

FirstMedicare Direct

2025 Formulary

(List of Covered Drugs or “Drug List”)

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

This formulary was updated on 9/01/2025, Version 17. For more recent information or other questions, please contact FirstMedicare Direct Member Services at (877) 210-9167 (TTY user should call 711), 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit FirstMedicare.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 document says “we,” “us,” or “our,” it means FirstCarolinaCare Insurance Company. When it says “plan” or “our plan,” it means FirstMedicare Direct.

This document includes a Drug List (formulary) for our plan which is current as of 7/01/2025. 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, 2025, and from time to time during the year.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (877) 210-9167 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (877) 210-9167 (TTY: 711).

What is the FirstMedicare Direct 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 FirstMedicare Direct 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. FirstMedicare Direct will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a FirstMedicare Direct network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may 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 FirstMedicare Direct’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 7/01/2025, Version 17. To get updated information about the drugs covered by FirstMedicare Direct, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 74. 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?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** FirstMedicare Direct requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from FirstMedicare Direct before FirstMedicare Direct will cover your prescriptions. If you don’t get approval, FirstMedicare Direct may not cover the drug.
- **Quantity Limits:** For certain drugs, FirstMedicare Direct limits the amount of the drug that FirstMedicare Direct will cover. For example, FirstMedicare Direct provides 18 tablets per prescription for naratriptan hcl. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, FirstMedicare Direct 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, FirstMedicare Direct may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstMedicare Direct 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 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 FirstMedicare Direct 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 FirstMedicare Direct’s formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that FirstMedicare Direct does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by FirstMedicare Direct. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by FirstMedicare Direct.
- You can ask FirstMedicare Direct 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 FirstMedicare Direct's formulary?

You can ask FirstMedicare Direct 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, FirstMedicare Direct limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, FirstMedicare Direct 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 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.

FirstMedicare Direct provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at FirstMedicare.com for further details.

For more information

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

If you have questions about FirstMedicare Direct, 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>.

FirstMedicare Direct Formulary

The formulary below provides coverage information about the drugs covered by FirstMedicare Direct. If you have trouble finding your drug in the list, turn to the Index which begins on page 72.

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

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

Drug Name	Drug Tier	Requirements/Limits
Opthalmic Agents		
Opthalmic Agents		
CYSTARAN	5	PA, QL: 60 ML per 28 days

B/D This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA Each.

PA Prior Authorization. FirstMedicare Direct requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstMedicare Direct before your prescription will be covered by FirstMedicare Direct. If you don't get approval, FirstMedicare Direct may not cover the drug.

PANSO	Prior Authorization for New Starts Only
QL	Quantity Limit. For certain drugs, FirstMedicare Direct limits the amount of the drug that FirstMedicare Direct will cover. For example, FirstMedicare Direct provides 18 tablets per prescription for naratriptan hcl. This may be in addition to a standard one-month or three- month supply.
ST	Step Therapy. In some cases, FirstMedicare Direct 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, FirstMedicare Direct may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstMedicare Direct will then cover Drug B.
ST NSO	Step Therapy for New Starts Only.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	2	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium external soln 1.5%</i>	4	PA
<i>etodolac er</i>	2	
<i>fenoprofen calcium caps 400mg</i>	1	
<i>fenoprofen calcium tabs</i>	1	
<i>flurbiprofen tabs</i>	1	
<i>ibu</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	2	
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	1	
<i>naproxen sodium tabs 550mg</i>	1	
<i>naproxen susp</i>	5	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tabs</i>	2	
<i>piroxicam caps</i>	2	
<i>salsalate tabs</i>	2	
<i>sulindac tabs</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine ptwk 10mcg/hr, 15mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	2	
<i>buprenorphine ptwk 20mcg/hr</i>	4	
<i>fentanyl pt72 25mcg/hr</i>	2	QL(10 EA per 30 days)
<i>fentanyl pt72 12mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	4	QL(10 EA per 30 days)
<i>fentanyl pt72 100mcg/hr</i>	4	QL(20 EA per 30 days)
<i>fentanyl pt72 87.5mcg/hr</i>	5	QL(10 EA per 30 days)
<i>methadone hcl inj</i>	2	
<i>methadone hcl oral soln</i>	2	QL(1800 ML per 30 days)
<i>methadone hcl tabs</i>	2	QL(360 EA per 30 days)
<i>methadone hydrochloride intensol</i>	2	QL(1800 ML per 30 days)
<i>methadone hydrochloride conc</i>	2	QL(1800 ML per 30 days)
<i>methadose sugar-free</i>	2	QL(1800 ML per 30 days)
<i>methadose conc 10mg/ml</i>	2	QL(1800 ML per 30 days)
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL(60 EA per 30 days)

Formulary ID: 25411, Version: 19, Effective: 09/01/2025

Last Updated: 08/04/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tbc</i>	2	QL(120 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 40MG	2	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 80MG	5	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	2	QL(60 EA per 30 days)
OXYCONTIN T12A	4	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	4	QL(120 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	4	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	4	QL(120 EA per 30 days)
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	4	QL(60 EA per 30 days); ST
<i>tramadol hcl er tb24</i>	4	QL(30 EA per 30 days); ST
<i>tramadol hydrochloride er</i>	4	QL(30 EA per 30 days); ST
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(4500 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>ascomp/codeine</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	2	
<i>butalbital/aspirin/caffeine/codeine</i>	2	
<i>butorphanol tartrate inj</i>	2	
<i>butorphanol tartrate nasal soln</i>	2	QL(5 ML per 28 days)
CODEINE SULFATE TABS 60MG	4	QL(180 EA per 30 days)
<i>codeine sulfate tabs 15mg, 30mg</i>	2	QL(180 EA per 30 days)
<i>duramorph</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	QL(150 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg</i>	4	QL(150 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1200 ML per 30 days)
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	2	
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hydrochloride inj 2mg/ml, 50mg/5ml</i>	2	
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
MORPHINE SULFATE INJ 2MG/ML	2	
MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML	2	
<i>morphine sulfate inj 10mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	B/D
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate oral soln 100mg/5ml</i>	2	QL(200 ML per 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(300 ML per 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(700 ML per 30 days)
<i>nalbuphine hydrochloride</i>	1	
<i>oxycodone hcl caps</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(1300 ML per 30 days)
<i>oxycodone hydrochloride caps, tabs</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(180 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl jelly prsy</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl inj 0.5%, 1.5%, 4%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride external soln</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
<i>lidocaine/prilocaine crea</i>	2	QL(60 GM per 30 days); PA
<i>lidocaine oint 5%</i>	2	QL(150 GM per 30 days); PA
<i>lidocaine ptch 5%</i>	2	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
<i>naltrexone hydrochloride tabs</i>	1	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl inj</i>	4	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	2	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride sublingual 2mg; 0.5mg</i>	2	QL(90 EA per 30 days)
<i>lofexidine hydrochloride</i>	5	
LUCEMYRA	5	
Opioid Reversal Agents		
<i>naloxone hcl inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml</i>	1	
OPVEE	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet 150mg</i>	2	
NICOTROL INHALER	4	QL(480 EA per 30 days)
<i>varenicline starting month</i>	2	
<i>varenicline tartrate tabs 1mg</i>	2	
<i>varenicline tartrate tabs 0.5mg</i>	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	
ARIKAYCE	5	QL(525 ML per 30 days); PA
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
STREPTOMYCIN SULFATE INJ 1GM	5	
<i>tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 40mg/ml</i>	2	
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	4	
ZEMDRI	5	
Antibacterials, Other		
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	5	
<i>chloramphenicol sodium succinate</i>	1	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate cream 2%</i>	2	
<i>clindamycin phosphate inj 600mg/4ml, 9000mg/60ml, 900mg/6ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
<i>fosfomycin tromethamine</i>	2	
IMPAVIDO	5	
KIMYRSA	5	
<i>lincomycin hydrochloride</i>	2	
<i>linezolid tabs</i>	4	QL(56 EA per 28 days)
<i>linezolid susr</i>	5	QL(1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps 375mg</i>	1	
<i>metronidazole inj 500mg/100ml</i>	1	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
NUVESSA	4	
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
SIVEXTRO INJ	5	QL(6 EA per 30 days)
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tabs</i>	1	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>vancomycin hydrochloride caps</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML, 1750MG/350ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1.75gm, 1000mg/200ml, 1gm, 2gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	4	
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefactor er tb12 500mg</i>	2	
<i>cefactor caps</i>	2	
<i>cefactor susr 250mg/5ml</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium/dextrose inj 3gm; 2%</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	

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<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	2	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	2	
CEFAZOLIN INJ 2GM	2	
<i>cefazolin inj 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
CEFEPIME	3	
CEFEPIME HYDROCHLORIDE INJ 100GM, 2GM	3	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i>	2	
CEFOTAXIME SODIUM INJ 1GM	1	
<i>cefotaxime sodium inj 2gm</i>	1	
<i>cefotetan inj 1gm, 2gm</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>ceftriaxone/dextrose</i>	4	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	
<i>cephalexin</i>	1	
FETROJA	5	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	1	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 500mg</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	1	
NAFCILLIN	5	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	

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<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	2	
Carbapenems		
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	3	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	4	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	4	
<i>meropenem inj 1gm, 500mg</i>	3	
<i>meropenem inj 2gm</i>	4	
Macrolides		
<i>azithromycin pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythrocin stearate tabs 250mg</i>	2	
<i>erythromycin base tabs</i>	4	
<i>erythromycin dr cpep</i>	2	
<i>erythromycin dr tbec 500mg</i>	2	
<i>erythromycin dr tbec 250mg, 333mg</i>	4	
<i>erythromycin ethylsuccinate tabs</i>	4	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	5	
<i>erythromycin lactobionate</i>	5	
<i>fidaxomicin</i>	5	
Quinolones		
BAXDELA TABS	5	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	
<i>levofloxacin in d5w</i>	2	
LEVOFLOXACIN INJ 25MG/ML	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	

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<i>ofloxacin tabs 300mg, 400mg</i>	1	
Sulfonamides		
<i>sodium sulfacetamide</i>	2	
<i>sulfacetamide sodium lotn 10%</i>	2	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	4	
<i>demeclocycline hydrochloride tabs 300mg</i>	4	
<i>doxy 100</i>	2	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	2	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	2	
MINOCIN INJ	5	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg, 75mg</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	
<i>minocycline hydrochloride tabs 50mg</i>	4	
<i>mondoxylene nl caps 100mg</i>	2	
NUZYRA INJ	5	
NUZYRA TABS	5	QL(30 EA per 30 days)
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	4	
XERAVA	5	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	5	ST NSO
ELEPSIA XR	5	ST NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate tabs</i>	2	
<i>felbamate susp</i>	4	
FINTEPLA	5	PA NSO
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	2	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	

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<i>lamotrigine titration</i>	4	
<i>lamotrigine chew, tabs</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam/sodium chloride</i>	2	
LEVETIRACETAM TB3D	4	
<i>levetiracetam inj, oral soln, tabs</i>	1	
NAYZILAM	4	
<i>perampanel tabs 2mg</i>	4	
<i>perampanel tabs 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	
<i>roweepra tabs 500mg</i>	1	
SPRITAM	4	ST NSO
<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 er cs24</i>	4	
<i>topiramate csp 15mg, 25mg</i>	2	
<i>topiramate csp 50mg</i>	3	
<i>topiramate tabs</i>	2	
<i>topiramate soln</i>	4	
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid</i>	1	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	2	
METHSUXIMIDE	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	2	
<i>gabapentin caps, soln</i>	1	
<i>gabapentin tabs 600mg, 800mg</i>	1	
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin</i>	2	
<i>primidone tabs</i>	1	
SYMPAZAN	5	
<i>tiagabine hydrochloride</i>	4	

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VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
<i>vigabatrin</i>	5	
<i>vigadrone</i>	5	
VIGAFYDE	5	PA NSO
<i>vigpoder</i>	5	
ZTALMY	5	PA NSO
Sodium Channel Agents		
APTIOM	5	ST NSO
<i>carbamazepine er</i>	2	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine tabs</i>	1	
<i>carbamazepine susp</i>	2	
DILANTIN INFATABS	4	
DILANTIN CAPS 30MG	4	
<i>epitol</i>	1	
<i>eslicarbazepine acetate</i>	4	
<i>fosphenytoin sodium</i>	1	
<i>lacosamide oral soln, tabs</i>	2	
<i>lacosamide inj</i>	5	
<i>oxcarbazepine tabs</i>	3	
<i>oxcarbazepine susp</i>	4	
<i>phenytek</i>	2	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	1	
<i>rufinamide susp</i>	5	
<i>rufinamide tabs 200mg</i>	4	
<i>rufinamide tabs 400mg</i>	5	
VIMPAT INJ	3	
XCOPRI TABS	5	
XCOPRI TBPk 0	4	
XCOPRI TBPk 0	5	
ZONISADE	4	ST NSO
<i>zonisamide</i>	1	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABS	2	
<i>memantine/donepezil hydrochloride er</i>	4	QL(30 EA per 30 days)
NAMZARIC C4PK	4	
NAMZARIC CP24	4	QL(30 EA per 30 days)

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Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide soln, tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	4	
<i>memantine hydrochloride tabs</i>	1	
<i>memantine hydrochloride soln</i>	4	
Antidepressants		
Antidepressants, Other		
AUVELITY	5	QL(60 EA per 30 days); ST NSO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tabs</i>	1	
<i>olanzapine/fluoxetine</i>	4	
<i>perphenazine/amitriptyline</i>	4	PA NSO
<i>quetiapine fumarate tabs 150mg</i>	1	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days)
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide soln, tabs</i>	1	
<i>desvenlafaxine er</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	4	
<i>duloxetine hydrochloride dr cpep 20mg, 30mg, 60mg</i>	2	
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	4	
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO

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<i>fluoxetine dr</i>	1	
<i>fluoxetine hydrochloride caps, soln</i>	1	
<i>fluoxetine hydrochloride tabs 60mg</i>	4	
<i>fluvoxamine maleate er</i>	4	
<i>fluvoxamine maleate tabs 100mg, 50mg</i>	1	
<i>fluvoxamine maleate tabs 25mg</i>	3	
<i>nefazodone hydrochloride</i>	2	
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride er tb24 12.5mg, 25mg</i>	2	
<i>paroxetine hydrochloride susp</i>	1	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
RALDESY	5	
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
TRINTELLIX	4	ST NSO
VENLAFAXINE BESYLATE ER	4	ST NSO
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er cp24</i>	1	
<i>venlafaxine hydrochloride er tb24 150mg, 75mg</i>	1	
<i>vilazodone hydrochloride</i>	2	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	PA NSO
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg</i>	4	PA NSO
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	4	PA NSO
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	4	PA NSO
<i>doxepin hcl conc</i>	4	PA NSO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA NSO
<i>imipramine hcl tabs 25mg, 50mg</i>	4	PA NSO
<i>imipramine hydrochloride tabs 10mg</i>	4	PA NSO
<i>imipramine pamoate caps 150mg, 75mg</i>	4	PA NSO
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate caps</i>	4	
Antiemetics		

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Antiemetics, Other		
<i>compro</i>	2	
<i>dimenhydrinate inj</i>	1	
<i>droperidol inj</i>	1	
<i>meclizine hcl tabs 25mg</i>	2	
<i>meclizine hcl tabs 12.5mg</i>	2	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl supp 12.5mg</i>	2	
<i>promethazine hydrochloride tabs</i>	4	PA
<i>promethazine hydrochloride supp 25mg</i>	2	
<i>promethegan supp 12.5mg, 25mg</i>	2	
<i>promethegan supp 50mg</i>	4	
<i>scopolamine</i>	2	
Emetogenic Therapy Adjuncts		
APONVIE	4	PA
<i>aprepitant</i>	4	PA
CINVANTI	4	PA
<i>dronabinol</i>	4	B/D
EMEND INJ, SUSR	4	PA
<i>fosaprepitant dimeglumine</i>	2	PA
<i>granisetron hcl inj 1mg/ml, 4mg/4ml</i>	2	
<i>granisetron hydrochloride tabs</i>	2	B/D
<i>granisetron hydrochloride inj</i>	2	
<i>ondansetron hcl soln</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hydrochloride tabs</i>	2	B/D
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	2	
<i>ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml</i>	2	
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	B/D
<i>palonosetron hydrochloride</i>	4	
SANCUSO	5	
Antifungals		
Antifungals		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA
<i>amphotericin b inj</i>	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole crea, soln, troc</i>	2	
CRESEMBA	5	PA
<i>econazole nitrate crea</i>	2	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride</i>	2	

