaclor</i>	4	<i>ciprofloxacin/dexamethasone</i>	57
<i>cefadroxil</i>	4	<i>cisplatin</i>	13
CEFAZOLIN	4	<i>citalopram hydrobromide</i>	10
<i>cefazolin sodium</i>	4	<i>claravis</i>	35
<i>cefdinir</i>	4	<i>clarithromycin</i>	6
<i>cefepime</i>	4	<i>clarithromycin er</i>	6
<i>cefepime hydrochloride</i>	4	CLENPIQ	40
<i>cefixime</i>	4	CLIMARA PRO	44
<i>cefotaxime sodium</i>	4	<i>clindacin etz pledgets</i>	3
<i>cefotetan</i>	4	<i>clindamycin hcl</i>	3
<i>cefoxitin sodium</i>	4	<i>clindamycin hydrochloride</i>	3
<i>cefpodoxime proxetil</i>	4	<i>clindamycin palmitate hydrochloride</i>	3
<i>cefprozil</i>	4	<i>clindamycin phosphate</i>	3
<i>ceftazidime</i>	4	<i>clindamycin phosphate</i>	37
<i>ceftazidime/dextrose</i>	4	<i>clobazam</i>	7
<i>ceftriaxone sodium</i>	4	<i>clobetasol propionate</i>	36
<i>cefuroxime axetil</i>	4	<i>clobetasol propionate e</i>	36
<i>cefuroxime sodium</i>	5	<i>clomipramine hydrochloride</i>	10
<i>celecoxib</i>	1	<i>clonazepam</i>	7
<i>cephalexin</i>	5	<i>clonazepam odt</i>	7
CERDELGA	41	<i>clonidine</i>	28
<i>chateal</i>	43	<i>clonidine hydrochloride</i>	28
<i>chateal eq</i>	44	<i>clopidogrel</i>	28
CHEMET	39	<i>clorazepate dipotassium</i>	24
<i>chenodal</i>	40	<i>clotrimazole</i>	11
<i>chlorhexidine gluconate</i>	35	<i>clotrimazole/betamethasone dipropionate</i>	37
<i>chloroquine phosphate</i>	18	CLOVIQUE	39
<i>chlorpromazine hcl</i>	19	<i>clozapine</i>	21
<i>chlorpromazine hydrochloride</i>	19	<i>clozapine odt</i>	20
<i>chlorthalidone</i>	31	COARTEM	18
CHOLBAM	41	COBENFY	34
<i>cholestyramine</i>	32	COBENFY STARTER PACK	34
<i>cholestyramine light</i>	32	<i>colchicine</i>	12
<i>ciclodan</i>	37	<i>colesevelam hydrochloride</i>	32
<i>ciclopirox</i>	37	<i>colestipol hcl</i>	32
<i>ciclopirox nail lacquer</i>	37	<i>colistimethate sodium</i>	3
<i>ciclopirox olamine</i>	37	<i>colocort</i>	53
<i>cilostazol</i>	28	COMBIGAN	55

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
COMBIVENT RESPIMAT	59	delyla	44
COMETRIQ	15	demeclocycline hcl	6
COMPLERA	22	demeclocycline hydrochloride	6
compro	11	DENG VAXIA	52
constulose	39	DEPO-SUBQ PROVERA 104	47
COPIKTRA	15	DESCOVY	22
cortisone acetate	42	desipramine hydrochloride	10
COSENTYX	49	desmopressin acetate	42
COSENTYX SENSOREADY PEN	49	desogestrel/ethinyl estradiol	44
COSENTYX UNOREADY	49	desonide	36
COTELLIC	15	desoximetasone	36
CREON	41	desvenlafaxine er	10
cromolyn sodium	41	dexamethasone	42
cromolyn sodium	56	dexamethasone sodium phosphate	56
cromolyn sodium	58	dextroamphetamine sulfate	33
cryselle-28	44	dextroamphetamine sulfate er	33
CURITY GAUZE PADS 2"X2" 12 PLY	54	dextrose 5%	38
CUVITRU	49	dextrose 5%/sodium chloride 0.45%	38
cyclafem 1/35	44	dextrose 5%/sodium chloride 0.9%	38
cyclafem 7/7/7	44	DIACOMIT	7
cyclobenzaprine hydrochloride	60	diazepam	24
cyclophosphamide	13	diazepam intensol	24
cycloserine	13	diazepam rectal gel	7
cyclosporine	50	diazoxide	26
cyclosporine	55	diclofenac potassium	1
cyclosporine modified	50	diclofenac sodium	1
cyproheptadine hydrochloride	57	diclofenac sodium	37
CYSTAGON	41	diclofenac sodium	56
CYSTARAN	55	diclofenac sodium dr	1
dalfampridine er	34	diclofenac sodium er	1
danazol	43	dicloxacillin sodium	5
dantrolene sodium	21	dicyclomine hcl	40
DANZITEN	15	dicyclomine hydrochloride	40
dapsone	13	DIFICID	6
DAPTACEL	52	diflunisal	1
daptomycin	4	digitek	29
DAPTOMYCIN/SODIUM CHLORIDE	4	digox	29
darunavir	23	digoxin	29
dasatinib	15	dihydroergotamine mesylate	12
dasetta 1/35	44	DILANTIN	8
dasetta 7/7/7	44	diltiazem hcl	30
DAURISMO	15	diltiazem hcl cd	30
daysee	44	diltiazem hcl er	30
deblitane	47	diltiazem hydrochloride	30
deferasirox	39	diltiazem hydrochloride er	30
DELSTRIGO	22	dilt-xr	30