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<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps</i>	2	
<i>ketoconazole crea, sham, tabs</i>	2	
<i>klayesta</i>	2	
<i>micafungin</i>	4	
<i>miconazole 3 supp</i>	1	
<i>naftifine hydrochloride crea</i>	4	ST
NOXAFIL INJ	5	
<i>nyamyc</i>	2	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
ORAVIG	4	
<i>posaconazole dr</i>	5	
<i>posaconazole inj</i>	5	
<i>terbinafine hcl tabs</i>	2	
<i>terconazole</i>	2	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>voriconazole inj</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat tabs 40mg</i>	2	
<i>febuxostat tabs 80mg</i>	2	
KRYSTEXXA	5	PA
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG	3	QL(2 ML per 30 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
NURTEC	4	QL(18 EA per 30 days); PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 23 days)
ERGOMAR	4	
ERGOTAMINE TARTRATE/CAFFEINE	3	
MIGERGOT	5	
<i>Prophylactic</i>		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VYEPTI	5	PA
Serotonin (5-HT) Receptor Agonist		
REYVOW TABS 50MG	4	QL(4 EA per 30 days); PA
REYVOW TABS 100MG	4	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL(18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL	2	QL(4 ML per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(6 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL(4 ML per 30 days)
<i>sumatriptan soln 20mg/act</i>	2	QL(12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	2	QL(18 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL(9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er tbc</i>	4	
<i>pyridostigmine bromide soln</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	2	
PRETOMANID	4	QL(30 EA per 30 days); PA
<i>rifabutin</i>	4	
Antituberculars		
CYCLOSERINE	5	
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid inj, tabs</i>	1	
<i>isoniazid syrp</i>	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	4	
<i>rifampin caps, inj</i>	2	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>bendamustine hydrochloride</i>	5	PA NSO
BENDEKA	5	PA NSO
<i>busulfan</i>	5	
BUSULFEX	5	
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
CARMUSTINE INJ 300MG, 50MG	5	
<i>carmustine inj 100mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	5	
CYCLOPHOSPHAMIDE CAPS, TABS	3	B/D
CYCLOPHOSPHAMIDE INJ 2GM/10ML	5	
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML, 500MG/ML	5	
<i>cyclophosphamide inj 500mg</i>	2	
<i>cyclophosphamide inj 1000mg/10ml, 1gm/2ml, 1gm, 2000mg/20ml, 2gm/4ml, 2gm, 500mg/5ml</i>	5	
<i>dacarbazine inj 100mg, 200mg</i>	1	
EVOMELA	5	PA NSO
FRINDOVYX	5	
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	
GRAFAPEX	5	PA NSO
IFOSFAMIDE INJ 1GM/20ML	1	
<i>ifosfamide inj 3gm/60ml</i>	1	
IVRA	5	PA NSO
<i>kemoplat</i>	1	
LEUKERAN	5	
MATULANE	5	PA NSO
<i>melphalan hydrochloride</i>	2	PA NSO
OPDIVO QVANTIG	5	PA NSO
<i>oxaliplatin inj 50mg/10ml</i>	2	
<i>oxaliplatin inj 100mg/20ml, 100mg, 50mg</i>	5	
<i>paraplatin inj 1000mg/100ml</i>	1	
TEMODAR INJ	5	PA NSO
<i>thiotepa inj 100mg, 15mg</i>	5	PA NSO
TREANDA INJ 100MG, 25MG	5	PA NSO
VALCHLOR	5	PA NSO
VIVIMUSTA	5	PA NSO
YONDELIS	5	PA NSO
ZANOSAR	5	
ZEPZELCA	5	PA NSO
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	4	PA NSO
<i>abiraterone acetate tabs 500mg</i>	5	PA NSO
<i>abirtega</i>	4	PA NSO
<i>bicalutamide</i>	1	
ERLEADA	5	PA NSO
EULEXIN	4	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
YONSA	5	PA NSO
Antiangiogenic Agents		
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	QL(21 EA per 28 days); PA NSO
THALOMID	5	PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
FASLODEX INJ 250MG/5ML	5	
<i>fulvestrant</i>	5	
ORSERDU	5	PA NSO
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	1	
<i>toremifene citrate</i>	5	PA NSO
Antimetabolites		
ALIMTA	5	PA NSO
ARRANON	5	
AXTLE	5	PA NSO
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA CAPS 200MG	3	
DROXIA CAPS 300MG, 400MG	4	
FLOXURIDINE INJ	5	B/D
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN INJ 40MG/2ML	5	
<i>folotyn inj 20mg/ml</i>	5	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	2	
<i>gemcitabine hydrochloride inj 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	
<i>hydroxyurea caps</i>	1	
<i>mercaptopurine tabs</i>	2	
<i>mercaptopurine susp</i>	5	
<i>nelarabine</i>	5	
<i>pemetrexed disodium</i>	5	PA NSO
PEMETREXED INJ 1GM/40ML	4	PA NSO
PEMETREXED INJ 100MG, 500MG	5	PA NSO
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG, 850MG/34ML	5	PA NSO
<i>pemetrexed inj 1000mg, 100mg, 500mg, 750mg</i>	5	PA NSO
PEMFEXY	5	PA NSO
PEMRYDI RTU	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
PRALATREXATE	5	
PURIXAN	5	
TABLOID	5	PA NSO
VYXEOS	5	PA NSO
<i>Antineoplastics, Other</i>		
ABRAXANE	5	
<i>adriamycin inj 50mg</i>	1	B/D
ADSTILADRIN	5	PA NSO
AKEEGA	5	PA NSO
ANKTIVA	5	PA NSO
<i>arsenic trioxide</i>	5	
<i>azacitidine</i>	5	
<i>bleomycin sulfate</i>	1	B/D
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG/1.4ML	4	PA NSO
BORTEZOMIB INJ 3.5MG	5	PA NSO
<i>bortezomib inj 3.5mg</i>	5	PA NSO
COLUMVI	5	PA NSO
<i>dactinomycin</i>	5	PA NSO
<i>daunorubicin hydrochloride</i>	1	
<i>decitabine</i>	5	
DOCETAXEL INJ 80MG/8ML	5	
<i>docetaxel inj 160mg/16ml, 20mg/ml, 80mg/4ml</i>	2	
<i>docetaxel inj 160mg/8ml, 20mg/2ml</i>	5	
<i>doxorubicin hcl inj 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride inj 10mg</i>	1	B/D
ELREXFIO	5	PA NSO
ELZONRIS	5	PA NSO
EPKINLY	5	PA NSO
<i>eribulin mesylate</i>	5	
HALAVEN	5	
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NSO
<i>idarubicin hcl</i>	5	
<i>idarubicin hydrochloride</i>	5	
IMDELLTRA	5	PA NSO
INREBIC	5	PA NSO
ISTODAX	5	
ITOVEBI	5	PA NSO
IWILFIN	5	PA NSO
IXEMPRA KIT	5	
JEVTANA	5	
KIMMTRAK	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO

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KISQALI FEMARA 600 DOSE	5	PA NSO
LAZCLUZE TABS 240MG	5	PA NSO
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA NSO
<i>leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
<i>leucovorin calcium tabs 10mg, 15mg, 25mg</i>	4	
<i>levoleucovorin inj 50mg</i>	5	
LONSURF	5	PA NSO
LYNOZYFIC	5	PA NSO
LYSODREN	5	
<i>mitomycin inj 20mg, 40mg, 5mg</i>	5	
<i>mutamycin</i>	5	
OGSIVEO	5	PA NSO
OJEMDA	5	PA NSO
ONCASPAR	5	
ONUREG	5	
<i>paclitaxel</i>	1	
<i>paclitaxel protein-bound particles inj 900mg; 100mg</i>	5	
PEMETREXED INJ 100MG/4ML	5	PA NSO
PHEGO	5	PA NSO
PROLEUKIN	5	
REVUFORJ	5	PA NSO
ROMIDEPSIN INJ 27.5MG/5.5ML	5	
<i>romidepsin inj 10mg</i>	5	
RYLAZE	5	
TALVEY	5	PA NSO
TECVAYLI	5	PA NSO
TICE BCG	4	
TRISENOX INJ 12MG/6ML	5	
<i>valrubicin</i>	5	
VALSTAR	5	
VELCADE	5	PA NSO
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
VONJO	5	PA NSO
ZALTRAP	5	
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>letrozole</i>	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK	5	PA NSO
ETOPOPHOS	5	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>irinotecan hydrochloride inj 100mg/5ml, 40mg/2ml</i>	1	
KYPROLIS	5	
<i>topotecan hcl inj 4mg/4ml</i>	2	
<i>topotecan hydrochloride</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA NSO
ALIQOPA	5	PA NSO
ALUNBRIG	5	PA NSO
AUGTYRO CAPS 160MG	5	PA NSO
AUGTYRO CAPS 40MG	5	PA NSO
AYVAKIT	5	PA NSO
BALVERSA	5	PA NSO
BELEODAQ	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPS 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	QL(30 EA per 30 days); PA NSO
CALQUENCE	5	PA NSO
CAPRELSA	5	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
ENSACOVE	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tabs 100mg</i>	4	PA NSO
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	PA NSO
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA NSO
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NSO
EXKIVITY	5	PA NSO
FLUDARABINE PHOSPHATE INJ 50MG	5	
<i>fludarabine phosphate inj 50mg/2ml</i>	1	
FOTIVDA	5	PA NSO
FRUZAQLA	5	PA NSO
FYARRO	5	PA NSO
GAVRETO	5	PA NSO
<i>gefitinib</i>	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
GILOTRIF	5	PA NSO
GOMEKLI	5	PA NSO
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NSO
IBTROZI	5	PA NSO
ICLUSIG	5	PA NSO
IDHIFA	5	PA NSO
<i>imatinib mesylate tabs 100mg</i>	3	PA NSO
<i>imatinib mesylate tabs 400mg</i>	4	PA NSO
IMBRUVICA CAPS, SUSP	5	PA NSO
IMBRUVICA TABS 420MG	5	PA NSO
IMKELDI	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABS 100MG	5	PA NSO
JAYPIRCA TABS 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 TABS 240MG	5	PA NSO
LUMAKRAS TABS 120MG, 320MG	5	PA NSO
LYNPARZA TABS	5	PA NSO
LYTGOBI	5	PA NSO
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	PA NSO
NILOTINIB	5	PA NSO
<i>nilotinib hydrochloride</i>	5	PA NSO
NINLARO	5	PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PEMAZYRE	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
QINLOCK	5	PA NSO
RETEVMO TABS	5	PA NSO
RETEVMO CAPS	5	PA NSO
REZLIDHIA	5	PA NSO
ROMVIMZA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
SCEMBLIX TABS 100MG	5	PA NSO
SCEMBLIX TABS 20MG, 40MG	5	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	PA NSO
TAFINLAR	5	PA NSO
TAGRISSE	5	PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TAZVERIK	5	PA NSO
<i>temsirolimus</i>	5	
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TORISEL	5	
<i>torpenz</i>	5	PA NSO
TRUQAP	5	PA NSO
TUKYSA	5	PA NSO
TURALIO CAPS 125MG	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABS 10MG	3	PA NSO
VENCLEXTA TABS 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 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
XPOVIO TBPK 10MG	5	PA NSO
XPOVIO TBPK 40MG, 50MG, 60MG	5	PA NSO

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ZEJULA CAPS	5	PA NSO
ZEJULA TABS 200MG, 300MG	5	PA NSO
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABS	5	PA NSO
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
ADCETRIS	5	
ALYMSYS	5	PA NSO
ARZERRA	5	
AVASTIN	5	
BAVENCIO	5	PA NSO
BESPONSA	5	PA NSO
BIZENGRI	5	PA NSO
BLINCYTO	5	PA NSO
CYRAMZA	5	PA NSO
DANYELZA	5	PA NSO
DARZALEX	5	PA NSO
DARZALEX FASPRO	5	PA NSO
DATROWAY	5	PA NSO
ELAHERE	5	PA NSO
EMPLICITI	5	PA NSO
EMRELIS	5	PA NSO
ENHERTU	5	PA NSO
ERBITUX	5	PA NSO
GAZYVA	5	PA NSO
HERCEPTIN HYLECTA	5	PA NSO
HERCEPTIN INJ 150MG	5	PA NSO
HERZUMA	5	PA NSO
IMFINZI	5	PA NSO
IMJUDO	5	PA NSO
JEMPERLI	5	PA NSO
KADCYLA	5	
KANJINTI	5	PA NSO
KEYTRUDA INJ 100MG/4ML	5	PA NSO
LIBTAYO	5	PA NSO
LOQTORZI	5	PA NSO
LUNSUMIO	5	PA NSO
MARGENZA	5	PA NSO
MONJUVI	5	PA NSO
MVASI	5	PA NSO
MYLOTARG	5	PA NSO
OGIVRI	5	PA NSO
ONTRUZANT	5	PA NSO

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OPDIVO	5	PA NSO
PADCEV	5	PA NSO
PERJETA	5	PA NSO
POLIVY	5	PA NSO
PORTRAZZA	5	PA NSO
RIABNI	5	PA NSO
RITUXAN	5	PA NSO
RITUXAN HYCELA	5	PA NSO
RUXIENCE	5	PA NSO
RYBREVANT	5	PA NSO
SARCLISA	5	PA NSO
TECENTRIQ	5	PA NSO
TECENTRIQ HYBREZA	5	PA NSO
TEVIMBRA	5	PA NSO
TIVDAK	5	PA NSO
TRAZIMERA	5	PA NSO
TRODELVY	5	PA NSO
TRUXIMA	5	PA NSO
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	PA NSO
VEGZELMA	5	PA NSO
VYLOY INJ 300MG	5	PA NSO
YERVOY	5	PA NSO
ZIIHERA	5	PA NSO
ZYNLONTA	5	PA NSO
ZYNYZ	5	PA NSO
Retinoids		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoin caps 10mg</i>	5	PA NSO
Treatment Adjuncts		
<i>dexrazoxane</i>	5	
<i>dexrazoxane hydrochloride</i>	5	
ELITEK	5	PA
<i>mesna inj</i>	1	
<i>mesna tabs</i>	5	
MESNEX TABS	5	
VORANIGO TABS 40MG	5	PA NSO
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	
IVERMECTIN TABS 6MG	2	PA
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs</i>	4	

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Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	2	
<i>atovaquone/proguanil hydrochloride</i>	2	
<i>chloroquine phosphate tabs</i>	1	
COARTEM	4	
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>mefloquine hydrochloride</i>	1	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate inhalation solr</i>	2	B/D
<i>pentamidine isethionate inj</i>	2	
PRIMAQUINE PHOSPHATE TABS	3	
<i>pyrimethamine tabs</i>	5	
<i>quinine sulfate caps 324mg</i>	2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	2	
ONGENTYS	4	ST
<i>tolcapone</i>	5	
Dopamine Agonists		
<i>apomorphine hydrochloride inj</i>	5	PA
<i>bromocriptine mesylate caps, tabs</i>	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tabs</i>	4	
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj</i>	2	
<i>chlorpromazine hydrochloride conc, tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl conc</i>	2	
<i>fluphenazine hydrochloride</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	1	
MOLINDONE HYDROCHLORIDE	3	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hydrochloride</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	ST NSO
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); ST NSO
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); ST NSO
<i>aripiprazole</i>	2	
<i>aripiprazole odt tbdp 15mg</i>	4	
<i>aripiprazole odt tbdp 10mg</i>	5	
ARISTADA	5	ST NSO
ARISTADA INITIO	5	ST NSO
ASENAPINE MALEATE SL	4	
CAPLYTA	5	QL(30 EA per 30 days); ST NSO
FANAPT	5	ST NSO
FANAPT TITRATION PACK A	4	ST NSO
FANAPT TITRATION PACK B	4	ST NSO
FANAPT TITRATION PACK C	4	ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	ST NSO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST NSO
INVEGA TRINZA	5	ST NSO
<i>lurasidone hydrochloride</i>	2	
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPS	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABS 10MG	5	QL(90 EA per 30 days); PA NSO
<i>olanzapine odt</i>	2	
OLANZAPINE INJ	3	
<i>olanzapine tabs</i>	2	
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</i>	4	ST NSO

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS	5	ST NSO
<i>quetiapine fumarate er</i>	2	
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 300mg, 400mg, 50mg</i>	1	
REXULTI	5	ST NSO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	ST NSO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	ST NSO
<i>risperidone</i>	2	
<i>risperidone er inj 12.5mg</i>	2	
<i>risperidone er inj 25mg</i>	4	
<i>risperidone er inj 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	2	
SECUADO	5	ST NSO
VRAYLAR CPPK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPS	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	ST NSO
ZYPREXA RELPREVV INJ 210MG	4	ST NSO
ZYPREXA RELPREVV INJ 300MG, 405MG	5	ST NSO
Treatment-Resistant		
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen inj 500mcg/ml</i>	4	B/D
<i>baclofen inj 20000mcg/20ml, 40mg/20ml, 50mcg/ml</i>	5	B/D
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
BOTOX	4	PA
<i>dantrolene sodium caps 100mg, 25mg</i>	1	
DYSPORT	4	PA
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 40000MCG/20ML	4	B/D
GABLOFEN INJ 50MCG/ML	5	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
MYOBLOC	5	PA
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs</i>	1	
<i>tizanidine hydrochloride caps</i>	2	
XEOMIN INJ 100UNIT, 50UNIT	4	PA
XEOMIN INJ 200UNIT	5	PA
Antivirals		

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Drug Name	Drug Tier	Requirements/Limits
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	5	
PREVYMIS INJ, TABS	5	
PREVYMIS PACK 20MG	4	
PREVYMIS PACK 120MG	5	
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLN	4	
<i>entecavir</i>	4	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA	5	PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET	5	PA
<i>ribavirin tabs 200mg</i>	2	
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI	5	PA
ZEPATIER	5	PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	
CABENUVA	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	4	
ISENTRESS CHEW 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	5	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	