Drug Name	Page #	Drug Name	Page #
<i>dimethyl fumarate</i>	34	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	22
<i>dimethyl fumarate starterpack</i>	34	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	22
<i>diphenhydramine hydrochloride</i>	57	<i>effe-k</i>	38
<i>diphenoxylate hydrochloride/atropine sulfate</i>	40	<i>elinest</i>	44
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	52	<i>ELIQUIS</i>	27
<i>disulfiram</i>	2	<i>ELIQUIS STARTER PACK</i>	27
<i>divalproex sodium dr</i>	7	<i>ELLA</i>	54
<i>divalproex sodium er</i>	7	<i>ELMIRON</i>	42
<i>dofetilide</i>	29	<i>eluryng</i>	44
<i>dolishale</i>	44	<i>EMCYT</i>	14
<i>donepezil hcl</i>	9	<i>EMGALITY</i>	12
<i>donepezil hydrochloride</i>	9	<i>EMPAVELI</i>	49
<i>DOPTELET</i>	28	<i>EMSAM</i>	9
<i>dorzolamide hcl/timolol maleate</i>	55	<i>emtricitabine</i>	22
<i>dorzolamide hydrochloride</i>	57	<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	22
<i>DOTTI</i>	44	<i>emtricitabine/tenofovir disoproxil fumarate</i>	22
<i>DOVATO</i>	21	<i>EMTRIVA</i>	22
<i>doxazosin mesylate</i>	42	<i>emzahh</i>	47
<i>doxepin hcl</i>	10	<i>enalapril maleate</i>	28
<i>doxepin hydrochloride</i>	11	<i>enalapril maleate/hydrochlorothiazide</i>	30
<i>doxy 100</i>	6	<i>ENBREL</i>	50
<i>doxycycline</i>	6	<i>ENBREL MINI</i>	50
<i>doxycycline hyclate</i>	6	<i>ENBREL SURECLICK</i>	50
<i>doxycycline hyclate</i>	35	<i>endocet</i>	2
<i>doxycycline monohydrate</i>	6	<i>ENERGIX-B</i>	52
<i>DRIZALMA SPRINKLE</i>	10	<i>enilloring</i>	44
<i>dronabinol</i>	11	<i>enoxaparin sodium</i>	27
<i>DROXIA</i>	14	<i>enpresse-28</i>	44
<i>droxidopa</i>	28	<i>entacapone</i>	18
<i>DULERA</i>	59	<i>entecavir</i>	21
<i>duloxetine hydrochloride</i>	10	<i>ENTRESTO</i>	30
<i>DUPIXENT</i>	49	<i>enulose</i>	39
<i>dutasteride</i>	42	<i>ENVARUS XR</i>	50
<i>EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"</i>	54	<i>EPIDIOLEX</i>	7
<i>EASY COMFORT PEN NEEDLES 29GX4MM</i>	54	<i>epinephrine</i>	58
<i>ec-naproxen</i>	1	<i>epitol</i>	8
<i>econazole nitrate</i>	11	<i>eplerenone</i>	32
<i>EDARBI</i>	28	<i>EPRONTIA</i>	7
<i>EDARBYCLOR</i>	30	<i>ergoloid mesylates</i>	9
<i>EDURANT</i>	22	<i>ergotamine tartrate/caffeine</i>	12
<i>efavirenz</i>	22	<i>ERIVEDGE</i>	15
		<i>ERLEADA</i>	13
		<i>erlotinib hydrochloride</i>	15

Drug Name	Page #	Drug Name	Page #
<i>errin</i>	47	<i>felbamate</i>	7
<i>ertapenem</i>	5	<i>felodipine er</i>	30
<i>ertapenem sodium</i>	5	<i>femynor</i>	44
<i>ery</i>	37	<i>fenofibrate</i>	31
<i>erythromycin</i>	37	<i>fenofibrate micronized</i>	31
<i>erythromycin</i>	56	<i>fenofibric acid dr</i>	31
<i>erythromycin dr</i>	6	<i>fentanyl</i>	1
<i>erythromycin/benzoyl peroxide</i>	35	<i>fentanyl citrate oral transmucosal</i>	2
<i>escitalopram oxalate</i>	10	FETZIMA	10
<i>esomeprazole magnesium</i>	40	FETZIMA TITRATION PACK	10
<i>estarylla</i>	44	FINACEA	35
<i>estradiol</i>	44	<i>finasteride</i>	42
<i>estradiol/norethindrone acetate</i>	44	<i>fingolimod hydrochloride</i>	34
ESTRING	44	FINTEPLA	7
<i>eszopiclone</i>	60	FIRDAPSE	34
<i>ethambutol hydrochloride</i>	13	FIRMAGON	48
<i>ethosuximide</i>	7	FLAREX	56
<i>ethynodiol diacetate/ethinyl estradiol</i>	44	<i>flecainide acetate</i>	29
<i>etodolac</i>	1	<i>fluconazole</i>	11
<i>etonogestrel/ethinyl estradiol</i>	44	<i>fluconazole in sodium chloride</i>	11
<i>etravirine</i>	22	<i>flucytosine</i>	12
EUCRISA	36	<i>fludrocortisone acetate</i>	42
EULEXIN	13	<i>flunisolide</i>	57
EUTHYROX	48	<i>fluocinolone acetonide</i>	36
<i>everolimus</i>	15	<i>fluocinolone acetonide body</i>	36
<i>everolimus</i>	51	<i>fluocinolone acetonide scalp</i>	36
EVOTAZ	23	<i>fluocinolone acetonide topical</i>	36
EVRYSDI	41	<i>fluocinonide</i>	36
<i>exemestane</i>	15	<i>fluorometholone</i>	56
EXKIVITY	15	<i>fluorouracil</i>	37
<i>ezetimibe</i>	32	<i>fluoxetine hydrochloride</i>	10
<i>ezetimibe/simvastatin</i>	32	<i>fluphenazine decanoate</i>	19
FABRAZYME	41	<i>fluphenazine hcl</i>	19
<i>falmina</i>	44	<i>fluphenazine hydrochloride</i>	19
<i>famciclovir</i>	24	<i>flurbiprofen</i>	1
<i>famotidine</i>	40	<i>flurbiprofen sodium</i>	56
FANAPT	20	<i>flutamide</i>	13
FANAPT TITRATION PACK	20	<i>fluticasone propionate</i>	36
FARXIGA	32	<i>fluticasone propionate</i>	57
FARYDAK	15	<i>fluticasone propionate/salmeterol</i>	59
FASENRA	59	<i>fluticasone propionate/salmeterol diskus</i>	59
FASENRA PEN	59	<i>fluvastatin</i>	31
<i>fayosim</i>	44	<i>fluvastatin sodium er</i>	31
<i>febuxostat</i>	12	<i>flvoxamine maleate</i>	10
<i>feirza 1.5/30</i>	44	<i>fondaparinux sodium</i>	27
<i>feirza 1/20</i>	44	<i>formoterol fumarate</i>	58

Drug Name	Page #	Drug Name	Page #
FORTEO	54	glucagon emergency kit	26
fosamprenavir calcium	23	glucagon emergency kit for low blood sugar	26
fosinopril sodium	28	glyburide	25
fosinopril sodium/hydrochlorothiazide	31	glyburide/metformin hydrochloride	25
FOTIVDA	15	glycopyrrolate	40
FRAGMIN	27	GLYXAMBI	25
FRUZAQLA	15	GOMEKLI	15
furosemide	31	griseofulvin microsize	12
FUZEON	23	griseofulvin ultramicrosize	12
FYAVOLV	44	guanfacine hydrochloride	28
FYCOMPA	7	guanfacine hydrochloride er	33
gabapentin	7	GVOKE HYPOPEN 1-PACK	26
galantamine hydrobromide	9	GVOKE HYPOPEN 2-PACK	26
galantamine hydrobromide er	9	GVOKE KIT	26
gallifrey	47	GVOKE PFS	26
GAMASTAN	49	HAEGARDA	49
ganciclovir	21	hailey 1.5/30	44
GARDASIL 9	52	hailey fe 1.5/30	44
gatifloxacin	56	hailey fe 1/20	44
GATTEX	40	halobetasol propionate	36
gavilyte-c	40	haloette	44
gavilyte-g	40	haloperidol	19
gavilyte-h	40	haloperidol decanoate	19
gavilyte-n/flower pack	40	haloperidol lactate	19
GAVRETO	15	HAVRIX	52
gefitinib	15	heather	47
GELNIQUE	41	heparin sodium	27
gemfibrozil	31	HEPLISAV-B	52
GEMTESA	42	HIBERIX	52
generlac	39	HIZENTRA	49
engraf	51	HUMALOG	26
GENOTROPIN	43	HUMALOG JUNIOR KWIKPEN	26
GENOTROPIN MINIQUICK	43	HUMALOG KWIKPEN	26
gentak	56	HUMALOG MIX 50/50	26
gentamicin sulfate	3	HUMALOG MIX 50/50 KWIKPEN	26
gentamicin sulfate	56	HUMALOG MIX 75/25	26
gentamicin sulfate pediatric	3	HUMALOG MIX 75/25 KWIKPEN	26
GENVOYA	21	HUMATIN	3
GILOTRIF	15	HUMIRA	51
glatiramer acetate	34	HUMIRA PEDIATRIC CROHNS	51
GLEOSTINE	13	DISEASE STARTER PACK	
glimepiride	25	HUMIRA PEN	51
glipizide	25	HUMIRA PEN-CD/UC/HS STARTER	51
glipizide er	25	HUMIRA PEN-PEDIATRIC UC	51
glipizide xl	25	STARTER PACK	
glipizide/metformin hydrochloride	25	HUMIRA PEN-PS/UV STARTER	51

Drug Name	Page #	Drug Name	Page #
HUMULIN 70/30	26	INBRIJA	19
HUMULIN 70/30 KWIKPEN	26	<i>incassia</i>	47
HUMULIN N	26	INCRELEX	43
HUMULIN N KWIKPEN	26	INCRUSE ELLIPTA	58
HUMULIN R	26	<i>indapamide</i>	31
HUMULIN R U-500 (CONCENTRATED)	26	<i>indomethacin</i>	1
HUMULIN R U-500 KWIKPEN	26	<i>indomethacin er</i>	1
<i>hydralazine hydrochloride</i>	32	INFANRIX	52
<i>hydrochlorothiazide</i>	31	INFLECTRA	51
<i>hydrocodone bitartrate/acetaminophen</i>	2	INFLIXIMAB	51
<i>hydrocodone/acetaminophen</i>	2	INGREZZA	34
<i>hydrocortisone</i>	36	INLYTA	16
<i>hydrocortisone</i>	42	INQOVI	16
<i>hydrocortisone</i>	53	INREBIC	14
<i>hydrocortisone valerate</i>	36	<i>insulin lispro</i>	26
<i>hydrocortisone/acetic acid</i>	57	INTELENCE	22
<i>hydromorphone hcl</i>	2	<i>introvale</i>	44
<i>hydromorphone hydrochloride</i>	2	INVEGA HAFYERA	20
<i>hydromorphone hydrochloride dosette</i>	2	INVEGA SUSTENNA	20
<i>hydroxychloroquine sulfate</i>	18	INVEGA TRINZA	20
<i>hydroxyurea</i>	14	IPOL INACTIVATED IPV	52
<i>hydroxyzine hcl</i>	57	<i>ipratropium bromide</i>	58
<i>hydroxyzine hydrochloride</i>	57	<i>ipratropium bromide/albuterol sulfate</i>	59
<i>hydroxyzine pamoate</i>	57	<i>irbesartan</i>	28
HYPERHEP B	49	<i>irbesartan/hydrochlorothiazide</i>	31
<i>ibandronate sodium</i>	54	ISENTRESS	21
IBRANCE	14	ISENTRESS HD	21
IBRANCE	15	ISONIAZID	13
<i>ibu</i>	1	<i>isosorbide dinitrate</i>	32
<i>ibuprofen</i>	1	<i>isosorbide dinitrate/hydralazine</i>	31
<i>icatibant acetate</i>	49	<i>hydrochloride</i>	
<i>iclevia</i>	44	<i>isosorbide mononitrate</i>	32
ICLUSIG	15	<i>isosorbide mononitrate er</i>	32
<i>icosapent ethyl</i>	32	<i>isotretinoin</i>	35
IDHIFA	16	<i>isradipine</i>	30
IGALMI	25	ISTURISA	43
ILEVRO	56	ITOVEBI	14
<i>imatinib mesylate</i>	16	<i>itraconazole</i>	12
IMBRUVICA	16	<i>ivabradine hydrochloride</i>	31
<i>imipenem/cilastatin</i>	5	<i>ivermectin</i>	18
<i>imipramine hcl</i>	11	IWILFIN	14
<i>imipramine hydrochloride</i>	11	IXCHIQ	52
<i>imiquimod</i>	37	IXIARO	52
IMKELDI	16	<i>jaimiess</i>	44
IMOVAX RABIES (H.D.C.V.)	52	JAKAFI	16
IMPAVIDO	4	<i>jantoven</i>	27

Drug Name	Page #	Drug Name	Page #
JANUMET	25	<i>kourzeq</i>	35
JANUMET XR	25	KRAZATI	16
JANUVIA	25	<i>kurvelo</i>	45
JARDIANCE	32	<i>labetalol hydrochloride</i>	29
JAYPIRCA	16	<i>lacosamide</i>	8
<i>jencycla</i>	47	<i>lactulose</i>	39
JENTADUETO	25	LAGEVRIO	24
JENTADUETO XR	25	<i>lamivudine</i>	21
<i>jinteli</i>	44	<i>lamivudine</i>	22
<i>jolessa</i>	44	<i>lamivudine/zidovudine</i>	22
JOURNAVX	1	<i>lamotrigine</i>	7
JUBLIA	12	<i>lamotrigine er</i>	7
JULUCA	21	<i>lamotrigine odt</i>	7
<i>junel 1.5/30</i>	44	<i>lamotrigine starter kit/blue</i>	7
<i>junel 1/20</i>	44	<i>lamotrigine starter kit/green</i>	7
<i>junel fe 1.5/30</i>	44	<i>lamotrigine starter kit/orange</i>	7
<i>junel fe 1/20</i>	45	<i>lansoprazole</i>	40
JYLAMVO	51	LANTUS	26
JYNNEOS	52	LANTUS SOLOSTAR	26
KALYDECO	58	<i>lapatinib ditosylate</i>	16
<i>kariva</i>	45	<i>larin 1.5/30</i>	45
<i>kelnor 1/35</i>	45	<i>larin 1/20</i>	45
<i>kelnor 1/50</i>	45	<i>larin fe 1.5/30</i>	45
KERENDIA	32	<i>larin fe 1/20</i>	45
KESIMPTA	34	<i>larissia</i>	45
<i>ketoconazole</i>	12	<i>latanoprost</i>	57
<i>ketorolac tromethamine</i>	1	LAZCLUZE	14
<i>ketorolac tromethamine</i>	56	<i>leflunomide</i>	51
<i>kimidess</i>	45	<i>lenalidomide</i>	14
KINERET	49	LENVIMA 10 MG DAILY DOSE	16
KINRIX	52	LENVIMA 12MG DAILY DOSE	16
<i>kionex</i>	39	LENVIMA 14 MG DAILY DOSE	16
KISQALI	16	LENVIMA 18 MG DAILY DOSE	16
KISQALI FEMARA 200 DOSE	14	LENVIMA 20 MG DAILY DOSE	16
KISQALI FEMARA 400 DOSE	14	LENVIMA 24 MG DAILY DOSE	16
KISQALI FEMARA 600 DOSE	14	LENVIMA 4 MG DAILY DOSE	16
<i>klayesta</i>	12	LENVIMA 8 MG DAILY DOSE	16
<i>klor-con</i>	38	<i>lessina</i>	45
<i>klor-con 10</i>	38	<i>letrozole</i>	15
<i>klor-con 8</i>	38	<i>leucovorin calcium</i>	14
<i>klor-con m10</i>	38	LEUKERAN	13
<i>klor-con m15</i>	38	<i>leuprolide acetate</i>	48
<i>klor-con m20</i>	38	<i>levalbuterol</i>	58
<i>klor-con sprinkle</i>	38	<i>levalbuterol hcl</i>	58
<i>klor-con/ef</i>	38	<i>levalbuterol hydrochloride</i>	58
KOSELUGO	16	<i>levalbuterol tartrate hfa</i>	58