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Drug Name	Drug Tier	Requirements/Limits
EDURANT PED	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine</i>	5	
INTELENCE TABS 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er tb24 400mg</i>	2	
PIFELTRO	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate</i>	2	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir tabs</i>	2	
<i>abacavir soln</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	5	
EMTRIVA SOLN	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
ODEFSEY	5	
RETROVIR IV INFUSION	4	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	4	
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	1	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	

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SUNLENCA TABS	5	
SUNLENCA INJ, TBPk	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
KALETRA SOLN	4	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACK	3	
PREZCOBIX TABS 150MG; 800MG	5	
PREZISTA SUSP	5	
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG	5	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL(110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL(168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL(84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL(1080 ML per 365 days)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride</i>	1	
XOFLUZA TBPk 40MG, 80MG	4	
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	2	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hydrochloride</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO	4	QL(40 EA per 5 days)
PAXLOVID TBPk 150MG; 100MG	3	QL(11 EA per 5 days)
PAXLOVID TBPk 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TBPk 150MG; 100MG	3	QL(30 EA per 5 days)

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VEKLURY INJ 100MG	5	
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl tabs 15mg</i>	2	
<i>buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	
<i>Benzodiazepines</i>		
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam er tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam xr tb24 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam xr tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	QL(120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	QL(120 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL(180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam oral soln</i>	2	
<i>diazepam tabs</i>	2	QL(120 EA per 30 days)
<i>diazepam inj 5mg/ml</i>	2	
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	2	
<i>lorazepam tabs 0.5mg</i>	2	QL(120 EA per 30 days)
<i>lorazepam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tabs 1mg</i>	2	QL(90 EA per 30 days)
<i>midazolam hcl syrp</i>	2	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>midazolam hydrochloride inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>oxazepam</i>	2	QL(120 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tabs</i>	1	
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST

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ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	2	
GLIPIZIDE TABS 2.5MG	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
GLYXAMBI	3	
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
JENTADUETO	3	QL(60 EA per 30 days); ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30 EA per 30 days); ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60 EA per 30 days); ST
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	2	
MOUNJARO	3	PA
<i>nateglinide</i>	2	
NESINA	4	QL(30 EA per 30 days); ST
OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide</i>	2	
RYBELSUS TABS 1.5MG, 4MG, 9MG	3	PA
RYBELSUS TABS 14MG, 3MG, 7MG	3	PA
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days); ST
TRIJARDY XR	3	
TRULICITY	3	PA
XIGDUO XR	3	
XULTOPHY 100/3.6	4	ST
Glycemic Agents		
<i>diazoxide susp</i>	5	

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GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	
GVOKE KIT	4	
GVOKE PFS INJ 1MG/0.2ML	4	
Insulins		
HUMALOG	3	QL(60 ML per 30 days)
HUMALOG JUNIOR KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin 70/30</i>	2	QL(60 ML per 30 days)
HUMULIN 70/30 KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin n</i>	2	QL(60 ML per 30 days)
HUMULIN N KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin r</i>	2	QL(60 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED)	3	QL(60 ML per 30 days)
HUMULIN R U-500 KWIKPEN	3	QL(60 ML per 30 days)
LANTUS	3	QL(60 ML per 30 days)
LANTUS SOLOSTAR	3	QL(60 ML per 30 days)
NOVOLOG	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 RELION	4	QL(60 ML per 30 days); ST
NOVOLOG PENFILL	4	QL(60 ML per 30 days); ST
NOVOLOG RELION	4	QL(60 ML per 30 days); ST
TOUJEO MAX SOLOSTAR	3	QL(27 ML per 30 days)
TOUJEO SOLOSTAR	3	QL(27 ML per 30 days)
TRESIBA	3	QL(54 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL(54 ML per 30 days)
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate caps 110mg</i>	2	
<i>dabigatran etexilate caps 150mg, 75mg</i>	4	
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium/d5w inj 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml</i>	2	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
<i>rivaroxaban susr</i>	5	
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	3	
XARELTO TABS	3	
XARELTO SUSR	5	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA
<i>eltrombopag olamine</i>	5	PA
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
FULPHILA	5	
FYLNETRA	5	
GRANIX	5	
MOZOBIL	5	PA
MULPLETA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NPLATE	5	PA
NYVEPRIA	5	
PLERIXAFOR	5	PA
PROCRT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
STIMUFEND	5	
UDENYCA	5	
UDENYCA ONBODY	5	
ZIEXTENZO	5	
Hemostasis Agents		
<i>aminocaproic acid inj</i>	1	
<i>aminocaproic acid tabs</i>	2	
<i>tranexamic acid inj, tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	2	
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine ptwk 0.1mg/24hr</i>	2	
<i>droxidopa</i>	5	
<i>midodrine hydrochloride</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>phentolamine mesylate inj 5mg</i>	1	
<i>prazosin hydrochloride caps</i>	2	
Angiotensin II Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>valsartan tabs</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tabs</i>	1	
<i>captopril tabs</i>	2	
<i>enalapril maleate tabs</i>	1	
<i>enalapril maleate soln</i>	4	
<i>enalaprilat</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hydrochloride</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride inj</i>	1	
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 100mg</i>	2	
DIGOXIN SOLN	3	
<i>digoxin tabs 125mcg</i>	1	
<i>digoxin tabs 250mcg</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
LANOXIN PEDIATRIC	4	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hydrochloride caps</i>	2	
MULTAQ	4	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	5	
<i>procainamide hydrochloride</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>propafenone hydrochloride tabs 225mg, 300mg</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate tabs</i>	2	
<i>sorine tabs 120mg, 160mg, 80mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (af) tabs 80mg</i>	1	
<i>sotalol hcl af</i>	1	
<i>sotalol hcl tabs 120mg, 160mg, 240mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	1	
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	4	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	
<i>esmolol hcl inj 100mg/10ml</i>	1	
<i>esmolol hydrochloride in sodium chloride</i>	2	
<i>esmolol hydrochloride in sodium chloride double strength</i>	2	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml</i>	2	
HEMANGEOL	4	
KAPSPARGO SPRINKLE	4	
<i>labetalol hydrochloride inj 5mg/ml</i>	1	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl inj</i>	1	
<i>propranolol hcl oral soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er</i>	2	
<i>propranolol hydrochloride soln</i>	1	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl caps 20mg</i>	2	
<i>nicardipine hcl caps 30mg</i>	4	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride/sodium chloride inj 20mg/200ml; 0.9%, 40mg/200ml; 0.9%</i>	3	

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NICARDIPINE HYDROCHLORIDE INJ 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	2	
<i>nifedipine er</i>	1	
<i>nimodipine caps</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp12 90mg</i>	1	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tb24</i>	2	
<i>diltiazem hcl inj 100mg, 50mg/10ml</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg</i>	1	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride inj 125mg/25ml, 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tabs 120mg, 90mg</i>	1	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	2	
<i>verapamil hcl er cp24 120mg, 180mg, 240mg</i>	4	
<i>verapamil hcl er tbc 120mg</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	4	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24</i>	2	
<i>verapamil hydrochloride er tbc 180mg, 240mg</i>	1	
<i>verapamil hydrochloride inj</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	5	
<i>aliskiren</i>	4	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
CORLANOR TABS	4	
CORLANOR SOLN	4	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl inj 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	B/D
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CPSP	3	
ENTRESTO TABS	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
<i>ivabradine hydrochloride</i>	4	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	
<i>milrinone lactate in dextrose</i>	1	B/D
<i>norepinephrine bitartrate inj 1mg/ml</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	1	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABS 25MG; 20MG	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	PA
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	2	
<i>ethacrynate sodium</i>	5	
<i>furosemide inj, oral soln, tabs</i>	1	
<i>toremide tabs</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	
<i>triamterene caps</i>	4	
Diuretics, Thiazide		

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
DIURIL SUSP	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 200mg, 43mg, 67mg</i>	2	
<i>fenofibrate tabs 120mg, 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>lovastatin tabs</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tabs</i>	2	
<i>simvastatin tabs</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colesevelam hydrochloride pack</i>	2	
<i>colestipol hydrochloride gran, tabs</i>	2	
<i>ezetimibe</i>	2	
<i>icosapent ethyl</i>	4	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er</i>	4	
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	3	QL(2 ML per 28 days)
<i>prevalite</i>	2	
REPATHA	3	QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days)
REPATHA SURECLICK	3	QL(3 ML per 28 days)
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	2	
KERENDIA TABS 40MG	4	QL(30 EA per 30 days); PA
KERENDIA TABS 10MG, 20MG	4	QL(30 EA per 30 days); PA
<i>spironolactone tabs</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	
JARDIANCE	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin in dextrose 5%</i>	2	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin translingual soln 0.4mg/spray</i>	2	
<i>nitroglycerin subl 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 hcl inj</i>	1	
<i>hydralazine hydrochloride tabs</i>	1	
<i>minoxidil tabs</i>	1	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL(120 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate er</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate soln</i>	4	QL(1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	2	QL(180 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>atomoxetine</i>	2	
<i>atomoxetine hydrochloride caps 10mg, 25mg, 40mg, 60mg, 80mg</i>	2	
<i>clonidine hydrochloride er</i>	2	
<i>clonidine hydrochloride tb12 0.1mg</i>	2	
<i>dexmethylphenidate hcl er cp24 15mg, 20mg, 30mg, 35mg</i>	4	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24</i>	4	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er (cd)</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (la) cp24 10mg, 20mg, 30mg, 40mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tbc 27mg, 36mg, 54mg, 72mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tbc 18mg</i>	4	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 18mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	4	QL(180 EA per 30 days)

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<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	4	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	2	QL(900 ML per 30 days)
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine caps</i>	2	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine caps</i>	2	
<i>caffeine citrate inj</i>	2	
<i>caffeine citrate oral soln 20mg/ml</i>	2	
COBENFY	5	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO
EXSERVAN	5	
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine tabs 12.5mg</i>	4	PA
<i>tetrabenazine tabs 25mg</i>	5	PA
VEOZAH	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	3	PA NSO
SAVELLA TITRATION PACK	3	PA NSO
Multiple Sclerosis Agents		
AVONEX PEN	5	
AVONEX INJ 30MCG/0.5ML	5	
BETASERON	5	
<i>dalfampridine er</i>	3	PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days)
<i>dimethyl fumarate starterpack</i>	5	QL(120 EA per 365 days)
EXTAVIA	5	
<i>fingolimod hydrochloride</i>	5	
GILENYA CAPS 0.25MG	5	
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAVENCLAD	5	PA
MAYZENT STARTER PACK TBPK 0.25MG	4	QL(14 EA per 365 days)
MAYZENT STARTER PACK TBPK 0.25MG	5	QL(24 EA per 365 days)
MAYZENT TABS 0.25MG	5	QL(120 EA per 30 days)
MAYZENT TABS 1MG, 2MG	5	QL(30 EA per 30 days)
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	

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Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK	5	
<i>teriflunomide</i>	5	
TYSABRI	5	PA
VUMERITY	5	
ZEPOSIA	5	PA
ZEPOSIA 7-DAY STARTER PACK	5	PA
ZEPOSIA STARTER KIT	5	PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
KEPIVANCE INJ 5.16MG	5	PA
<i>kourzeq</i>	2	
<i>lidocaine hcl mouth/throat soln 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tabs 5mg, 7.5mg</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene gel 0.1%</i>	2	
<i>amnestem caps 30mg</i>	4	
<i>amnestem caps 10mg, 20mg, 40mg</i>	4	
<i>azelaic acid</i>	2	
AZELEX	4	PA
<i>claravis</i>	4	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin caps 25mg, 35mg</i>	5	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>tazarotene crea 0.05%</i>	4	PA
<i>tazarotene crea 0.1%</i>	4	PA
<i>tazarotene gel</i>	4	PA
<i>tretinoin crea 0.025%</i>	2	PA
<i>tretinoin crea 0.05%, 0.1%</i>	4	PA
<i>tretinoin gel 0.05%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%</i>	4	PA
<i>zenatane</i>	4	

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<i>Dermatitis and Pruritus Agents</i>		
ADBRY INJ 300MG/2ML	5	PA
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide oint</i>	1	
<i>ammonium lactate lotn</i>	1	QL(400 GM per 30 days)
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient crea</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate gel, oint, soln</i>	2	
<i>desonide crea, lotn, oint</i>	2	
<i>desoximetasone crea 0.25%</i>	2	
<i>desoximetasone crea 0.05%</i>	4	QL(15 GM per 30 days)
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL(90 GM per 30 days)
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide crea 0.05%</i>	4	
<i>fluocinonide crea 0.1%</i>	4	QL(30 GM per 30 days)
<i>fluocinonide soln</i>	2	
<i>fluocinonide gel, oint</i>	4	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea, oint</i>	2	
<i>hydrocortisone butyrate (lipid)</i>	1	
<i>hydrocortisone butyrate (lipophilic)</i>	1	
<i>hydrocortisone butyrate crea, oint, soln</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate</i>	1	
<i>pimecrolimus</i>	4	
<i>selenium sulfide</i>	1	
<i>tacrolimus oint 0.03%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	QL(30 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide aers, crea, lotn</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
Dermatological Agents, Other		
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
<i>calcitriol oint 3mcg/gm</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(100 GM per 30 days)
FLUOROURACIL CREA 0.5%	5	QL(30 GM per 30 days)
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil external soln 2%, 5%</i>	2	
<i>imiquimod crea 5%</i>	2	
<i>methoxsalen caps</i>	5	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide oint</i>	2	
OTEZLA TABS 20MG, 30MG	5	PA
<i>podofilox soln</i>	1	
REGRANEX	5	PA
SANTYL	4	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
Pediculicides/Scabicides		
<i>ivermectin crea 1%</i>	4	QL(45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin crea</i>	2	
Topical Anti-infectives		
<i>acyclovir oint 5%</i>	4	
<i>ciclodan soln</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clindacin</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	QL(60 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	2	
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin oint</i>	2	
SULFAMYLON CREA	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML; 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	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJ 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	3	B/D
<i>carglumic acid</i>	5	PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
CLINISOL SF 15%	3	B/D
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	
<i>dextrose 10%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10%/sodium chloride 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose/sodium chloride</i>	1	
<i>dextrose inj 20%</i>	1	
<i>fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	
<i>glucose (dextrose) 50%</i>	1	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate/dextrose inj 5%; 1gm/100ml</i>	1	
MAGNESIUM SULFATE INJ 20GM/500ML	1	
MAGNESIUM SULFATE INJ 50%	2	
<i>magnesium sulfate inj 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</i>	1	
<i>magnesium sulfate inj 50%</i>	2	
<i>multiple electrolytes injection type 1</i>	1	
NORMOSOL-M/D5W	3	

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R	3	
PLENAMINE	3	B/D
<i>potassium chloride er cpr</i>	1	
POTASSIUM CHLORIDE ER TBCR 15MEQ	1	
<i>potassium chloride er tbc 10meq, 15meq, 20meq, 8meq</i>	1	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	
<i>potassium chloride oral soln 10%</i>	2	
<i>potassium citrate er</i>	1	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL	3	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.45%, 0.9%, 3%, 5%</i>	2	
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	
SODIUM FLUORIDE SOLN 0.5MG/ML	2	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		

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CHEMET	5	
<i>deferasirox tbso 125mg</i>	3	PA
<i>deferasirox tbso 250mg, 500mg</i>	5	PA
<i>deferiprone</i>	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLN	5	
FERRIPROX TABS 1000MG	5	
JYNARQUE TABS	5	QL(120 EA per 30 days); PA
JYNARQUE TBPk	5	QL(56 EA per 28 days); PA
<i>penicillamine tabs</i>	5	
<i>tolvaptan tbpk</i>	5	QL(56 EA per 28 days); PA
TOLVAPTAN TABS 15MG	5	QL(120 EA per 30 days); PA
<i>tolvaptan tabs 30mg</i>	5	QL(120 EA per 30 days); PA
<i>trientine hydrochloride caps 250mg</i>	5	
Phosphate Binders		
<i>calcium acetate tabs 667mg</i>	2	
FOSRENOL PACK	5	
<i>lanthanum carbonate chew 1000mg</i>	5	
<i>sevelamer carbonate tabs</i>	4	
<i>sevelamer carbonate pack 2.4gm</i>	4	
<i>sevelamer hydrochloride</i>	4	
Potassium Binders		
<i>kionex susp</i>	1	
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sps</i>	1	
VELTASSA PACK 1GM	4	
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	4	
Vitamins		
<i>prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	2	
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE PACK 10GM	3	
<i>lactulose soln</i>	2	
LINZESS	3	QL(30 EA per 30 days)
LUBIPROSTONE	4	QL(60 EA per 30 days)
MOVANTIK	4	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR INJ	5	PA
SYMPROIC	4	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 1mg</i>	5	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	
<i>diphenoxylate/atropine liqd</i>	4	
<i>loperamide hydrochloride caps</i>	2	
VIBERZI	5	PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps</i>	2	
<i>dicyclomine hydrochloride tabs 20mg</i>	2	
<i>glycopyrrolate oral soln</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
GLYCOPYRROLATE TABS 1.5MG	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>methscopolamine bromide tabs</i>	2	
Gastrointestinal Agents, Other		
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hydrochloride inj, tabs</i>	2	
<i>metoclopramide odt tbdp 5mg</i>	2	
NITROGLYCERIN OINT 0.4%	4	
OICALIVA	5	QL(30 EA per 30 days); PA
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
<i>ursodiol caps 300mg</i>	4	
<i>ursodiol tabs</i>	3	
VOWST	5	PA
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine premixed</i>	2	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
Protectants		
<i>misoprostol</i>	1	
<i>sucralfate tabs</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr</i>	2	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr 10mg, 40mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium inj, tbec</i>	2	
<i>rabeprazole sodium</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
ARALAST NP INJ 1000MG, 500MG	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CEREZYME	5	PA
CHOLBAM	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CRYSVITA	5	PA
CYSTAGON	4	PA
<i>dichlorphenamide</i>	5	PA
ELAPRASE	5	PA
ELELYSO	5	PA
ENDARI	5	
EXONDYS 51	5	PA
FABRAZYME	5	PA
GALAFOLD	5	PA
GLASSIA INJ 4GM/200ML, 5GM/250ML	5	PA
GLASSIA INJ 1000MG/50ML	5	PA
KANUMA	5	PA
<i>l-glutamine</i>	5	
LUMIZYME	5	PA
<i>miglustat</i>	5	PA