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
LEVETIRACETAM	7	losartan potassium	28
levetiracetam er	7	losartan potassium/hydrochlorothiazide	31
levobunolol hcl	56	LOTEMAX SM	56
levocetirizine dihydrochloride	57	lovastatin	31
levofloxacin	6	low-ogestrel	45
levofloxacin	56	loxapine	19
levofloxacin in d5w	6	lubiprostone	39
levonest	45	LUMAKRAS	16
levonorgestrel and ethinyl estradiol	45	LUMIGAN	57
levonorgestrel/ethinyl estradiol	45	LUPRON DEPOT (1-MONTH)	48
levora 0.15/30-28	45	LUPRON DEPOT (3-MONTH)	48
LEVO-T	48	LUPRON DEPOT (4-MONTH)	48
levothyroxine sodium	48	LUPRON DEPOT (6-MONTH)	48
LEVOXYL	48	LUPRON DEPOT-PED (1-MONTH)	48
LEXIVA	23	LUPRON DEPOT-PED (3-MONTH)	48
l-glutamine	41	lurasidone hydrochloride	20
LIBERVANT	8	lutura	45
lidocaine	2	LYBALVI	20
lidocaine hydrochloride viscous	35	lyleq	47
lidocaine viscous	35	lyllana	45
lidocaine/prilocaine	2	LYNPARZA	16
lidocaine-prilocaine-cream base	2	LYSODREN	14
LILETTA	47	LYTGOBI	16
lillow	45	LYUMJEV	26
linezolid	4	LYUMJEV KWIKPEN	26
LINZESS	39	lyza	47
liothyronine sodium	48	magnesium sulfate	38
lisinopril	29	malathion	37
lisinopril/hydrochlorothiazide	31	maraviroc	23
lithium	25	marlissa	45
lithium carbonate	25	MARPLAN	9
lithium carbonate er	25	MATULANE	13
LIVMARLI	40	matzim la	30
LIVTENCITY	21	MAVYRET	21
lojaimiess	45	MAYZENT	34
LOKELMA	39	MAYZENT STARTER PACK	34
LONSURF	14	meclizine hcl	11
loperamide hydrochloride	40	medroxyprogesterone acetate	47
lopinavir/ritonavir	23	mefloquine hydrochloride	18
lopreeza	45	megestrol acetate	47
lorazepam	24	MEKINIST	16
lorazepam intensol	24	MEKTOVI	16
LORBRENA	16	meloxicam	1
lorcet	2	memantine hcl titration pak	9
lorcet hd	2	memantine hydrochloride	9
lorcet plus	2	memantine hydrochloride er	9

Drug Name	Page #	Drug Name	Page #
<i>memantine/donepezil hydrochloride er</i>	9	<i>mili</i>	45
MENACTRA	52	<i>mimvey</i>	45
MENEST	45	<i>mimvey lo</i>	45
MENQUADFI	52	<i>minocycline hcl</i>	6
MENVEO	52	<i>minocycline hydrochloride</i>	6
<i>mercaptopurine</i>	14	<i>minoxidil</i>	32
<i>meropenem</i>	5	<i>mirtazapine</i>	9
<i>mesalamine</i>	53	<i>mirtazapine odt</i>	9
<i>mesalamine dr</i>	53	<i>misoprostol</i>	40
<i>mesalamine er</i>	53	M-M-R II	52
MESNA	18	<i>modafinil</i>	60
MESNEX	18	<i>moexipril hydrochloride</i>	29
<i>metformin hydrochloride</i>	25	<i>molindone hydrochloride</i>	19
<i>metformin hydrochloride er</i>	25	<i>mometasone furoate</i>	36
<i>methadone hcl</i>	1	<i>mometasone furoate</i>	57
<i>methadone hydrochloride</i>	1	<i>mondoxynel</i>	6
<i>methadone hydrochloride intensol</i>	1	<i>mono-lynyah</i>	45
<i>methazolamide</i>	57	<i>mononessa</i>	45
<i>methenamine hippurate</i>	4	<i>montelukast sodium</i>	57
<i>methimazole</i>	48	<i>morgidox 1x100mg</i>	6
<i>methocarbamol</i>	60	<i>morgidox 2x100mg</i>	6
<i>methotrexate</i>	51	<i>morphine sulfate</i>	2
<i>methotrexate sodium</i>	51	<i>morphine sulfate er</i>	1
<i>methsuximide</i>	7	MOTEGRITY	39
METHYLDOPA	28	MOUNJARO	25
<i>methylphenidate hydrochloride</i>	33	<i>moxifloxacin hydrochloride/sodium</i>	6
<i>methylphenidate hydrochloride er</i>	33	<i>hydrochloride</i>	
<i>methylprednisolone</i>	42	<i>moxifloxacin hydrochloride</i>	6
<i>methylprednisolone dose pack</i>	42	<i>moxifloxacin hydrochloride</i>	56
<i>metoclopramide hcl</i>	40	MRESVIA	52
<i>metoclopramide hydrochloride</i>	40	MULTAQ	29
<i>metolazone</i>	31	<i>mupirocin</i>	37
<i>metoprolol succinate er</i>	29	<i>mycophenolate mofetil</i>	51
<i>metoprolol tartrate</i>	29	<i>mycophenolic acid dr</i>	51
<i>metronidazole</i>	4	<i>myorisan</i>	35
<i>metronidazole</i>	35	MYRBETRIQ	42
<i>metronidazole vaginal</i>	4	<i>nabumetone</i>	1
<i>metryrosine</i>	31	<i>nadolol</i>	29
<i>mexiletine hydrochloride</i>	29	<i>nafcillin sodium</i>	5
<i>microgestin 1.5/30</i>	45	<i>naloxone hcl</i>	3
<i>microgestin 1/20</i>	45	<i>naloxone hydrochloride</i>	3
<i>microgestin fe 1.5/30</i>	45	<i>naltrexone hydrochloride</i>	3
<i>microgestin fe 1/20</i>	45	NAMZARIC	9
<i>midodrine hydrochloride</i>	28	<i>naproxen</i>	1
<i>mifepristone</i>	48	<i>naproxen dr</i>	1
<i>miglustat</i>	41	<i>naproxen sodium</i>	1

Drug Name	Page #	Drug Name	Page #
<i>naratriptan hcl</i>	12	<i>norethindrone</i>	47
NATACYN	56	<i>norethindrone acetate</i>	47
<i>nateglinide</i>	25	<i>norethindrone acetate/ethinyl estradiol</i>	45
NAYZILAM	7	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	45
<i>nebivolol hydrochloride</i>	29	<i>norgestimate/ethinyl estradiol</i>	46
<i>necon 0.5/35-28</i>	45	<i>norlyda</i>	47
<i>necon 7/7/7</i>	45	<i>norlyroc</i>	47
<i>nefazodone hydrochloride</i>	10	<i>nortrel 0.5/35 (28)</i>	46
<i>neomycin sulfate</i>	3	<i>nortrel 1/35</i>	46
<i>neomycin/bacitracin/polymyxin</i>	55	<i>nortrel 7/7/7</i>	46
<i>neomycin/polymyxin/bacitracin</i>	55	<i>nortriptyline hcl</i>	11
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	55	<i>nortriptyline hydrochloride</i>	11
<i>neomycin/polymyxin/dexamethasone</i>	55	NORVIR	23
<i>neomycin/polymyxin/gramicidin</i>	55	NOVOLIN 70/30	26
<i>neomycin/polymyxin/hc</i>	57	NOVOLIN 70/30 FLEXPEN	26
<i>neomycin/polymyxin/hydrocortisone</i>	57	NOVOLIN 70/30 FLEXPEN RELION	26
<i>neo-polycin</i>	55	NOVOLIN 70/30 RELION	26
<i>neo-polycin hc</i>	55	NOVOLIN N	26
NERLYNX	16	NOVOLIN N FLEXPEN	26
NEULASTA	27	NOVOLIN N FLEXPEN RELION	26
NEULASTA ONPRO KIT	27	NOVOLIN N RELION	26
<i>nevirapine</i>	22	NOVOLIN R	26
<i>nevirapine er</i>	22	NOVOLIN R FLEXPEN	26
NEXLETOL	32	NOVOLIN R FLEXPEN RELION	26
NEXLIZET	32	NOVOLIN R RELION	27
NEXPLANON	47	NOVOLOG	27
<i>niacin er</i>	32	NOVOLOG FLEXPEN	27
NICOTROL NS	3	NOVOLOG FLEXPEN RELION	27
<i>nifedipine er</i>	30	NOVOLOG MIX 70/30	27
<i>nilutamide</i>	13	NOVOLOG MIX 70/30 PREFILLED	27
<i>nimodipine</i>	30	FLEXPEN	
NINLARO	16	NOVOLOG MIX 70/30 PREFILLED	27
<i>nitazoxanide</i>	18	FLEXPEN RELION	
<i>nitisinone</i>	41	NOVOLOG MIX 70/30 RELION	27
NITRO-BID	32	NOVOLOG PENFILL	27
<i>nitrofurantoin macrocrystals</i>	4	NOVOLOG RELION	27
<i>nitrofurantoin monohydrate</i>	4	<i>np thyroid 120</i>	48
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	<i>np thyroid 15</i>	48
<i>nitroglycerin</i>	32	<i>np thyroid 30</i>	48
<i>nitroglycerin</i>	40	<i>np thyroid 60</i>	48
<i>nitroglycerin transdermal</i>	32	<i>np thyroid 90</i>	48
NIVA THYROID	48	NUBEQA	13
<i>nizatidine</i>	40	NUCALA	59
<i>nora-be</i>	47	NUEDEXTA	34
<i>norelgestromin/ethinyl estradiol</i>	45	NUPLAZID	20

Drug Name	Page #	Drug Name	Page #
NUTRILIPID	54	OMNIPOD GO 40 UNITS/DAY	55
<i>nyamyc</i>	12	<i>ondansetron hcl</i>	11
<i>nylia 1/35</i>	46	<i>ondansetron hydrochloride</i>	11
<i>nylia 7/7/7</i>	46	<i>ondansetron odt</i>	11
<i>nymyo</i>	46	ONPATTRO	41
<i>nystatin</i>	12	ONUREG	14
<i>nystatin/triamcinolone</i>	37	OPIPZA	20
<i>nystatin/triamcinolone acetonide</i>	37	OPSUMIT	59
<i>nystop</i>	12	OPVEE	3
<i>octreotide acetate</i>	48	<i>oralone dental paste</i>	35
ODEFSEY	23	ORENCIA	49
ODOMZO	16	ORENCIA	51
OFEV	59	ORENCIA CLICKJECT	49
<i>ofloxacin</i>	56	ORENITRAM	59
<i>ofloxacin</i>	57	ORENITRAM TITRATION KIT MONTH	59
OGSIVEO	14	1	
OJEMDA	14	ORENITRAM TITRATION KIT MONTH	59
OJJAARA	16	2	
<i>olanzapine</i>	20	ORENITRAM TITRATION KIT MONTH	59
<i>olanzapine odt</i>	20	3	
<i>olmesartan medoxomil</i>	28	ORGOVYX	48
<i>olmesartan medoxomil/hydrochlorothiazide</i>	31	ORKAMBI	58
<i>olopatadine hydrochloride</i>	56	<i>orphenadrine citrate er</i>	60
<i>omega-3-acid ethyl esters</i>	32	ORSERDU	14
<i>omeprazole</i>	41	<i>orsythia</i>	46
<i>omeprazole dr</i>	40	<i>oseltamivir phosphate</i>	24
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	54	OSMOLEX ER	18
(GEN 5)		OSPHERA	47
OMNIPOD 5 DEXCOM G7G6 PODS	54	OTEZLA	37
(GEN 5)		OTEZLA	49
OMNIPOD 5 G7 INTRO KIT (GEN 5)	54	<i>oxacillin sodium</i>	5
OMNIPOD 5 G7 PODS (GEN 5)	54	<i>oxaprozin</i>	1
OMNIPOD 5 LIBRE2 PLUS G6	54	<i>oxcarbazepine</i>	8
OMNIPOD 5 LIBRE2 PLUS G6 PODS	54	OXERVATE	55
OMNIPOD CLASSIC PDM STARTER	54	<i>oxybutynin chloride</i>	42
KIT (GEN 3)		<i>oxybutynin chloride er</i>	42
OMNIPOD CLASSIC PODS (GEN 3)	54	<i>oxycodone hydrochloride</i>	2
OMNIPOD DASH INTRO KIT (GEN 4)	54	<i>oxycodone/acetaminophen</i>	2
OMNIPOD DASH PDM KIT (GEN 4)	54	OZEMPIC	25
OMNIPOD DASH PODS (GEN 4)	54	PACERONE	29
OMNIPOD GO 10 UNITS/DAY	54	<i>paliperidone er</i>	20
OMNIPOD GO 15 UNITS/DAY	54	PANRETIN	18
OMNIPOD GO 20 UNITS/DAY	54	<i>pantoprazole sodium</i>	41
OMNIPOD GO 25 UNITS/DAY	54	<i>paricalcitol</i>	54
OMNIPOD GO 30 UNITS/DAY	55	<i>paroex</i>	35
OMNIPOD GO 35 UNITS/DAY	55	<i>paromomycin sulfate</i>	3