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NAGLAZYME	5	PA
<i>nitisinone</i>	5	PA
ORFADIN SUSP	5	PA
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	
PROCYSBI	5	PA
PROLASTIN-C	5	PA
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate tabs</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
VYNDAQEL	5	PA
WELIREG	5	PA NSO
XIAFLEX	5	PA
XURIDEN	5	QL(120 EA per 30 days); PA
<i>yargesa</i>	5	PA
ZEMAIRA	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
DARIFENACIN HYDROBROMIDE ER	3	
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	1	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate er cp24 4mg</i>	2	
<i>tolterodine tartrate er cp24 2mg</i>	2	
<i>tolterodine tartrate tabs 1mg</i>	2	

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<i>tolterodine tartrate tabs 2mg</i>	4	
<i>trospium chloride</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	1	
<i>doxazosin tabs 2mg</i>	1	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	1	
<i>silodosin caps 8mg</i>	2	
<i>silodosin caps 4mg</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	4	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	2	
ELMIRON	5	
LITHOSTAT	4	
PHEXXI	4	
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	4	
RIMSO-50	4	
THIOLA EC	5	
<i>tiopronin</i>	5	
<i>tiopronin dr</i>	5	
<i>venxxiva</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone sodium succinate</i>	2	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	

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<i>prednisolone sodium phosphate odt</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln</i>	2	
<i>prednisone tbpk</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate inj</i>	5	
DESMOPRESSIN ACETATE NASAL SOLN 0.01%	2	
DESMOPRESSIN ACETATE NASAL SOLN 1.5MG/ML	5	
<i>desmopressin acetate nasal soln 0.01%</i>	2	
INCRELEX	5	PA
ISTURISA TABS 1MG, 5MG	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	PA
NORDITROPIN FLEXPRO	5	PA
NOVAREL INJ 5000UNIT	4	PA
OMNITROPE	5	PA
PREGNYL	4	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	4	PA
SEROSTIM	5	PA
<i>vasopressin +rfid</i>	2	
<i>vasopressin inj 20unit/ml</i>	2	
<i>vasostrict</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	4	PA
<i>testosterone gel 10mg/act</i>	2	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	PA
<i>Estrogens</i>		
<i>abigale</i>	2	
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7 tabs 35mcg; 0</i>	2	
<i>amabelz tabs 1mg; 0.5mg</i>	2	
<i>amethyst</i>	2	

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ANNOVERA	4	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>brielllyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>dotti</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	2	
ESTRADIOL VAGINAL TABS	3	
<i>estradiol crea, pttw, pttwk, oral tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ESTRING	3	
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
FEMRING	4	
<i>finzala</i>	2	
<i>fyavolv</i>	2	
<i>galbriela</i>	2	
<i>gemmily</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>iclevia</i>	2	
IMVEXXY MAINTENANCE PACK	4	PA
IMVEXXY STARTER PACK	4	PA
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>jolessa</i>	2	
<i>joyeaux</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	

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<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	2	
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luteru</i>	2	
<i>lyllana</i>	4	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>minzoya</i>	2	
<i>mono-linyah</i>	2	
NATAZIA	4	
<i>necon 0.5/35-28</i>	2	
NEXTSTELLIS	4	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs</i>	2	
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMPRO	4	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
TWIRLA	4	
TYBLUME	2	
<i>tydemy</i>	2	
<i>valtya 1/50</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vioarele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	

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<i>xarah fe</i>	2	
<i>xelria fe</i>	2	
<i>xulane</i>	2	
YUVAFEM	3	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
Progestins		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	1	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
LILETTA	3	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate inj, tabs</i>	1	
<i>megestrol acetate tabs</i>	2	PA NSO
MEGESTROL ACETATE SUSP 625MG/5ML	4	PA NSO
<i>megestrol acetate susp 40mg/ml</i>	4	PA NSO
<i>meleya</i>	2	
NEXPLANON	3	
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	1	
<i>norethindrone tabs</i>	1	
<i>norlyroc</i>	2	
<i>orquidea</i>	2	
<i>progesterone caps, inj</i>	1	
<i>sharobel</i>	2	
SLYND	4	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	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 TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>euthyrox tabs 88mcg</i>	2	
<i>levo-t</i>	1	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	4	
LEVOTHYROXINE SODIUM INJ 100MCG/ML	5	
<i>levothyroxine sodium inj 100mcg/5ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg</i>	5	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
LIOTHYRONINE SODIUM INJ	5	
<i>liothyronine sodium tabs</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	
RENTHYROID	4	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	2	
ELIGARD	4	PA NSO
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	
LANREOTIDE ACETATE INJ 120MG/0.5ML	5	PA NSO
<i>lanreotide acetate inj 120mg/0.5ml</i>	5	PA NSO
LEUPROLIDE ACETATE INJ 22.5MG	4	PA NSO
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH)	5	PA NSO
LUPRON DEPOT (3-MONTH)	5	PA NSO
LUPRON DEPOT (4-MONTH)	5	PA NSO
LUPRON DEPOT (6-MONTH)	5	PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
<i>mifepristone tabs 300mg</i>	5	PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 10mg</i>	5	PA
<i>octreotide acetate inj 1000mcg/ml, 20mg, 30mg, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA

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SIGNIFOR LAR	5	PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJ 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA NSO
ZOLADEX INJ 3.6MG	4	PA NSO
ZOLADEX INJ 10.8MG	5	PA NSO
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
KALBITOR	5	PA
ORLADEYO	5	PA
RUCONEST	5	PA
<i>sajazir</i>	5	PA
TAKHZYRO	5	PA
<i>Immunoglobulins</i>		
ALYGLO	5	B/D
ASCENIV	5	B/D
ATGAM	5	
BEYFORTUS	4	
BIVIGAM INJ 10%, 5GM/50ML	5	B/D
CUVITRU	5	PA
CYTOGAM INJ 50MG/ML	5	
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMASTAN	4	
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED INJ 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	B/D
HEPAGAM B INJ 312UNIT/ML	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
HIZENTRA INJ 10GM/50ML	5	PA
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B	5	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA	5	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB INJ 312UNIT/ML	5	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	B/D
PRIVIGEN	5	B/D
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
VARIZIG INJ 125UNIT/1.2ML	5	
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	5	
XEMBIFY	5	B/D
<i>Immunological Agents, Other</i>		
ACTEMRA	5	PA
ACTEMRA ACTPEN	5	PA
ARCALYST	5	PA
<i>auranofin</i>	5	
BENLYSTA INJ 200MG/ML	5	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	PA
DUPIXENT INJ 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ILARIS INJ 150MG/ML	5	PA
KINERET	5	PA
LEMTRADA	5	PA
ORENCIA CLICKJECT	5	PA
ORENCIA INJ 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML	5	PA
OTEZLA TBPK 0	5	PA
OTULFI INJ 45MG/0.5ML	4	PA
OTULFI INJ 130MG/26ML, 90MG/ML	5	PA
PYZCHIVA INJ 45MG/0.5ML	3	PA
PYZCHIVA INJ 130MG/26ML, 90MG/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RAGWITEK	4	
RIDAURA	5	
RINVOQ	5	PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SELARSDI INJ 45MG/0.5ML	4	PA
SELARSDI INJ 90MG/ML	5	PA
SIMULECT	5	
SKYRIZI PEN	5	PA
SKYRIZI INJ 150MG/ML, 180MG/1.2ML, 360MG/2.4ML	5	PA
SOLIRIS	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
STEQEYMA INJ 130MG/26ML, 45MG/0.5ML	4	PA
STEQEYMA INJ 90MG/ML	5	PA
SYLVANT	5	PA
TALTZ	5	PA
TAVNEOS	5	QL(180 EA per 30 days); PA
TYENNE INJ 162MG/0.9ML	5	PA
TYENNE INJ 162MG/0.9ML, 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA
ULTOMIRIS INJ 1100MG/11ML, 300MG/3ML	5	PA
WEZLANA	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
XOLAIR	5	PA
YESINTEK INJ 45MG/0.5ML	4	PA
YESINTEK INJ 130MG/26ML, 90MG/ML	5	PA
Immunostimulants		
ACTIMMUNE	5	
BESREMI	5	PA NSO
PEGASYS INJ 180MCG/ML	5	
Immunosuppressants		
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	5	PA
ADALIMUMAB-ADBIM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	PA
ADALIMUMAB-ADBIM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	PA
ADALIMUMAB-ADBIM INJ 40MG/0.4ML	5	PA
AMJEVITA INJ 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	5	PA
ASTAGRAF XL	4	B/D
AVSOLA	5	PA
AZATHIOPRINE INJ	5	B/D
azathioprine tabs 50mg	1	B/D
azathioprine tabs 100mg, 75mg	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA INJ 120MG, 400MG	5	
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine caps 100mg, 25mg</i>	4	B/D
<i>cyclosporine inj 50mg/ml</i>	5	
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	PA
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>engraft caps 100mg, 25mg</i>	4	B/D
<i>engraft soln</i>	4	B/D
HADLIMA	5	PA
HADLIMA PUSH TOUCH	5	PA
INFLECTRA	5	PA
<i>infliximab</i>	5	PA
JYLAMVO	5	
<i>leflunomide</i>	2	
LUPKYNIS	5	QL(180 EA per 30 days); PA
<i>methotrexate sodium tabs</i>	1	
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
MYCOPHENOLATE MOFETIL INJ	3	B/D
<i>mycophenolate mofetil caps, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D
NULOJIX	5	
ORENCIA INJ 250MG	5	PA
PEGASYS INJ 180MCG/0.5ML	5	
PROGRAF PACK	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
<i>sirolimus tabs</i>	4	B/D
<i>sirolimus soln</i>	5	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJ 50MG	4	

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Drug Name	Drug Tier	Requirements/Limits
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAIXA	4	
DIPHTheria/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	
ENGRIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXCHIQ	4	
IXIARO	4	
JYNNEOS	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENMENVY	3	
PENTACEL	4	
PREHEVBRIO	3	B/D
PRIORIX	4	
PROQUAD	3	
QUADRACEL	4	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLN	4	
SHINGRIX	3	
STAMARIL	4	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTheria TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	

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Drug Name	Drug Tier	Requirements/Limits
TRUMENBA	3	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VAXELIS	4	
VIMKUNYA	4	
VIVOTIF	4	QL(4 EA per 365 days)
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
<i>mesalamine dr</i>	4	
<i>mesalamine er cpcr</i>	4	
<i>mesalamine er cp24</i>	4	
<i>mesalamine enem, kit</i>	4	
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide cpep 3mg</i>	4	
BUDESONIDE FOAM 2MG	3	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tabs 10mg, 35mg, 5mg, 70mg</i>	1	
BONSITY	5	PA
<i>calcitonin salmon nasal soln</i>	2	
<i>calcitonin salmon inj</i>	5	
<i>calcitonin-salmon soln</i>	2	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
CALCITRIOL INJ 1MCG/ML	1	
<i>calcitriol oral soln 1mcg/ml</i>	1	
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol inj</i>	2	PA
<i>doxercalciferol caps</i>	4	PA
FORTEO INJ 560MCG/2.24ML	5	PA
<i>ibandronate sodium tabs</i>	2	
JUBBONTI	4	
MIACALCIN INJ	5	
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PARICALCITOL CAPS 1MCG, 2MCG	3	
PARICALCITOL CAPS 4MCG	4	
<i>paricalcitol inj</i>	4	
PROLIA	4	
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
TERIPARATIDE	5	PA
WYOST	5	PA NSO
XGEVA	5	PA NSO
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
<i>atropine sulfate inj 0.25mg/5ml</i>	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINOLIPID	3	B/D
COSELA	5	PA
CURITY ALL PURPOSE SPONGES 2"X2"	3	
CURITY GAUZE PADS 2"X2" 12 PLY	3	
<i>deferoxamine mesylate inj 2gm</i>	2	PA
<i>deferoxamine mesylate inj 500mg</i>	5	PA
DROPLET PEN NEEDLES 29GX10MM	3	
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	3	
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	3	
EASY COMFORT PEN NEEDLES 29GX4MM	3	
<i>fomepizole inj 1.5gm/1.5ml</i>	5	
GLOBAL ALCOHOL PREP EASE PADS	3	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	3	
<i>levocarnitine soln, tabs</i>	1	
<i>methergine tabs</i>	5	
<i>methylergonovine maleate inj</i>	1	
<i>methylergonovine maleate tabs</i>	5	
NUTRILIPID	3	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	4	PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	4	PA

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	PA
OMNIPOD 5 G7 PODS (GEN 5)	4	PA
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5	4	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	PA
OMNIPOD CLASSIC PODS (GEN 3)	4	PA
OMNIPOD DASH INTRO KIT (GEN 4)	4	PA
OMNIPOD DASH PDM KIT (GEN 4)	4	PA
OMNIPOD DASH PODS (GEN 4)	4	PA
PROTOPAM CHLORIDE INJ	4	
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.9%</i>	2	
<i>sodium phenylacetate/sodium benzoate</i>	5	
<i>sterile water for irrigation</i>	1	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	3	
<i>tis-u-sol</i>	1	
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	3	
VISTOGARD	5	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	1	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	2	
<i>cyclopentolate hcl soln 1%</i>	1	
<i>cyclopentolate hydrochloride soln 1%</i>	1	
<i>cyclosporine emul 0.05%</i>	4	
CYSTADROPS	5	QL(20 ML per 28 days); PA
CYSTARAN	5	QL(60 ML per 28 days); PA
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
OXERVATE	5	PA
<i>phenylephrine hydrochloride soln 10%</i>	1	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>proparacaine hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS	4	
RESTASIS MULTIDOSE	4	
ROCKLATAN	4	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
<i>tobramycin/dexamethasone</i>	2	
VABYSMO SOSY	5	
VABYSMO SOLN	5	
XIIDRA	3	
Ophthalmic Anti-allergy Agents		
ALOCRI	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 0.5%</i>	2	
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	2	
NATACYN	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine</i>	2	
XDEMVI	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	4	
BROMFENAC SODIUM SOLN 0.075%	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine ophthalmic soln 0.5%</i>	1	
<i>loteprednol etabonate susp 0.5%</i>	4	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	1	
<i>carteolol hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl soln 0.5%</i>	1	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	2	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	4	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	2	; Once Daily
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate soln 0.15%, 0.2%</i>	2	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tabs</i>	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	2	
RHOPRESSA	4	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost soln</i>	1	
LUMIGAN	3	
<i>tafluprost</i>	4	
<i>travoprost</i>	2	
VYZULTA	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>flac</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D
<i>flunisolide soln 0.025%</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	2	
QVAR REDHALER	3	
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	2	
<i>azelastine hydrochloride soln 0.1%</i>	2	
<i>cetirizine hydrochloride soln 5mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cypiroheptadine hcl syrp</i>	2	
<i>cypiroheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl elix</i>	2	PA
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	4	PA
<i>hydroxyzine pamoate caps</i>	4	PA
<i>levocetirizine dihydrochloride tabs</i>	2	
Antileukotrienes		
<i>montelukast sodium chew, pack, tabs</i>	1	
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
<i>ipratropium bromide inhalation soln</i>	1	B/D
<i>ipratropium bromide nasal soln</i>	1	
SPIRIVA RESPIMAT	3	
<i>tiotropium bromide</i>	4	
TUDORZA PRESSAIR	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	
<i>albuterol sulfate syrp</i>	1	
<i>albuterol sulfate nebu</i>	2	B/D
<i>albuterol sulfate tabs</i>	2	
<i>arformoterol tartrate</i>	4	B/D
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
<i>isoproterenol hydrochloride</i>	2	
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	4	B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	2	
PROAIR DIGIHALER	3	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	3	
<i>terbutaline sulfate tabs</i>	2	
<i>terbutaline sulfate inj</i>	5	
<i>ventolin hfa</i>	2	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA
SYMDEKO	5	PA
TOBI PODHALER	5	PA