Formulary ID: 25383, Version: 13, Effective Date: 06/01/2025

Last Updated: 05/01/2025

Drug Name	Page #	Drug Name	Page #
<i>paroxetine hcl</i>	10	<i>piperacillin sodium/tazobactam sodium</i>	5
<i>paroxetine hydrochloride</i>	10	PIQRAY 200MG DAILY DOSE	16
PASER	13	PIQRAY 250MG DAILY DOSE	16
PAXLOVID	24	PIQRAY 300MG DAILY DOSE	16
<i>pazopanib hydrochloride</i>	16	<i>pirfenidone</i>	59
PEDIARIX	52	<i>pirmella 1/35</i>	46
PEDVAX HIB	52	<i>pirmella 7/7/7</i>	46
<i>peg 3350/electrolytes</i>	40	<i>piroxicam</i>	1
<i>peg-3350/electrolytes</i>	40	<i>pitavastatin calcium</i>	31
<i>peg-3350/nacl/na bicarbonate/kcl</i>	40	PLENAMINE	38
PEGASYS	50	<i>podofilox</i>	37
PEGASYS	51	<i>polycin</i>	55
<i>pegylax</i>	39	<i>polymyxin b sulfate/trimethoprim sulfate</i>	55
PEMAZYRE	16	POMALYST	14
PENBRAYA	52	<i>portia-28</i>	46
<i>penicillamine</i>	39	<i>posaconazole</i>	12
<i>penicillin g sodium</i>	5	<i>posaconazole dr</i>	12
<i>penicillin v potassium</i>	5	<i>potassium chloride</i>	38
PENTACEL	52	<i>potassium chloride er</i>	38
<i>pentamidine isethionate</i>	18	<i>potassium chloride sr</i>	38
<i>pentoxifylline er</i>	31	<i>potassium citrate er</i>	38
<i>perindopril erbumine</i>	29	PRALUENT	32
<i>periogard</i>	35	<i>pramipexole dihydrochloride</i>	18
<i>permethrin</i>	37	<i>prasugrel hydrochloride</i>	28
<i>perphenazine</i>	19	<i>pravastatin sodium</i>	31
PERSERIS	20	<i>praziquantel</i>	18
<i>phenadoz</i>	11	<i>prazosin hydrochloride</i>	28
<i>phenelzine sulfate</i>	10	<i>prednisolone</i>	42
<i>phenobarbital</i>	8	<i>prednisolone acetate</i>	56
PHENYTEK	8	<i>prednisolone sodium phosphate</i>	42
<i>phenytoin</i>	8	<i>prednisone</i>	42
<i>phenytoin infatabs</i>	8	<i>pregabalin</i>	8
<i>phenytoin sodium extended</i>	8	PREHEVBRIO	52
PHESGO	14	PREMARIN	46
<i>philith</i>	46	<i>premium lidocaine</i>	2
PIFELTRO	22	PREMPHASE	46
<i>pilocarpine hcl</i>	57	PREMPRO	46
<i>pilocarpine hydrochloride</i>	35	<i>prenatal</i>	39
<i>pilocarpine hydrochloride</i>	57	<i>prevalite</i>	32
<i>pimecrolimus</i>	36	<i>previfem</i>	46
<i>pimozide</i>	19	PREVYMIS	21
<i>pimtrea</i>	46	PREZCOBIX	23
<i>pindolol</i>	29	PREZISTA	23
<i>pioglitazone hcl</i>	25	PRIFTIN	13
<i>pioglitazone hcl/metformin hcl</i>	25	<i>primaquine phosphate</i>	18
<i>pioglitazone hydrochloride</i>	25	<i>primidone</i>	8

Drug Name	Page #	Drug Name	Page #
PRIORIX	52	QVAR REDIHALER	57
PRIVIGEN	49	RABAVERT	52
PROAIR RESPICLICK	58	<i>rabeprazole sodium</i>	41
<i>probenecid</i>	12	RADICAVA ORS	34
<i>probenecid/colchicine</i>	12	RADICAVA ORS STARTER KIT	34
<i>prochlorperazine</i>	11	RALDESY	10
<i>prochlorperazine maleate</i>	11	<i>raloxifene hydrochloride</i>	47
PROCRIT	27	<i>ramelteon</i>	60
<i>procto-med hc</i>	53	<i>ramipril</i>	29
<i>proctosol hc</i>	53	<i>ranolazine er</i>	31
<i>proctozone-hc</i>	53	<i>rasagiline mesylate</i>	19
<i>progesterone</i>	47	RAYALDEE	54
PROGRAF	51	REBIF	34
PROLASTIN-C	41	REBIF REBIDOSE	34
PROLIA	54	REBIF REBIDOSE TITRATION PACK	34
PROMACTA	27	REBIF TITRATION PACK	35
<i>promethazine hcl</i>	11	RECOMBIVAX HB	53
<i>promethazine hydrochloride</i>	11	RELENZA DISKHALER	24
<i>promethazine hydrochloride plain</i>	11	RELISTOR	39
<i>promethegan</i>	11	RENFLEXIS	51
<i>propafenone hcl</i>	29	<i>repaglinide</i>	25
<i>propafenone hydrochloride</i>	29	REPATHA	32
<i>propafenone hydrochloride er</i>	29	REPATHA PUSHTRONEX SYSTEM	32
<i>propranolol hcl</i>	29	REPATHA SURECLICK	32
<i>propranolol hydrochloride</i>	30	RESTASIS	55
<i>propranolol hydrochloride er</i>	29	RESTASIS MULTIDOSE	55
<i>propylthiouracil</i>	48	RETACRIT	28
PROQUAD	52	RETEVMO	16
<i>protriptyline hcl</i>	11	REVCovi	41
<i>prucalopride</i>	39	REVLIMID	14
PULMOZYME	58	REVUFORJ	14
PURIXAN	14	REXULTI	20
<i>pyrazinamide</i>	13	REYATAZ	23
<i>pyridostigmine bromide</i>	13	REZLIDHIA	17
<i>pyrimethamine</i>	18	REZUROCK	51
PYRUKYND	41	RHOPRESSA	57
PYRUKYND TAPER PACK	41	<i>ribavirin</i>	21
QINLOCK	16	<i>rifabutin</i>	13
QUADRACEL	52	<i>rifampin</i>	13
<i>quetiapine fumarate</i>	20	<i>riluzole</i>	34
<i>quetiapine fumarate er</i>	20	RINVOQ	49
<i>quinapril hydrochloride</i>	29	RINVOQ LQ	49
<i>quinapril/hydrochlorothiazide</i>	31	<i>risedronate sodium</i>	54
<i>quinidine sulfate</i>	29	<i>risperidone</i>	20
<i>quinine sulfate</i>	18	<i>risperidone er</i>	20
QULIPTA	12	<i>risperidone odt</i>	20