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<i>tobramycin nebu 300mg/5ml</i>	5	PA
TRIKAFTA THPK	5	PA
TRIKAFTA TBPk 100MG; 0; 50MG	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	1	
<i>elixophyllin</i>	1	
<i>roflumilast</i>	4	ST
<i>theophylline</i>	1	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA
<i>alyq</i>	4	PA
<i>ambrisentan</i>	5	PA
<i>epoprostenol sodium</i>	5	PA
OPSUMIT	5	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 TBCr 0.125MG	3	PA
ORENITRAM TBCr 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN INJ 100MG/20ML, 200MG/20ML, 20MG/20ML, 50MG/20ML	5	PA
SILDENAFIL CITRATE TABS	3	PA
<i>sildenafil inj</i>	5	PA
<i>tadalafil tabs 20mg</i>	4	PA
<i>treprostinil</i>	5	PA
TYVASO	5	PA
TYVASO DPI INSTITUTIONAL KIT	5	PA
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
UPTRAVI	5	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
VENTAVIS	5	PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone caps</i>	5	PA
PIRFENIDONE TABS 534MG	5	PA
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		

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<i>acetylcysteine inhalation soln</i>	2	B/D
<i>acetylcysteine inj</i>	2	
ANORO ELLIPTA	3	
BEVESPI AEROSPHERE	4	
BREO ELLIPTA	3	
<i>breynd</i>	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	3	
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	
DULERA	3	
<i>fluticasone propionate/salmeterol diskus</i>	2	
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 500mcg/act; 50mcg/act, 55mcg/act; 14mcg/act</i>	2	
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
NUCALA VIAL; PREFILLED SYRINGE	5	PA
<i>ribavirin solr 6gm</i>	5	PA
STIOLTO RESPIMAT	3	
TEZSPIRE	5	QL(1.91 ML per 28 days); PA
TRELEGY ELLIPTA	3	
<i>wixela inhub</i>	2	
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	PA
<i>methocarbamol tabs 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	
DAYVIGO	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	
<i>flurazepam hydrochloride</i>	2	QL(30 EA per 30 days)
HETLIOZ LQ	5	PA
<i>pentobarbital sodium</i>	4	
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA
<i>temazepam</i>	2	QL(30 EA per 30 days)
<i>triazolam</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tabs</i>	2	
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	2	PA
MODAFINIL TABS	3	PA
SODIUM OXYBATE	5	PA
SUNOSI	4	QL(30 EA per 30 days); PA

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ALIMTA	17
ALIQOPA	20
<i>aliskiren</i>	38
<i>allopurinol</i>	14
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ALOGLIPTIN/METFORMIN HCL	31
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<i>alosetron hydrochloride</i>	50
<i>alprazolam</i>	31
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<i>aminophylline</i>	72	<i>aripiprazole</i>	26
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<i>amiodarone hydrochloride</i>	36	<i>armodafinil</i>	73
<i>amitriptyline hcl</i>	12	ARMOUR THYROID	59
<i>amitriptyline hydrochloride</i>	12	ARNUITY ELLIPTA	70
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<i>amlodipine besylate</i>	37	<i>arsenic trioxide</i>	18
<i>amlodipine besylate/benazepril hcl</i>	38	ARZERRA	23
<i>amlodipine besylate/benazepril hydrochloride</i>	38	ASCENIV	61
<i>amlodipine besylate/valsartan</i>	38	<i>ascomp/codeine</i>	2
<i>ammonium lactate</i>	44	ASENAPINE MALEATE SL	26
<i>amnestem</i>	43	<i>ashlyna</i>	55
<i>amoxapine</i>	12	<i>aspirin/dipyridamole</i>	35
<i>amoxicillin</i>	6	<i>aspirin/dipyridamole er</i>	35
<i>amoxicillin/clavulanate potassium</i>	6	ASTAGRAF XL	63
<i>amoxicillin/clavulanate potassium er</i>	6	<i>atazanavir</i>	30
<i>amphetamine/dextroamphetamine</i>	41	<i>atazanavir sulfate</i>	30
<i>amphotericin b</i>	13	<i>atenolol</i>	37
<i>amphotericin b liposome</i>	13	<i>atenolol/chlorthalidone</i>	38
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<i>ampicillin-sulbactam</i>	6	<i>atorvastatin calcium</i>	40
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<i>anastrozole</i>	19	<i>atovaquone/proguanil hcl</i>	25
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<i>apri</i>	55	<i>auranofin</i>	62
APTIOM	10	<i>aurovela 1.5/30</i>	55
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ARALAST NP	51	<i>aurovela 24 fe</i>	55
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<i>azelastine hcl</i>	70	<i>betamethasone valerate</i>	44
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<i>baclofen</i>	27	BEYFORTUS	61
<i>balsalazide disodium</i>	66	<i>bicalutamide</i>	16
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<i>balziva</i>	55	BICILLIN L-A	6
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BAVENCIO	23	<i>bisoprolol fumarate</i>	37
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BCG VACCINE	64	BIVIGAM	61
BD INSULIN SYRINGE	67	BIZENGRI	23
SAFETYGLIDE/1ML/29G X 1/2"		<i>bleomycin sulfate</i>	18
B-D INSULIN SYRINGE ULTRAFINE	67	BLINCYTO	23
II/0.3ML/31G X 5/16"		<i>blisovi 24 fe</i>	55
BD INSULIN SYRINGE ULTRA-	67	<i>blisovi fe 1.5/30</i>	55
FINE/0.5ML/30G X 12.7MM		<i>blisovi fe 1/20</i>	55
BD INSULIN SYRINGE ULTRA-	67	BONSITY	66
FINE/1ML/31G X 8MM		BOOSTRIX	65
BD PEN NEEDLE/ORIGINAL/ULTRA-	67	BORTEZOMIB	18
FINE/29G X 12.7MM		BOSULIF	20
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<i>brimonidine tartrate</i>	70	<i>candesartan cilexetil/hydrochlorothiazide</i>	38
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<i>bromocriptine mesylate</i>	25	<i>carbamazepine er</i>	10
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BRUKINSA	20	<i>carbidopa/levodopa</i>	25
<i>budesonide</i>	66	<i>carbidopa/levodopa er</i>	25
<i>budesonide</i>	70	<i>carbidopa/levodopa odt</i>	25
<i>bumetanide</i>	39	<i>carbidopa/levodopa/entacapone</i>	25
<i>buprenorphine</i>	1	<i>carboplatin</i>	15
<i>buprenorphine hcl</i>	3	<i>carglumic acid</i>	46
<i>buprenorphine hcl/naloxone hcl</i>	3	CARMUSTINE	15
<i>buprenorphine hydrochloride/naloxone</i>	3	<i>carteolol hcl</i>	69
<i>hydrochloride</i>		<i>cartia xt</i>	38
<i>bupropion hydrochloride</i>	11	<i>carvedilol</i>	37
<i>bupropion hydrochloride er (sr)</i>	4	<i>carvedilol phosphate er</i>	37
<i>bupropion hydrochloride er (sr)</i>	11	<i>caspofungin acetate</i>	13
<i>bupropion hydrochloride er (xl)</i>	11	CAYSTON	71
<i>bupirone hcl</i>	31	<i>cefaclor</i>	5
<i>bupirone hydrochloride</i>	31	<i>cefaclor er</i>	5
<i>busulfan</i>	15	<i>cefadroxil</i>	5
BUSULFEX	15	CEFAZOLIN	6
<i>butalbital/acetaminophen/caffeine</i>	42	<i>cefazolin sodium</i>	6
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	<i>cefazolin sodium/dextrose</i>	5
<i>butalbital/aspirin/caffeine</i>	42	CEFAZOLIN/DEXTROSE	6
<i>butalbital/aspirin/caffeine/codeine</i>	2	<i>cefdinir</i>	6
<i>butorphanol tartrate</i>	2	CEFEPIME	6
CABENUVA	28	CEFEPIME HYDROCHLORIDE	6
<i>cabergoline</i>	60	CEFEPIME/DEXTROSE	6
CABLIVI	35	<i>cefixime</i>	6
CABOMETYX	20	CEFOTAXIME SODIUM	6
<i>caffeine citrate</i>	42	<i>cefotetan</i>	6
<i>calcipotriene</i>	45	<i>cefoxitin sodium</i>	6
<i>calcitonin salmon</i>	66	<i>cefpodoxime proxetil</i>	6
<i>calcitonin-salmon</i>	66	<i>cefprozil</i>	6
<i>calcitriol</i>	45	<i>ceftazidime</i>	6
<i>calcitriol</i>	66	<i>ceftriaxone in iso-osmotic dextrose</i>	6
<i>calcium acetate</i>	49	<i>ceftriaxone sodium</i>	6
CALQUENCE	20	<i>ceftriaxone/dextrose</i>	6
<i>camila</i>	59	<i>cefuroxime axetil</i>	6

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<i>celecoxib</i>	1	<i>clindacin</i>	45
<i>cephalexin</i>	6	<i>clindacin etz pledgets</i>	4
CERDELGA	51	<i>clindamycin hcl</i>	4
CEREZYME	51	<i>clindamycin hydrochloride</i>	4
<i>cetirizine hydrochloride</i>	70	<i>clindamycin palmitate hydrochloride</i>	4
<i>cevimeline hydrochloride</i>	43	<i>clindamycin phosphate</i>	4
<i>charlotte 24 fe</i>	55	<i>clindamycin phosphate</i>	45
<i>chateal eq</i>	55	<i>clindamycin phosphate/dextrose</i>	4
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<i>chloramphenicol sodium succinate</i>	4	CLINIMIX 4.25%/DEXTROSE 5%	46
<i>chlordiazepoxide hcl</i>	31	CLINIMIX 5%/DEXTROSE 15%	46
<i>chlordiazepoxide hydrochloride</i>	31	CLINIMIX 5%/DEXTROSE 20%	46
<i>chlorhexidine gluconate</i>	43	CLINIMIX 6/5	46
<i>chloroquine phosphate</i>	25	CLINIMIX 8/10	46
<i>chlorothiazide sodium</i>	40	CLINIMIX 8/14	46
<i>chlorpromazine hcl</i>	25	CLINIMIX E 2.75%/DEXTROSE 5%	46
<i>chlorpromazine hydrochloride</i>	25	CLINIMIX E 4.25%/DEXTROSE 10%	46
<i>chlorthalidone</i>	40	CLINIMIX E 4.25%/DEXTROSE 5%	46
CHOLBAM	51	CLINIMIX E 5%/DEXTROSE 15%	46
<i>cholestyramine</i>	40	CLINIMIX E 5%/DEXTROSE 20%	46
<i>cholestyramine light</i>	40	CLINIMIX E 8/10	46
<i>chorionic gonadotropin</i>	54	CLINIMIX E 8/14	46
<i>ciclodan</i>	45	CLINISOL SF 15%	46
<i>ciclopirox</i>	45	CLINOLIPID	67
<i>ciclopirox nail lacquer</i>	45	<i>clobazam</i>	9
<i>ciclopirox olamine</i>	45	<i>clobetasol propionate</i>	44
<i>cidofovir</i>	28	<i>clobetasol propionate e</i>	44
<i>cilostazol</i>	35	<i>clobetasol propionate emollient</i>	44
CIMDUO	29	<i>clofarabine</i>	17
<i>cimetidine</i>	50	<i>clomipramine hydrochloride</i>	12
CIMZIA	64	<i>clonazepam</i>	9
CIMZIA STARTER KIT	64	<i>clonazepam odt</i>	9
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CINRYZE	61	<i>clonidine hydrochloride</i>	35
CINVANTI	13	<i>clonidine hydrochloride</i>	41
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<i>ciprofloxacin hydrochloride</i>	7	<i>clopidogrel</i>	35
<i>ciprofloxacin hydrochloride</i>	69	<i>clorazepate dipotassium</i>	31
<i>ciprofloxacin i.v.-in d5w</i>	7	<i>clotrimazole</i>	13
<i>cisplatin</i>	16	<i>clotrimazole/betamethasone dipropionate</i>	45
<i>citalopram hydrobromide</i>	11	<i>clozapine</i>	27
<i>cladribine</i>	17	<i>clozapine odt</i>	27
<i>claravis</i>	43	COARTEM	25
<i>clarithromycin</i>	7	COBENFY	42

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<i>colesevelam hydrochloride</i>	40	<i>cytarabine</i>	17
<i>colestipol hydrochloride</i>	40	<i>cytarabine aqueous</i>	17
<i>colistimethate sodium</i>	5	CYTOGAM	61
COLUMVI	18	<i>dabigatran etexilate</i>	33
COMBIVENT RESPIMAT	73	<i>dacarbazine</i>	16
COMETRIQ	20	<i>dactinomycin</i>	18
COMPLERA	28	<i>dalfampridine er</i>	42
<i>compro</i>	13	<i>danazol</i>	54
<i>constulose</i>	49	<i>dantrolene sodium</i>	27
COPIKTRA	20	DANYELZA	23
CORLANOR	39	DANZITEN	20
COSELA	67	<i>dapsone</i>	15
COSENTYX	62	DAPTACEL	65
COSENTYX SENSOREADY PEN	62	<i>daptomycin</i>	5
COSENTYX UNOREADY	62	DAPTOMYCIN/SODIUM CHLORIDE	5
COTELIC	20	DARIFENACIN HYDROBROMIDE ER	52
CREON	51	<i>darunavir</i>	30
CRESEMBA	13	DARZALEX	23
CRINONE	59	DARZALEX FASPRO	23
<i>cromolyn sodium</i>	51	<i>dasatinib</i>	20
<i>cromolyn sodium</i>	69	<i>dasetta 1/35</i>	55
<i>cromolyn sodium</i>	72	<i>dasetta 7/7/7</i>	55
<i>cryselle-28</i>	55	DATROWAY	23
CRYSVITA	51	<i>daunorubicin hydrochloride</i>	18
CURITY ALL PURPOSE SPONGES	67	DAURISMO	20
2"X2"		<i>daysee</i>	55
CURITY GAUZE PADS 2"X2" 12 PLY	67	DAYVIGO	73
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<i>cyclopentolate hcl</i>	68	<i>deferasirox</i>	49
<i>cyclopentolate hydrochloride</i>	68	<i>deferiprone</i>	49
CYCLOPHOSPHAMIDE	16	<i>deferoxamine mesylate</i>	67
CYCLOPHOSPHAMIDE	16	DELSTRIGO	28
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<i>cyclosporine</i>	64	<i>demeclocycline hydrochloride</i>	8
<i>cyclosporine</i>	68	DENGVAIXA	65
<i>cyclosporine modified</i>	64	DEPO-ESTRADIOL	55
<i>cyproheptadine hcl</i>	71	DEPO-SUBQ PROVERA 104	59
<i>cyproheptadine hydrochloride</i>	71	DESCOVY	29
CYRAMZA	23	<i>desipramine hydrochloride</i>	12
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<i>desogestrel/ethinyl estradiol</i>	55	<i>diclofenac sodium/misoprostol</i>	1
<i>desonide</i>	44	<i>dicloxacillin sodium</i>	6
<i>desoximetasone</i>	44	<i>dicyclomine hcl</i>	50
<i>desvenlafaxine er</i>	11	<i>dicyclomine hydrochloride</i>	50
<i>dexamethasone</i>	53	DIFICID	7
DEXAMETHASONE INTENSOL	53	DIGOXIN	36
<i>dexamethasone sodium phosphate</i>	53	<i>dihydroergotamine mesylate</i>	14
<i>dexamethasone sodium phosphate</i>	69	DILANTIN	10
DEXAMETHASONE SODIUM	53	DILANTIN INFATABS	10
PHOSPHATE +RFID		<i>diltiazem hcl</i>	38
<i>dexmethylphenidate hcl</i>	41	<i>diltiazem hcl cd</i>	38
<i>dexmethylphenidate hcl er</i>	41	<i>diltiazem hcl er</i>	38
<i>dexmethylphenidate hydrochloride</i>	41	<i>diltiazem hydrochloride</i>	38
<i>dexmethylphenidate hydrochloride er</i>	41	<i>diltiazem hydrochloride er</i>	38
<i>dexrazoxane</i>	24	<i>dilt-xr</i>	38
<i>dexrazoxane hydrochloride</i>	24	<i>dimenhydrinate</i>	13
<i>dextroamphetamine sulfate</i>	41	<i>dimethyl fumarate</i>	42
<i>dextroamphetamine sulfate er</i>	41	<i>dimethyl fumarate starterpack</i>	42
<i>dextrose</i>	47	<i>diphenhydramine hcl</i>	71
<i>dextrose 5% /electrolyte #48 viaflex</i>	46	<i>diphenhydramine hydrochloride</i>	71
<i>dextrose 10%</i>	46	<i>diphenoxylate hydrochloride/atropine</i>	50
<i>dextrose 10%/sodium chloride 0.2%</i>	47	<i>sulfate</i>	
<i>dextrose 10%/sodium chloride 0.45%</i>	47	<i>diphenoxylate/atropine</i>	50
<i>dextrose 2.5%/sodium chloride 0.45%</i>	47	DIPHTHERIA/TETANUS TOXOIDS	65
<i>dextrose 25%</i>	47	ADSORBED PEDIATRIC	
<i>dextrose 5%</i>	47	<i>disulfiram</i>	3
<i>dextrose 5%/lactated ringers</i>	47	DIURIL	40
<i>dextrose 5%/sodium chloride 0.2%</i>	47	<i>divalproex sodium dr</i>	9
<i>dextrose 5%/sodium chloride 0.3%</i>	47	<i>divalproex sodium er</i>	9
<i>dextrose 5%/sodium chloride 0.33%</i>	47	<i>dobutamine hcl</i>	39
<i>dextrose 5%/sodium chloride 0.45%</i>	47	<i>dobutamine hcl/d5w</i>	39
<i>dextrose 5%/sodium chloride 0.9%</i>	47	<i>dobutamine hydrochloride/dextrose 5%</i>	39
<i>dextrose 50%</i>	47	DOCETAXEL	18
<i>dextrose/sodium chloride</i>	47	<i>dofetilide</i>	36
DIACOMIT	9	<i>dolishale</i>	55
<i>diazepam</i>	31	<i>donepezil hcl</i>	11
<i>diazepam intensol</i>	31	<i>donepezil hydrochloride</i>	11
<i>diazepam rectal gel</i>	9	<i>donepezil hydrochloride odt</i>	11
<i>diazoxide</i>	32	<i>dopamine hydrochloride</i>	39
<i>dichlorphenamide</i>	51	<i>dopamine hydrochloride/dextrose</i>	39
<i>diclofenac sodium</i>	1	<i>dopamine/d5w</i>	39
<i>diclofenac sodium</i>	45	DOPTELET	35
<i>diclofenac sodium</i>	69	<i>dorzolamide hcl/timolol maleate</i>	68
<i>diclofenac sodium dr</i>	1	<i>dorzolamide hydrochloride</i>	70

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<i>dorzolamide hydrochloride/timolol maleate pf</i>	68	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	29
<i>dotti</i>	55	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	29
DOVATO	28	ELAHERE	23
<i>doxazosin</i>	53	ELAPRASE	51
<i>doxazosin mesylate</i>	53	ELELYSO	51
<i>doxepin hcl</i>	12	ELEPSIA XR	8
<i>doxepin hydrochloride</i>	12	ELIGARD	60
DOXEPIH HYDROCHLORIDE	44	<i>elinest</i>	55
<i>doxepin hydrochloride</i>	73	ELIQUIS	33
<i>doxercalciferol</i>	66	ELIQUIS STARTER PACK	33
<i>doxorubicin hcl</i>	18	ELITEK	24
<i>doxorubicin hydrochloride</i>	18	<i>elixophyllin</i>	72
<i>doxorubicin hydrochloride liposomal</i>	18	ELMIRON	53
<i>doxy 100</i>	8	ELREXFIO	18
<i>doxycycline</i>	8	<i>eltrombopag olamine</i>	34
<i>doxycycline hyclate</i>	8	<i>eluryng</i>	55
<i>doxycycline hyclate</i>	43	ELZONRIS	18
<i>doxycycline monohydrate</i>	8	EMCYT	17
DRIZALMA SPRINKLE	11	EMEND	13
<i>dronabinol</i>	13	EMGALITY	14
<i>droperidol</i>	13	EMPAVELI	62
DROPLET PEN NEEDLES 29GX10MM	67	EMPLICITI	23
<i>drospirenone/ethinyl estradiol</i>	55	EMRELIS	23
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	55	EMSAM	11
DROXIA	17	<i>emtricitabine</i>	29
<i>droxidopa</i>	35	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	29
DULERA	73	<i>emtricitabine/tenofovir disoproxil fumarate</i>	29
<i>duloxetine hydrochloride dr</i>	11	<i>emtricitabine/tenofovir disoproxil fumarate</i>	29
DUPIXENT	62	EMTRIVA	29
<i>duramorph</i>	2	<i>emzahh</i>	59
<i>dutasteride</i>	53	<i>enalapril maleate</i>	36
DYSPORT	27	<i>enalapril maleate/hydrochlorothiazide</i>	39
EASY COMFORT INSULIN	67	<i>enalaprilat</i>	36
SYRINGE/1ML/32GX5/16"		ENBREL	64
EASY COMFORT INSULIN	67	ENBREL MINI	64
SYRINGES/0.5ML/32GX5/16"		ENBREL SURECLICK	64
EASY COMFORT PEN NEEDLES	67	ENDARI	51
29GX4MM		<i>endocet</i>	2
<i>econazole nitrate</i>	13	ENGERIX-B	65
EDURANT	28	ENHERTU	23
EDURANT PED	29	<i>enilloring</i>	55
<i>efavirenz</i>	29	<i>enoxaparin sodium</i>	34

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<i>enpresse-28</i>	55	<i>estradiol valerate</i>	55
ENSACOVE	20	<i>estradiol/norethindrone acetate</i>	55
<i>enskyce</i>	55	ESTRING	56
<i>entacapone</i>	25	<i>ethacrynate sodium</i>	39
<i>entecavir</i>	28	<i>ethambutol hydrochloride</i>	15
ENTRESTO	39	<i>ethosuximide</i>	9
<i>enulose</i>	49	<i>ethynodiol diacetate/ethinyl estradiol</i>	56
EPCLUSA	28	<i>etodolac er</i>	1
EPIDIOLEX	8	<i>etonogestrel/ethinyl estradiol</i>	56
<i>epinephrine</i>	71	ETOPOPHOS	20
<i>epitol</i>	10	<i>etoposide</i>	20
EPKINLY	18	<i>etravirine</i>	29
<i>eplerenone</i>	40	EULEXIN	16
EPOGEN	34	<i>euthyrox</i>	59
<i>epoprostenol sodium</i>	72	<i>everolimus</i>	20
EPRONTIA	8	<i>everolimus</i>	64
ERBITUX	23	EVOMELA	16
ERGOLOID MESYLATES	10	EVOTAZ	30
ERGOMAR	14	<i>exemestane</i>	19
ERGOTAMINE TARTRATE/CAFFEINE	14	EXKIVITY	20
<i>eribulin mesylate</i>	18	EXONDYS 51	51
ERIVEDGE	20	EXSERVAN	42
ERLEADA	16	EXTAVIA	42
<i>erlotinib hydrochloride</i>	20	<i>ezetimibe</i>	40
<i>errin</i>	59	FABRAZYME	51
<i>ertapenem sodium</i>	7	<i>falmina</i>	56
<i>ery</i>	45	<i>famciclovir</i>	30
ERYTHROCIN LACTOBIONATE	7	<i>famotidine</i>	51
<i>erythrocine stearate</i>	7	<i>famotidine premixed</i>	51
<i>erythromycin</i>	45	FANAPT	26
<i>erythromycin</i>	69	FANAPT TITRATION PACK A	26
<i>erythromycin base</i>	7	FANAPT TITRATION PACK B	26
<i>erythromycin dr</i>	7	FANAPT TITRATION PACK C	26
<i>erythromycin ethylsuccinate</i>	7	FARXIGA	40
<i>erythromycin lactobionate</i>	7	FASLODEX	17
<i>escitalopram oxalate</i>	11	<i>febuxostat</i>	14
<i>eslicarbazepine acetate</i>	10	<i>feirza 1.5/30</i>	56
<i>esmolol hcl</i>	37	<i>feirza 1/20</i>	56
<i>esmolol hydrochloride in sodium chloride</i>	37	<i>felbamate</i>	8
<i>esmolol hydrochloride in sodium chloride</i>	37	<i>felodipine er</i>	37
<i>double strength</i>		FEMRING	56
<i>esmolol hydrochloride/sodium chloride</i>	37	<i>fenofibrate</i>	40
<i>esomeprazole magnesium</i>	51	<i>fenofibrate micronized</i>	40
<i>estarylla</i>	55	<i>fenofibric acid</i>	40
ESTRADIOL	55	<i>fenofibric acid dr</i>	40

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<i>fenoprofen calcium</i>	1	<i>flurbiprofen sodium</i>	69
<i>fentanyl</i>	1	<i>fluticasone propionate</i>	44
<i>fentanyl citrate oral transmucosal</i>	2	<i>fluticasone propionate</i>	70
FERRIPROX	49	<i>fluticasone propionate/salmeterol</i>	73
FERRIPROX TWICE-A-DAY	49	<i>fluticasone propionate/salmeterol diskus</i>	73
<i>fesoterodine fumarate er</i>	52	<i>fluvoxamine maleate</i>	12
FETROJA	6	<i>fluvoxamine maleate er</i>	12
FETZIMA	11	FOLOTYN	17
FETZIMA TITRATION PACK	11	<i>fomepizole</i>	67
<i>fidaxomicin</i>	7	<i>fondaparinux sodium</i>	34
<i>finasteride</i>	53	FORTEO	66
<i> fingolimod hydrochloride</i>	42	<i>fosamprenavir calcium</i>	30
FINTEPLA	8	<i>fosaprepitant dimeglumine</i>	13
<i>finzala</i>	56	<i>fosfomycin tromethamine</i>	5
FIRMAGON	60	<i>fosinopril sodium</i>	36
<i>flac</i>	70	<i>fosinopril sodium/hydrochlorothiazide</i>	39
<i>flavoxate hcl</i>	52	<i>fosphenytoin sodium</i>	10
FLEBOGAMMA DIF	61	FOSRENOL	49
<i>flecainide acetate</i>	36	FOTIVDA	20
FLOXURIDINE	17	FRAGMIN	34
<i>fluconazole</i>	14	FRINDOVYX	16
<i>fluconazole in nacl</i>	13	FRUZAQLA	20
<i>fluconazole in sodium chloride</i>	13	FULPHILA	34
<i>flucytosine</i>	14	<i>fulvestrant</i>	17
FLUDARABINE PHOSPHATE	20	<i>furosemide</i>	39
<i>fludrocortisone acetate</i>	53	FUZEON	29
<i>flunisolide</i>	70	FYARRO	20
<i>fluocinolone acetonide</i>	44	<i>fyavolv</i>	56
<i>fluocinolone acetonide</i>	70	FYCOMPA	8
<i>fluocinolone acetonide body</i>	44	FYLNETRA	34
<i>fluocinolone acetonide ear drops</i>	70	<i>gabapentin</i>	9
<i>fluocinolone acetonide scalp</i>	44	GABLOFEN	27
<i>fluocinolone acetonide topical</i>	44	GALAFOLD	51
<i>fluocinonide</i>	44	<i>galantamine hydrobromide</i>	11
<i>fluoride</i>	47	<i>galantamine hydrobromide er</i>	11
<i>fluorometholone</i>	69	<i>galbriela</i>	56
<i>fluorouracil</i>	17	<i>gallifrey</i>	59
FLUOROURACIL	45	GAMASTAN	61
<i>fluoxetine dr</i>	12	GAMMAGARD LIQUID	61
<i>fluoxetine hydrochloride</i>	12	GAMMAGARD S/D IGA LESS THAN	61
<i>fluphenazine decanoate</i>	26	1MCG/ML	
<i>fluphenazine hcl</i>	26	GAMMAKED	61
<i>fluphenazine hydrochloride</i>	26	GAMMAPLEX	61
<i>flurazepam hydrochloride</i>	73	GAMUNEX-C	61
<i>flurbiprofen</i>	1	<i>ganciclovir</i>	28

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GARDASIL 9	65	<i>griseofulvin microsize</i>	14
<i>gatifloxacin</i>	69	<i>griseofulvin ultramicrosize</i>	14
GATTEX	50	GVOKE HYPOPEN 1-PACK	33
<i>gavilyte-c</i>	50	GVOKE HYPOPEN 2-PACK	33
<i>gavilyte-g</i>	50	GVOKE KIT	33
<i>gavilyte-n/flavor pack</i>	50	GVOKE PFS	33
GAVRETO	20	HADLIMA	64
GAZYVA	23	HADLIMA PUSHTOUCH	64
<i>gefitinib</i>	20	HAEGARDA	61
<i>gemcitabine hydrochloride</i>	17	<i>hailey 1.5/30</i>	56
<i>gemfibrozil</i>	40	<i>hailey 24 fe</i>	56
<i>gemmily</i>	56	<i>hailey fe 1.5/30</i>	56
GEMTESA	52	<i>hailey fe 1/20</i>	56
<i>generlac</i>	49	HALAVEN	18
<i>engraf</i>	64	<i>halobetasol propionate</i>	44
<i>gentamicin sulfate</i>	4	<i>haloperidol</i>	26
<i>gentamicin sulfate</i>	69	<i>haloperidol decanoate</i>	26
<i>gentamicin sulfate pediatric</i>	4	<i>haloperidol lactate</i>	26
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	HARVONI	28
GENVOYA	28	HAVRIX	65
GILENYA	42	<i>heather</i>	59
GILOTRIF	21	HEMANGEOL	37
GLASSIA	51	HEPAGAM B	61
<i>glatiramer acetate</i>	42	<i>heparin sodium</i>	34
<i>glatopa</i>	42	<i>heparin sodium/d5w</i>	34
GLEOSTINE	16	<i>heparin sodium/dextrose</i>	34
<i>glimepiride</i>	32	<i>heparin sodium/nacl 0.45%</i>	34
GLIPIZIDE	32	<i>heparin sodium/sodium chloride</i>	34
<i>glipizide er</i>	32	<i>heparin sodium/sodium chloride 0.9%</i>	34
<i>glipizide xl</i>	32	<i>heparin sodium/sodium chloride 0.9%</i>	34
<i>glipizide/metformin hydrochloride</i>	32	<i>premix</i>	
GLOBAL ALCOHOL PREP EASE PADS	67	HEPLISAV-B	65
GLUCAGEN HYPOKIT	33	HERCEPTIN	23
GLUCAGON EMERGENCY KIT	33	HERCEPTIN HYLECTA	23
GLUCAGON EMERGENCY KIT FOR	33	HERZUMA	23
LOW BLOOD SUGAR		HETLIOZ LQ	73
<i>glucose (dextrose) 50%</i>	47	HIBERIX	65
<i>glycopyrrolate</i>	50	HIZENTRA	62
<i>glydo</i>	3	HUMALOG	33
GLYXAMBI	32	HUMALOG JUNIOR KWIKPEN	33
GOMEKLI	21	HUMALOG KWIKPEN	33
GRAFAPEX	16	HUMALOG MIX 50/50	33
<i>granisetron hcl</i>	13	HUMALOG MIX 50/50 KWIKPEN	33
<i>granisetron hydrochloride</i>	13	HUMALOG MIX 75/25	33
GRANIX	34	HUMALOG MIX 75/25 KWIKPEN	33

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<i>humulin 70/30</i>	33	<i>imatinib mesylate</i>	21
HUMULIN 70/30 KWIKPEN	33	IMBRUVICA	21
<i>humulin n</i>	33	IMDELLTRA	18
HUMULIN N KWIKPEN	33	IMFINZI	23
<i>humulin r</i>	33	<i>imipenem/cilastatin</i>	7
HUMULIN R U-500 (CONCENTRATED)	33	<i>imipramine hcl</i>	12
HUMULIN R U-500 KWIKPEN	33	<i>imipramine hydrochloride</i>	12
<i>hydralazine hcl</i>	41	<i>imipramine pamoate</i>	12
<i>hydralazine hydrochloride</i>	41	<i>imiquimod</i>	45
<i>hydrochlorothiazide</i>	40	IMJUDO	23
<i>hydrocodone bitartrate/acetaminophen</i>	2	IMKELDI	21
<i>hydrocodone/acetaminophen</i>	2	IMOVAX RABIES (H.D.C.V.)	65
<i>hydrocodone/ibuprofen</i>	2	IMPAVIDO	5
<i>hydrocortisone</i>	44	IMVEXXY MAINTENANCE PACK	56
<i>hydrocortisone</i>	53	IMVEXXY STARTER PACK	56
<i>hydrocortisone</i>	66	<i>incassia</i>	59
<i>hydrocortisone butyrate</i>	44	INCRELEX	54
<i>hydrocortisone butyrate (lipid)</i>	44	<i>indapamide</i>	40
<i>hydrocortisone butyrate (lipophilic)</i>	44	INFANRIX	65
<i>hydromorphone hcl</i>	2	INFLECTRA	64
<i>hydromorphone hydrochloride</i>	3	<i>infliximab</i>	64
<i>hydroxychloroquine sulfate</i>	25	INGREZZA	42
<i>hydroxyurea</i>	17	INLYTA	21
<i>hydroxyzine hcl</i>	71	INQOVI	21
<i>hydroxyzine hydrochloride</i>	71	INREBIC	18
<i>hydroxyzine pamoate</i>	71	INTELENCE	29
HYPERHEP B	62	INTRALIPID	67
HYPERRHO S/D	62	<i>introvale</i>	56
HYPERRHO S/D MINI-DOSE	62	INVEGA HAFYERA	26
HYQVIA	62	INVEGA SUSTENNA	26
<i>ibandronate sodium</i>	66	INVEGA TRINZA	26
IBRANCE	18	IONOSOL-MB/DEXTROSE 5%	47
IBRANCE	21	IPOL INACTIVATED IPV	65
IBTROZI	21	<i>ipratropium bromide</i>	71
<i>ibu</i>	1	<i>ipratropium bromide/albuterol sulfate</i>	73
<i>ibuprofen</i>	1	<i>irbesartan</i>	36
<i>icatibant acetate</i>	61	<i>irbesartan/hydrochlorothiazide</i>	39
<i>iclevia</i>	56	<i>irinotecan hydrochloride</i>	20
ICLUSIG	21	ISENTRESS	28
<i>icosapent ethyl</i>	40	ISENTRESS HD	28
<i>idarubicin hcl</i>	18	<i>isibloom</i>	56
<i>idarubicin hydrochloride</i>	18	ISOLYTE-P/DEXTROSE 5%	47
IDHIFA	21	ISOLYTE-S	47
IFOSFAMIDE	16	ISOLYTE-S PH 7.4	47
ILARIS	62	<i>isoniazid</i>	15