Drug Name	Page #	Drug Name	Page #
<i>ritonavir</i>	24	SHINGRIX	53
<i>rivastigmine tartrate</i>	9	SIGNIFOR	48
<i>rivastigmine transdermal system</i>	9	<i>sildenafil citrate</i>	59
<i>rivelsa</i>	46	<i>silodosin</i>	42
RIVFLOZA	55	<i>silver sulfadiazine</i>	37
<i>rizatriptan benzoate</i>	12	SIMBRINZA	55
<i>rizatriptan benzoate odt</i>	12	<i>simliya</i>	46
ROCKLATAN	55	<i>simpesse</i>	46
<i>roflumilast</i>	59	<i>simvastatin</i>	32
ROLVEDON	28	<i>sirolimus</i>	52
ROMVIMZA	17	SIRTURO	13
<i>ropinirole er</i>	19	SKYCLARYS	55
<i>ropinirole hcl</i>	19	SKYRIZI	49
<i>ropinirole hydrochloride</i>	19	SKYRIZI PEN	49
<i>rosadan</i>	35	<i>sodium chloride</i>	39
<i>rosuvastatin calcium</i>	31	<i>sodium chloride 0.45%</i>	39
ROTARIX	53	<i>sodium chloride 0.9%</i>	55
ROTATEQ	53	<i>sodium oxybate</i>	60
<i>roweepra</i>	7	<i>sodium phenylbutyrate</i>	41
<i>roweepra xr</i>	7	<i>sodium polystyrene sulfonate</i>	39
ROZLYTREK	17	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	40
RUBRACA	17	<i>sofosbuvir/velpatasvir</i>	21
<i>rufinamide</i>	8	<i>solifenacin succinate</i>	42
RUKOBIA	23	SOLQUA 100/33	25
RYBELSUS	25	SOLTAMOX	14
RYDAPT	17	SOMAVERT	48
RYTARY	19	<i>sorafenib</i>	17
<i>sajazir</i>	49	<i>sorafenib tosylate</i>	17
SANDIMMUNE	51	<i>sorine</i>	29
SANTYL	37	<i>sotalol hcl</i>	29
<i>sapropterin dihydrochloride</i>	41	<i>sotalol hydrochloride</i>	29
SAVELLA	34	<i>sotalol hydrochloride (af)</i>	29
SAVELLA TITRATION PACK	34	SOTYKTU	37
SCSEMBLIX	17	SPEVIGO	36
<i>scopolamine</i>	11	SPIRIVA RESPIMAT	58
SECUADO	20	<i>spironolactone</i>	32
<i>selegiline hcl</i>	19	<i>spironolactone/hydrochlorothiazide</i>	31
<i>selenium sulfide</i>	36	SPRAVATO 56MG DOSE	9
SELZENTRY	23	SPRAVATO 84MG DOSE	9
SEREVENT DISKUS	58	<i>sprintec 28</i>	46
<i>sertraline hcl</i>	10	SPRITAM	7
<i>sertraline hydrochloride</i>	10	SPRYCEL	17
<i>setlakin</i>	46	SPS	39
<i>sevelamer carbonate</i>	39	<i>sronyx</i>	46
SFROWASA	53	<i>ssd</i>	37
<i>sharobel</i>	47		

Drug Name	Page #	Drug Name	Page #
STAMARIL	53	TAVNEOS	49
<i>stavudine</i>	23	<i>tazarotene</i>	35
STIOLTO RESPIMAT	60	TAZICEF	5
STIVARGA	17	<i>taztia xt</i>	30
<i>streptomycin sulfate</i>	3	TAZVERIK	17
STRIBILD	22	TDVAX	53
<i>subvenite</i>	7	TEFLARO	5
<i>subvenite starter kit/blue</i>	7	TEGSEDI	41
<i>subvenite starter kit/green</i>	7	<i>telmisartan</i>	28
<i>subvenite starter kit/orange</i>	7	<i>telmisartan/hydrochlorothiazide</i>	31
SUCRAID	41	<i>temazepam</i>	60
<i>sucralfate</i>	40	TEMIXYS	23
<i>sulfacetamide sodium</i>	56	TENIVAC	53
<i>sulfacetamide sodium/prednisolone sodium</i>	55	<i>tenofovir disoproxil fumarate</i>	23
<i>phosphate</i>		TEPMETKO	17
<i>sulfadiazine</i>	6	<i>terazosin hcl</i>	42
<i>sulfamethoxazole/trimethoprim</i>	6	<i>terazosin hydrochloride</i>	42
<i>sulfamethoxazole/trimethoprim ds</i>	6	<i>terbinafine hcl</i>	12
<i>sulfasalazine</i>	53	<i>terconazole</i>	12
<i>sulindac</i>	1	<i>teriflunomide</i>	35
<i>sumatriptan</i>	13	<i>teriparatide</i>	54
<i>sumatriptan succinate</i>	13	<i>testosterone</i>	43
<i>sunitinib malate</i>	17	<i>testosterone cypionate</i>	43
SUNLENCA	23	<i>testosterone enanthate</i>	43
SUTAB	40	<i>testosterone pump</i>	43
SYMBICORT	60	TETANUS/DIPHThERIA TOXOIDS-	53
SYMPAZAN	8	ADSORBED ADULT	
SYMTUZA	24	<i>tetrabenazine</i>	34
SYNJARDY	25	<i>tetracycline hydrochloride</i>	6
SYNJARDY XR	25	TEVIMBRA	18
SYNRIBO	14	THALOMID	14
SYNTHROID	48	<i>theophylline er</i>	59
TABLOID	14	<i>thioridazine hydrochloride</i>	19
TABRECTA	17	<i>thiothixene</i>	19
<i>tacrolimus</i>	36	THYROID	48
<i>tacrolimus</i>	52	<i>tiadylt er</i>	30
<i>tadalafil</i>	42	<i>tiagabine hydrochloride</i>	8
<i>tadalafil</i>	59	TIBSOVO	17
TAFINLAR	17	TICOVAC	53
TAGRISO	17	<i>tigecycline</i>	4
TALZENNA	17	<i>timolol maleate</i>	12
<i>tamoxifen citrate</i>	14	<i>timolol maleate</i>	56
<i>tamsulosin hydrochloride</i>	42	<i>tinidazole</i>	4
<i>tarina fe 1/20</i>	46	<i>tiotropium bromide</i>	58
<i>tarina fe 1/20 eq</i>	46	TIVICAY	22
TASIGNA	17	TIVICAY PD	22

Drug Name	Page #	Drug Name	Page #
<i>tizanidine hcl</i>	21	<i>trihexyphenidyl hydrochloride</i>	18
<i>tizanidine hydrochloride</i>	21	TRIJARDY XR	26
TOBI PODHALER	58	TRIKAFTA	58
TOBRADEX	55	<i>tri-linyah</i>	46
TOBRADEX ST	55	<i>trilyte</i>	40
<i>tobramycin</i>	56	<i>trimethoprim</i>	4
<i>tobramycin</i>	58	<i>tri-mili</i>	46
<i>tobramycin sulfate</i>	3	<i>trimipramine maleate</i>	11
<i>tobramycin/dexamethasone</i>	55	<i>trinessa</i>	46
<i>tolterodine tartrate</i>	42	TRINTELLIX	10
<i>tolterodine tartrate er</i>	42	<i>tri-nymyo</i>	46
<i>topiramate</i>	7	<i>tri-previfem</i>	46
<i>topotecan hcl</i>	15	<i>tri-sprintec</i>	46
<i>topotecan hydrochloride</i>	15	TRIUMEQ	23
<i>toremifene citrate</i>	14	TRIUMEQ PD	23
<i>torpenz</i>	17	<i>trivora-28</i>	46
<i>torseamide</i>	31	<i>tri-vylibra</i>	46
TOUJEO MAX SOLOSTAR	27	TRIZIVIR	23
TOUJEO SOLOSTAR	27	<i>trospium chloride</i>	42
TRADJENTA	25	<i>trospium chloride er</i>	42
<i>tramadol hydrochloride</i>	2	TRULICITY	26
<i>tramadol hydrochloride/acetaminophen</i>	2	TRUMENBA	53
<i>trandolapril</i>	29	TRUQAP	17
<i>trandolapril/verapamil hcl er</i>	31	TRUSELTIQ	14
<i>tranexamic acid</i>	28	TRYNGOLZA	32
<i>tranylcypromine sulfate</i>	10	TUKYSA	17
<i>trazodone hydrochloride</i>	10	<i>tulana</i>	47
TRECTOR	13	TURALIO	17
TRELEGY ELLIPTA	60	<i>turqoz</i>	46
TRELSTAR MIXJECT	48	TWINRIX	53
TRESIBA	27	TYBOST	23
TRESIBA FLEXTOUCH	27	TYMLOS	54
<i>tretinoin</i>	18	TYPHIM VI	53
<i>tretinoin</i>	35	TYRVAYA	3
<i>tri femynor</i>	46	UBRELVY	12
<i>triamcinolone acetonide</i>	36	UDENYCA	28
<i>triamcinolone acetonide</i>	42	UDENYCA ONBODY	28
<i>triamcinolone acetonide dental paste</i>	35	<i>ulticare micro pen needles/32g x 5/32"</i>	55
<i>triamterene</i>	31	<i>unifine pentips 32gx6mm</i>	55
<i>triamterene/hydrochlorothiazide</i>	31	UNITHROID	48
<i>triderm</i>	37	UPTRAVI	59
<i>trientine hydrochloride</i>	39	UPTRAVI TITRATION PACK	59
<i>tri-estarylla</i>	46	<i>urea</i>	37
<i>trifluoperazine hcl</i>	19	<i>ursodiol</i>	40
<i>trifluoperazine hydrochloride</i>	19	<i>valacyclovir hydrochloride</i>	24
<i>trifluridine</i>	56	VALCHLOR	13

Drug Name	Page #	Drug Name	Page #
<i>valganciclovir tablet 450mg</i>	21	<i>vilazodone hydrochloride</i>	10
<i>valganciclovir hydrochloride solution</i>	21	VIMKUNYA	53
50mg/ml		<i>viorele</i>	46
<i>valproic acid</i>	7	VIRACEPT	24
<i>valsartan</i>	28	VIREAD	23
<i>valsartan/hydrochlorothiazide</i>	31	VISTOGARD	55
VALTOCO 10 MG DOSE	8	VITRAKVI	17
VALTOCO 15 MG DOSE	8	VIVITROL	3
VALTOCO 20 MG DOSE	8	VIVOTIF	53
VALTOCO 5 MG DOSE	8	VIZIMPRO	17
<i>valtya 1/50</i>	46	VOCABRIA	22
<i>vancomycin hcl</i>	4	<i>volnea</i>	46
<i>vancomycin hydrochloride</i>	4	VONJO	14
VANFLYTA	17	VORANIGO	18
VAQTA	53	<i>voriconazole</i>	12
<i>varenicline starting month</i>	3	VOSEVI	21
<i>varenicline tartrate</i>	3	VOWST	40
VARIVAX	53	VRAYLAR	20
VAXCHORA	53	VUMERITY	35
VAXELIS	53	<i>vyfemla</i>	47
VELPHORO	39	VYJUVEK	24
VELTASSA	39	<i>vylibra</i>	47
VENCLEXTA	17	VYNDAMAX	31
VENCLEXTA STARTING PACK	17	VYZULTA	57
<i>venlafaxine hydrochloride</i>	10	<i>warfarin sodium</i>	27
<i>venlafaxine hydrochloride er</i>	10	WELIREG	41
VENTAVIS	59	<i>wera</i>	47
VEOPOZ	49	WEZLANA	49
VEOZAH	34	<i>wixela inhub</i>	60
<i>verapamil hcl</i>	30	XALKORI	17
<i>verapamil hcl er</i>	30	XARELTO	27
<i>verapamil hcl sr</i>	30	XARELTO STARTER PACK	27
<i>verapamil hydrochloride</i>	30	XATMEP	52
<i>verapamil hydrochloride er</i>	30	XCOPRI	8
VERQUVO	32	XDEMVO	56
VERSACLOZ	21	XELJANZ	49
VERZENIO	17	XELJANZ XR	49
V-GO 20	55	XERMELO	40
V-GO 30	55	XGEVA	54
V-GO 40	55	XIFAXAN	40
<i>vicodin hp</i>	2	XIGDUO XR	26
<i>vienva</i>	46	XIIDRA	55
<i>vigabatrin</i>	8	XOFLUZA	24
<i>vigadrone</i>	8	XOLAIR	50
VIGAFYDE	8	XOLREMDI	28
<i>vigpoder</i>	8	XOSPATA	17

Drug Name	Page #
XPOVIO	17
XPOVIO 60 MG TWICE WEEKLY	17
XPOVIO 80 MG TWICE WEEKLY	17
XTAMPZA ER	1
XTANDI	13
<i>xulane</i>	47
<i>yargesa</i>	41
YF-VAX	53
YUPELRI	58
<i>yuvaferm</i>	47
<i>zafemy</i>	47
<i>zafirlukast</i>	58
<i>zaleplon</i>	60
ZARXIO	28
ZEJULA	17
ZELBORAF	17
<i>zenatane</i>	35
ZENPEP	41
ZEPOSIA	35
ZEPOSIA 7-DAY STARTER PACK	35
ZEPOSIA STARTER KIT	35
<i>zidovudine</i>	23
<i>ziprasidone hcl</i>	20
<i>ziprasidone mesylate</i>	20
ZIRGAN	56
ZOKINVY	55
ZOLINZA	14
<i>zolmitriptan</i>	13
<i>zolpidem tartrate</i>	60
<i>zolpidem tartrate er</i>	60
ZONISADE	9
<i>zonisamide</i>	9
<i>zovia 1/35</i>	47
<i>zovia 1/35e</i>	47
ZTALMY	8
ZURZUVAE	9
ZYDELIG	17
ZYKADIA	17
ZYLET	55
ZYPREXA RELPREVV	20

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-204-2744. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-396-0183. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-396-0188。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-725-1516。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-389-4839. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-396-0190. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-389-4838 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-396-0191. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-396-0187 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-389-4840. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-396-0189. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-725-1519 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-396-0184. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-396-0182. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-398-6232. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-396-0186. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-396-0185 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on 05/01/2025. For more recent information or other questions, please contact BlueCross Total at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.



South Carolina

BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross Blue Shield Association.