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<i>isoproterenol hydrochloride</i>	71	<i>junel fe 24</i>	56
<i>isosorbide dinitrate</i>	41	JUXTAPID	40
<i>isosorbide dinitrate/hydralazine</i>	39	JYLAMVO	64
<i>hydrochloride</i>		JYNARQUE	49
<i>isosorbide mononitrate</i>	41	JYNNEOS	65
<i>isosorbide mononitrate er</i>	41	KADCYLA	23
<i>isotonic gentamicin</i>	4	<i>kaitlib fe</i>	56
<i>isotretinoin</i>	43	KALBITOR	61
<i>isradipine</i>	37	KALETRA	30
ISTODAX	18	<i>kalliga</i>	56
ISTURISA	54	KALYDECO	71
ITOVEBI	18	KANJINTI	23
<i>itraconazole</i>	14	KANUMA	51
<i>ivabradine hydrochloride</i>	39	KAPSPARGO SPRINKLE	37
IVERMECTIN	24	<i>kariva</i>	56
<i>ivermectin</i>	45	<i>kcl 0.075%/d5w/nacl 0.45%</i>	47
IVRA	16	<i>kcl 0.15%/d5w/nacl 0.2%</i>	47
IWILFIN	18	<i>kcl 0.15%/d5w/nacl 0.225%</i>	47
IXCHIQ	65	<i>kcl 0.15%/d5w/nacl 0.45%</i>	47
IXEMPRA KIT	18	<i>kcl 0.15%/d5w/nacl 0.9%</i>	47
IXIARO	65	<i>kcl 0.3%/d5w/nacl 0.45%</i>	47
<i>jaimiess</i>	56	<i>kcl 0.3%/d5w/nacl 0.9%</i>	47
JAKAFI	21	<i>kelnor 1/35</i>	56
<i>jantoven</i>	34	<i>kelnor 1/50</i>	56
JANUMET	32	<i>kemoplat</i>	16
JANUMET XR	32	KEPIVANCE	43
JANUVIA	32	KERENDIA	40
JARDIANCE	40	<i>ketoconazole</i>	14
<i>jasmiel</i>	56	<i>ketorolac tromethamine</i>	1
JAYPIRCA	21	<i>ketorolac tromethamine</i>	69
JEMPERLI	23	KEYTRUDA	23
<i>jencycla</i>	59	KIMMTRAK	18
JENTADUETO	32	KIMYRSA	5
JENTADUETO XR	32	KINERET	62
JEVTANA	18	KINRIX	65
<i>jinteli</i>	56	<i>kionex</i>	49
<i>jolessa</i>	56	KISQALI	21
<i>joyeaux</i>	56	KISQALI FEMARA 200 DOSE	18
JUBBONTI	66	KISQALI FEMARA 400 DOSE	18
<i>juleber</i>	56	KISQALI FEMARA 600 DOSE	19
JULUCA	28	<i>klayesta</i>	14
<i>junel 1.5/30</i>	56	<i>klor-con 10</i>	47
<i>junel 1/20</i>	56	<i>klor-con 8</i>	47
<i>junel fe 1.5/30</i>	56	<i>klor-con m10</i>	47
<i>junel fe 1/20</i>	56	<i>klor-con m15</i>	47

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<i>klor-con m20</i>	47	LENVIMA 18 MG DAILY DOSE	21
KOSELUGO	21	LENVIMA 20 MG DAILY DOSE	21
<i>kourzeq</i>	43	LENVIMA 24 MG DAILY DOSE	21
KRAZATI	21	LENVIMA 4 MG DAILY DOSE	21
KRISTALOSE	49	LENVIMA 8 MG DAILY DOSE	21
KRYSTEXXA	14	<i>lessina</i>	57
<i>kurvelo</i>	56	<i>letrozole</i>	20
KYPROLIS	20	<i>leucovorin calcium</i>	19
<i>labetalol hydrochloride</i>	37	LEUKERAN	16
<i>lacosamide</i>	10	LEUPROLIDE ACETATE	60
<i>lactated ringers irrigation</i>	67	<i>levalbuterol hcl</i>	71
<i>lactulose</i>	49	<i>levalbuterol hydrochloride</i>	71
LAGEVRIO	30	<i>levalbuterol tartrate hfa</i>	71
<i>lamivudine</i>	28	LEVETIRACETAM	9
<i>lamivudine</i>	29	<i>levetiracetam er</i>	9
<i>lamivudine/zidovudine</i>	29	<i>levetiracetam/sodium chloride</i>	9
<i>lamotrigine</i>	9	<i>levobunolol hcl</i>	70
<i>lamotrigine er</i>	8	<i>levocarnitine</i>	67
<i>lamotrigine starter kit/blue</i>	8	<i>levocetirizine dihydrochloride</i>	71
<i>lamotrigine starter kit/green</i>	8	LEVOFLOXACIN	7
<i>lamotrigine starter kit/orange</i>	8	<i>levofloxacin</i>	69
<i>lamotrigine titration</i>	9	<i>levofloxacin in d5w</i>	7
LANOXIN PEDIATRIC	36	<i>levoleucovorin</i>	19
LANREOTIDE ACETATE	60	<i>levonest</i>	57
<i>lansoprazole</i>	51	<i>levonorgestrel and ethinyl estradiol</i>	57
<i>lanthanum carbonate</i>	49	<i>levonorgestrel/ethinyl estradiol</i>	57
LANTUS	33	<i>levonorgestrel/ethinyl estradiol/ferrous</i>	57
LANTUS SOLOSTAR	33	<i>bisglycinate</i>	
<i>lapatinib ditosylate</i>	21	<i>levora 0.15/30-28</i>	57
<i>larin 1.5/30</i>	56	<i>levo-t</i>	60
<i>larin 1/20</i>	56	<i>levothyroxine sodium</i>	60
<i>larin 24 fe</i>	56	<i>levoxyl</i>	60
<i>larin fe 1.5/30</i>	56	LEXIVA	30
<i>larin fe 1/20</i>	56	<i>l-glutamine</i>	51
<i>latanoprost</i>	70	LIBERVANT	9
<i>layolis fe</i>	56	LIBTAYO	23
LAZCLUZE	19	<i>lidocaine</i>	3
LEDIPASVIR/SOFOSBUVIR	28	<i>lidocaine hcl</i>	3
<i>leena</i>	56	<i>lidocaine hcl</i>	36
<i>leflunomide</i>	64	<i>lidocaine hcl</i>	43
LEMTRADA	62	<i>lidocaine hcl in d5w</i>	36
<i>lenalidomide</i>	17	<i>lidocaine hcl jelly</i>	3
LENVIMA 10 MG DAILY DOSE	21	<i>lidocaine hcl/dextrose</i>	36
LENVIMA 12MG DAILY DOSE	21	<i>lidocaine hydrochloride</i>	3
LENVIMA 14 MG DAILY DOSE	21	<i>lidocaine hydrochloride viscous</i>	43

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<i>lidocaine viscous</i>	43	LUPRON DEPOT-PED (3-MONTH)	60
<i>lidocaine/prilocaine</i>	3	LUPRON DEPOT-PED (6-MONTH)	54
LILETTA	59	<i>lurasidone hydrochloride</i>	26
<i>lincomycin hydrochloride</i>	5	<i>luteira</i>	57
<i>linezolid</i>	5	LYBALVI	26
LINZESS	49	<i>lyleq</i>	59
LIORESAL INTRATHECAL	27	<i>lyllana</i>	57
LIOTHYRONINE SODIUM	60	LYNOZYFIC	19
<i>lisinopril</i>	36	LYNPARZA	21
<i>lisinopril/hydrochlorothiazide</i>	39	LYSODREN	19
<i>lithium</i>	31	LYTGOBI	21
<i>lithium carbonate</i>	31	<i>lyza</i>	59
<i>lithium carbonate er</i>	31	MAGNESIUM SULFATE	47
LITHOSTAT	53	<i>magnesium sulfate in d5w</i>	47
LIVTENCITY	28	<i>magnesium sulfate/dextrose</i>	47
LO LOESTRIN FE	57	<i>malathion</i>	45
<i>lofexidine hydrochloride</i>	4	<i>maraviroc</i>	29
<i>lojaimiess</i>	57	MARGENZA	23
LOKELMA	49	<i>marlissa</i>	57
LONSURF	19	MARPLAN	11
<i>loperamide hydrochloride</i>	50	MATULANE	16
<i>lopinavir/ritonavir</i>	30	MAVENCLAD	42
LOQTORZI	23	MAVYRET	28
<i>lorazepam</i>	31	MAYZENT	42
LORBRENA	21	MAYZENT STARTER PACK	42
<i>loryna</i>	57	<i>meclizine hcl</i>	13
<i>losartan potassium</i>	36	<i>meclofenamate sodium</i>	1
<i>losartan potassium/hydrochlorothiazide</i>	39	<i>medroxyprogesterone acetate</i>	59
<i>loteprednol etabonate</i>	69	<i>mefenamic acid</i>	1
<i>lovastatin</i>	40	<i>mefloquine hydrochloride</i>	25
<i>low-ogestrel</i>	57	<i>megestrol acetate</i>	59
<i>loxapine</i>	26	MEKINIST	21
<i>lo-zumandimine</i>	57	MEKTOVI	21
LUBIPROSTONE	49	<i>meleya</i>	59
LUCEMYRA	4	<i>meloxicam</i>	1
LUMAKRAS	21	<i>melphalan hydrochloride</i>	16
LUMIGAN	70	<i>memantine hcl titration pak</i>	11
LUMIZYME	51	<i>memantine hydrochloride</i>	11
LUNSUMIO	23	<i>memantine hydrochloride er</i>	11
LUPKYNIS	64	<i>memantine/donepezil hydrochloride er</i>	10
LUPRON DEPOT (1-MONTH)	60	MENACTRA	65
LUPRON DEPOT (3-MONTH)	60	MENQUADFI	65
LUPRON DEPOT (4-MONTH)	60	MENVEO	65
LUPRON DEPOT (6-MONTH)	60	<i>meprobamate</i>	31
LUPRON DEPOT-PED (1-MONTH)	60	<i>mercaptopurine</i>	17

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<i>meropenem</i>	7	<i>metronidazole vaginal</i>	5
MEROPENEM/SODIUM CHLORIDE	7	<i>metyrosine</i>	39
<i>merzee</i>	57	<i>mexiletine hydrochloride</i>	36
<i>mesalamine</i>	66	MIACALCIN	66
<i>mesalamine dr</i>	66	<i>mibelas 24 fe</i>	57
<i>mesalamine er</i>	66	<i>micafungin</i>	14
<i>mesna</i>	24	<i>miconazole 3</i>	14
MESNEX	24	MICRHOGAM ULTRA-FILTERED PLUS	62
<i>metformin hydrochloride</i>	32	<i>microgestin 1.5/30</i>	57
<i>metformin hydrochloride er</i>	32	<i>microgestin 1/20</i>	57
<i>methadone hcl</i>	1	<i>microgestin 24 fe</i>	57
<i>methadone hydrochloride</i>	1	<i>microgestin fe 1.5/30</i>	57
<i>methadone hydrochloride intensol</i>	1	<i>microgestin fe 1/20</i>	57
<i>methadose</i>	1	<i>midazolam hcl</i>	31
<i>methadose sugar-free</i>	1	<i>midazolam hydrochloride</i>	31
<i>methazolamide</i>	70	<i>midodrine hydrochloride</i>	35
<i>methenamine hippurate</i>	5	<i>mifepristone</i>	60
<i>methergine</i>	67	MIGERGOT	14
<i>methimazole</i>	61	<i>miglitol</i>	32
<i>methocarbamol</i>	73	<i>miglustat</i>	51
<i>methotrexate</i>	64	<i>mili</i>	57
<i>methotrexate sodium</i>	64	<i>milrinone lactate in dextrose</i>	39
<i>methoxsalen</i>	45	<i>mimvey</i>	57
<i>methscopolamine bromide</i>	50	MINOCIN	8
METHSUXIMIDE	9	<i>minocycline hcl</i>	8
<i>methylergonovine maleate</i>	67	<i>minocycline hydrochloride</i>	8
<i>methylphenidate hydrochloride</i>	41	<i>minoxidil</i>	41
<i>methylphenidate hydrochloride er</i>	41	<i>minzoya</i>	57
<i>methylphenidate hydrochloride er (cd)</i>	41	<i>mirtazapine</i>	11
<i>methylphenidate hydrochloride er (la)</i>	41	<i>mirtazapine odt</i>	11
<i>methylphenidate hydrochloride er (osm)</i>	41	<i>misoprostol</i>	51
<i>methylprednisolone</i>	53	<i>mitomycin</i>	19
<i>methylprednisolone acetate</i>	53	<i>mitoxantrone hcl</i>	42
<i>methylprednisolone dose pack</i>	53	M-M-R II	65
<i>methylprednisolone sodium succinate</i>	53	MODAFINIL	73
<i>methylprednisolone sodiumsuccinate</i>	53	<i>moexipril hydrochloride</i>	36
<i>metoclopramide hcl</i>	50	MOLINDONE HYDROCHLORIDE	26
<i>metoclopramide hydrochloride</i>	50	<i>mometasone furoate</i>	44
<i>metoclopramide odt</i>	50	<i>mondoxylene nl</i>	8
<i>metolazone</i>	40	MONJUVI	23
<i>metoprolol succinate er</i>	37	<i>mono-lynyah</i>	57
<i>metoprolol tartrate</i>	37	<i>montelukast sodium</i>	71
<i>metoprolol/hydrochlorothiazide</i>	39	<i>morphine sulfate</i>	3
<i>metronidazole</i>	5	<i>morphine sulfate er</i>	1
<i>metronidazole</i>	43	MOUNJARO	32

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MOVANTIK	49	neomycin/polymyxin/dexamethasone	68
moxifloxacin hydrochloride/sodium	7	neomycin/polymyxin/gramicidin	68
hydrochloride		neomycin/polymyxin/hc	70
moxifloxacin hydrochloride	7	neomycin/polymyxin/hydrocortisone	68
moxifloxacin hydrochloride	69	neomycin/polymyxin/hydrocortisone	70
MOZOBIL	34	neo-polycin	68
MRESVIA	65	neo-polycin hc	68
MULPLETA	34	NERLYNX	21
MULTAQ	36	NESINA	32
multiple electrolytes injection type I	47	NEULASTA	35
mupirocin	45	NEULASTA ONPRO KIT	35
mutamycin	19	NEUPOGEN	35
MVASI	23	nevirapine	29
MYCOPHENOLATE MOFETIL	64	nevirapine er	29
mycophenolic acid dr	64	NEXPLANON	59
MYLOTARG	23	NEXTERONE	36
MYOBLOC	27	NEXTSTELLIS	57
MYRBETRIQ	52	niacin	40
NABI-HB	62	niacin er	40
nabumetone	1	niacor	40
nadolol	37	nicardipine hcl	37
NAFCILLIN	6	NICARDIPINE HYDROCHLORIDE	38
nafcillin sodium	6	NICARDIPINE	37
naftifine hydrochloride	14	HYDROCHLORIDE/SODIUM	
NAGLAZYME	52	CHLORIDE	
nalbuphine hydrochloride	3	NICOTROL INHALER	4
naloxone hcl	4	nifedipine er	38
naloxone hydrochloride	4	nikki	57
naltrexone hydrochloride	3	NILOTINIB	21
NAMZARIC	10	nilotinib hydrochloride	21
naproxen	1	nilutamide	16
naproxen sodium	1	nimodipine	38
NATACYN	69	NINLARO	21
NATAZIA	57	nitazoxanide	25
nateglinide	32	nitisinone	52
NAYZILAM	9	NITRO-BID	41
nebivolol hydrochloride	37	nitrofurantoin macrocrystals	5
necon 0.5/35-28	57	nitrofurantoin monohydrate	5
nefazodone hydrochloride	12	nitrofurantoin monohydrate/macrocrystals	5
nelarabine	17	nitroglycerin	41
neomycin sulfate	4	NITROGLYCERIN	50
neomycin/bacitracin/polymyxin	68	nitroglycerin in dextrose 5%	41
neomycin/polymyxin b sulfates	4	nitroglycerin transdermal	41
neomycin/polymyxin/bacitracin/hydrocortis	68	NIVA THYROID	60
one		NIVESTYM	35

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<i>nizatidine</i>	51	NUEDEXTA	42
<i>nora-be</i>	59	NULOJIX	64
NORDITROPIN FLEXPEN	54	NUPLAZID	26
<i>norelgestromin/ethinyl estradiol</i>	57	NURTEC	14
<i>norepinephrine bitartrate</i>	39	NUTRILIPID	67
<i>norethindrone</i>	59	NUVESSA	5
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	57	NUZYRA	8
<i>norethindrone acetate</i>	59	<i>nyamyc</i>	14
<i>norethindrone acetate/ethinyl estradiol</i>	57	<i>nylia 1/35</i>	57
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	57	<i>nylia 7/7/7</i>	57
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	57	<i>nymyo</i>	57
<i>norgestimate/ethinyl estradiol</i>	57	<i>nystatin</i>	14
<i>norlyroc</i>	59	<i>nystatin/triamcinolone</i>	45
NORMOSOL-M/D5W	47	<i>nystatin/triamcinolone acetonide</i>	45
NORMOSOL-R	48	<i>nystop</i>	14
<i>nortrel 0.5/35 (28)</i>	57	NYVEPRIA	35
<i>nortrel 1/35</i>	57	OCALIVA	50
<i>nortrel 7/7/7</i>	57	<i>ocella</i>	57
<i>nortriptyline hcl</i>	12	OCTAGAM	62
<i>nortriptyline hydrochloride</i>	12	<i>octreotide acetate</i>	60
NORVIR	30	ODEFSEY	29
NOVAREL	54	ODOMZO	21
NOVOLOG	33	OFEV	72
NOVOLOG FLEXPEN	33	<i>ofloxacin</i>	8
NOVOLOG FLEXPEN RELION	33	<i>ofloxacin</i>	69
NOVOLOG MIX 70/30	33	<i>ofloxacin</i>	70
NOVOLOG MIX 70/30 PREFILLED	33	OGIVRI	23
FLEXPEN	33	OGSIVEO	19
NOVOLOG MIX 70/30 PREFILLED	33	OJEMDA	19
FLEXPEN RELION	33	OJJAARA	21
NOVOLOG MIX 70/30 RELION	33	OLANZAPINE	26
NOVOLOG PENFILL	33	<i>olanzapine odt</i>	26
NOVOLOG RELION	33	<i>olanzapine/fluoxetine</i>	11
NOXAFIL	14	<i>olmesartan medoxomil</i>	36
<i>np thyroid 120</i>	60	<i>olmesartan medoxomil/hydrochlorothiazide</i>	39
<i>np thyroid 15</i>	60	<i>olopatadine hydrochloride</i>	69
<i>np thyroid 30</i>	60	<i>omega-3-acid ethyl esters</i>	40
<i>np thyroid 60</i>	60	<i>omeprazole</i>	51
<i>np thyroid 90</i>	60	<i>omeprazole dr</i>	51
NPLATE	35	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	67
NUBEQA	16	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	67
NUCALA VIAL; PREFILLED SYRINGE	73	OMNIPOD 5 G7 INTRO KIT (GEN 5)	68
		OMNIPOD 5 G7 PODS (GEN 5)	68

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OMNIPOD 5 LIBRE2 PLUS G6 INTRO	68	OTEZLA	45
GEN 5		OTEZLA	62
OMNIPOD 5 LIBRE2 PLUS G6 PODS	68	OTULFI	62
OMNIPOD CLASSIC PDM STARTER	68	<i>oxacillin sodium</i>	7
KIT (GEN 3)		<i>oxaliplatin</i>	16
OMNIPOD CLASSIC PODS (GEN 3)	68	<i>oxaprozin</i>	1
OMNIPOD DASH INTRO KIT (GEN 4)	68	<i>oxazepam</i>	31
OMNIPOD DASH PDM KIT (GEN 4)	68	<i>oxcarbazepine</i>	10
OMNIPOD DASH PODS (GEN 4)	68	OXERVATE	68
OMNITROPE	54	<i>oxybutynin chloride</i>	52
ONCASPAR	19	<i>oxybutynin chloride er</i>	52
<i>ondansetron hcl</i>	13	<i>oxycodone hcl</i>	3
<i>ondansetron hydrochloride</i>	13	<i>oxycodone hydrochloride</i>	3
<i>ondansetron odt</i>	13	OXYCODONE HYDROCHLORIDE ER	2
ONGENTYS	25	<i>oxycodone/acetaminophen</i>	3
ONTRUZANT	23	OXYCONTIN	2
ONUREG	19	<i>oxymorphone hydrochloride</i>	3
OPDIVO	24	<i>oxymorphone hydrochloride er</i>	2
OPDIVO QVANTIG	16	<i>oxymorphone hydrochlorideer</i>	2
OPDUALAG	19	OZEMPIC	32
OPIPZA	26	<i>paclitaxel</i>	19
OPSUMIT	72	<i>paclitaxel protein-bound particles</i>	19
OPVEE	4	PADCEV	24
<i>oralone dental paste</i>	43	<i>paliperidone er</i>	26
ORAVIG	14	<i>palonosetron hydrochloride</i>	13
ORBACTIV	5	<i>pamidronate disodium</i>	66
ORENCIA	62	PANCREAZE	52
ORENCIA	64	PANRETIN	24
ORENCIA CLICKJECT	62	<i>pantoprazole sodium</i>	51
ORENITRAM	72	<i>paraplatin</i>	16
ORENITRAM TITRATION KIT MONTH	72	PARICALCITOL	67
1		<i>paroxetine hcl</i>	12
ORENITRAM TITRATION KIT MONTH	72	<i>paroxetine hcl er</i>	12
2		<i>paroxetine hydrochloride</i>	12
ORENITRAM TITRATION KIT MONTH	72	<i>paroxetine hydrochloride er</i>	12
3		PAXLOVID	30
ORFADIN	52	<i>pazopanib hydrochloride</i>	21
ORGOVYX	60	PEDIARIX	65
ORKAMBI	71	PEDVAX HIB	65
ORLADEYO	61	<i>peg-3350/electrolytes</i>	50
<i>orquidea</i>	59	<i>peg-3350/electrolytes/ascorbate</i>	50
ORSERDU	17	<i>peg-3350/nacl/na bicarbonate/kcl</i>	50
<i>oseltamivir phosphate</i>	30	PEGASYS	63
OSENI	32	PEGASYS	64
OSPHENA	59	PEMAZYRE	21

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PEMETREXED	17	<i>pindolol</i>	37
PEMETREXED	19	<i>pioglitazone hcl</i>	32
<i>pemetrexed disodium</i>	17	<i>pioglitazone hcl/metformin hcl</i>	32
PEMFEXY	17	<i>pioglitazone hcl-glimepiride</i>	32
PEMRYDI RTU	17	<i>pioglitazone hydrochloride</i>	32
PENBRAYA	65	<i>piperacillin sodium/tazobactam sodium</i>	7
<i>penicillamine</i>	49	PIQRAY 200MG DAILY DOSE	21
<i>penicillin g potassium</i>	7	PIQRAY 250MG DAILY DOSE	22
<i>penicillin g potassium in iso-osmotic dextrose</i>	7	PIQRAY 300MG DAILY DOSE	22
<i>penicillin v potassium</i>	7	<i>pirfenidone</i>	72
PENMENVY	65	<i>piroxicam</i>	1
PENTACEL	65	PLEGRIDY	42
<i>pentamidine isethionate</i>	25	PLEGRIDY STARTER PACK	42
<i>pentobarbital sodium</i>	73	PLENAMINE	48
<i>pentoxifylline er</i>	39	PLERIXAFOR	35
<i>perampanel</i>	9	<i>podofilox</i>	45
<i>perindopril erbumine</i>	36	POLIVY	24
<i>periogard</i>	43	<i>polycin</i>	68
PERJETA	24	<i>polymyxin b sulfate</i>	5
<i>permethrin</i>	45	<i>polymyxin b sulfate/trimethoprim sulfate</i>	68
<i>perphenazine</i>	26	POMALYST	17
<i>perphenazine/amitriptyline</i>	11	<i>portia-28</i>	58
PERSERIS	27	PORTRAZZA	24
<i>phenelzine sulfate</i>	11	<i>posaconazole</i>	14
<i>phenobarbital</i>	9	<i>posaconazole dr</i>	14
<i>phenobarbital sodium</i>	9	<i>potassium chloride</i>	48
<i>phenoxybenzamine hydrochloride</i>	35	<i>potassium chloride er</i>	48
<i>phentolamine mesylate</i>	35	<i>potassium chloride/dextrose</i>	48
<i>phenylephrine hydrochloride</i>	68	<i>potassium chloride/dextrose/lactated</i>	48
<i>phenytek</i>	10	<i>ringers</i>	
<i>phenytoin</i>	10	<i>potassium chloride/dextrose/sodium chloride</i>	48
<i>phenytoin infatabs</i>	10	<i>potassium chloride/sodium chloride</i>	48
<i>phenytoin sodium</i>	10	<i>potassium citrate er</i>	48
<i>phenytoin sodium extended</i>	10	PRALATREXATE	18
PHESGO	19	PRALUENT	40
PHEXXI	53	<i>pramipexole dihydrochloride</i>	25
<i>philith</i>	57	<i>prasugrel hydrochloride</i>	35
PIFELTRO	29	<i>pravastatin sodium</i>	40
<i>pilocarpine hcl</i>	70	<i>praziquantel</i>	24
<i>pilocarpine hydrochloride</i>	43	<i>prazosin hydrochloride</i>	35
<i>pilocarpine hydrochloride</i>	70	<i>prednisolone</i>	54
<i>pimecrolimus</i>	44	<i>prednisolone acetate</i>	69
<i>pimozide</i>	26	<i>prednisolone sodium phosphate</i>	54
<i>pimtreea</i>	57	<i>prednisolone sodium phosphate</i>	69

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Drug Name	Page #	Drug Name	Page #
<i>prednisolone sodium phosphate odt</i>	54	<i>propafenone hydrochloride er</i>	36
<i>prednisone</i>	54	<i>proparacaine hcl</i>	68
<i>pregabalin</i>	9	<i>propranolol hcl</i>	37
PREGNYL	54	<i>propranolol hydrochloride</i>	37
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	54	<i>propranolol hydrochloride er</i>	37
PREHEVBRIO	65	<i>propylthiouracil</i>	61
PREMARIN	58	PROQUAD	65
PREMASOL	48	PROSOL	48
PREMPRO	58	PROTOPAM CHLORIDE	68
<i>prenatal</i>	49	<i>protriptyline hcl</i>	12
<i>prenatal 19</i>	49	PULMOZYME	71
PRETOMANID	15	PURIXAN	18
<i>prevalite</i>	40	<i>pyrazinamide</i>	15
PREVYMIS	28	<i>pyridostigmine bromide</i>	15
PREZCOBIX	30	<i>pyridostigmine bromide er</i>	15
PREZISTA	30	<i>pyrimethamine</i>	25
PRIFTIN	15	PYZCHIVA	62
PRIMAQUINE PHOSPHATE	25	QINLOCK	22
<i>primidone</i>	9	QUADRACEL	65
PRIORIX	65	<i>quetiapine fumarate</i>	11
PRIVIGEN	62	<i>quetiapine fumarate</i>	27
PROAIR DIGIHALER	71	<i>quetiapine fumarate er</i>	27
PROAIR RESPICLICK	71	<i>quinapril hydrochloride</i>	36
<i>probenecid</i>	14	QUINAPRIL/HYDROCHLOROTHIAZID	39
<i>probenecid/colchicine</i>	14	E	
<i>procainamide hydrochloride</i>	36	<i>quinidine gluconate cr</i>	36
<i>prochlorperazine</i>	13	<i>quinidine gluconate er</i>	36
<i>prochlorperazine edisylate</i>	13	<i>quinidine sulfate</i>	36
<i>prochlorperazine maleate</i>	13	<i>quinine sulfate</i>	25
PROCRIT	35	QVAR REDIHALER	70
<i>procto-med hc</i>	66	RABAVERT	65
<i>proctosol hc</i>	66	<i>rabeprazole sodium</i>	51
<i>proctozone-hc</i>	66	RAGWITEK	63
PROCYSBI	52	RALDESY	12
<i>progesterone</i>	59	<i>raloxifene hydrochloride</i>	59
PROGRAF	64	<i>ramelteon</i>	73
PROLASTIN-C	52	<i>ramipril</i>	36
PROLEUKIN	19	<i>ranolazine er</i>	39
PROLIA	67	<i>rasagiline mesylate</i>	25
PROMACTA	35	RAVICTI	52
<i>promethazine hcl</i>	13	REBIF	42
<i>promethazine hydrochloride</i>	13	REBIF REBIDOSE	42
<i>promethegan</i>	13	REBIF REBIDOSE TITRATION PACK	42
<i>propafenone hcl</i>	36	REBIF TITRATION PACK	43
<i>propafenone hydrochloride</i>	36	REBLOZYL	35

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<i>reclipsen</i>	58	RISPERDAL CONSTA	27
RECOMBIVAX HB	65	<i>risperidone</i>	27
RECTIV	50	<i>risperidone er</i>	27
REGONOL	15	<i>risperidone odt</i>	27
REGRANEX	45	<i>ritonavir</i>	30
RELENZA DISKHALER	30	RITUXAN	24
RELISTOR	50	RITUXAN HYCELA	24
REMICADE	64	<i>rivaroxaban</i>	34
REMODULIN	72	<i>rivastigmine tartrate</i>	11
RENACIDIN	53	<i>rivastigmine transdermal system</i>	11
RENFLEXIS	64	<i>rivelsa</i>	58
RENTHYROID	60	<i>rizatriptan benzoate</i>	15
<i>repaglinide</i>	32	<i>rizatriptan benzoate odt</i>	15
REPATHA	40	ROCKLATAN	69
REPATHA PUSHTRONEX SYSTEM	40	<i>roflumilast</i>	72
REPATHA SURECLICK	40	ROMIDEPSIN	19
RESTASIS	69	ROMVIMZA	22
RESTASIS MULTIDOSE	69	<i>ropinirole er</i>	25
RETACRIT	35	<i>ropinirole hcl</i>	25
RETEVMO	22	<i>ropinirole hydrochloride</i>	25
RETROVIR IV INFUSION	29	<i>rosuvastatin calcium</i>	40
REVUFORJ	19	<i>rosyrah</i>	58
REXULTI	27	ROTARIX	65
REYATAZ	30	ROTATEQ	65
REYVOW	15	<i>roweepra</i>	9
REZLIDHIA	22	ROZLYTREK	22
REZUROCK	64	RUBRACA	22
RHOGAM ULTRA-FILTERED PLUS	62	RUCONEST	61
RHOPHYLAC	62	<i>rufinamide</i>	10
RHOPRESSA	70	RUKOBIA	29
RIABNI	24	RUXIENCE	24
<i>ribavirin</i>	28	RYBELSUS	32
<i>ribavirin</i>	73	RYBREVANT	24
RIDAURA	63	RYDAPT	22
<i>rifabutin</i>	15	RYLAZE	19
<i>rifampin</i>	15	RYTARY	25
<i>riluzole</i>	42	<i>sajazir</i>	61
<i>rimantadine hydrochloride</i>	30	<i>salsalate</i>	1
RIMSO-50	53	SANCUSO	13
<i>ringers injection</i>	48	SANDOSTATIN LAR DEPOT	60
<i>ringers irrigation</i>	68	SANTYL	45
RINVOQ	63	<i>sapropterin dihydrochloride</i>	52
RINVOQ LQ	63	SARCLISA	24
<i>risedronate sodium</i>	67	SAVELLA	42
<i>risedronate sodium dr</i>	67	SAVELLA TITRATION PACK	42

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SCSEMBLIX	22	<i>solifenacin succinate</i>	52
<i>scopolamine</i>	13	SOLIRIS	63
SECUADO	27	SOLTAMOX	17
SELARSDI	63	SOMATULINE DEPOT	61
<i>selegiline hcl</i>	25	SOMAVERT	61
<i>selenium sulfide</i>	44	<i>sorafenib</i>	22
SELZENTRY	29	<i>sorafenib tosylate</i>	22
SEREVENT DISKUS	71	<i>sorine</i>	36
SEROSTIM	54	<i>sotalol hcl</i>	37
<i>sertraline hcl</i>	12	<i>sotalol hcl (af)</i>	37
<i>sertraline hydrochloride</i>	12	<i>sotalol hcl af</i>	37
<i>setlakin</i>	58	<i>sotalol hydrochloride</i>	37
<i>sevelamer carbonate</i>	49	<i>sotalol hydrochloride (af)</i>	37
<i>sevelamer hydrochloride</i>	49	SOTYLIZE	37
<i>sharobel</i>	59	SOVALDI	28
SHINGRIX	65	SPIRIVA RESPIMAT	71
SIGNIFOR	60	<i>spironolactone</i>	40
SIGNIFOR LAR	61	<i>spironolactone/hydrochlorothiazide</i>	39
<i>sildenafil</i>	72	SPRAVATO 56MG DOSE	11
SILDENAFIL CITRATE	72	SPRAVATO 84MG DOSE	11
<i>silodosin</i>	53	<i>sprintec 28</i>	58
<i>silver sulfadiazine</i>	45	SPRITAM	9
SIMBRINZA	69	SPRYCEL	22
<i>simliya</i>	58	<i>sps</i>	49
<i>simpeppe</i>	58	<i>sronyx</i>	58
SIMULECT	63	<i>ssd</i>	45
<i>simvastatin</i>	40	STAMARIL	65
<i>sirolimus</i>	64	STELARA	63
SIRTURO	15	STEQUEYMA	63
SIVEXTRO	5	<i>sterile water for irrigation</i>	68
SKYRIZI	63	STIMUFEND	35
SKYRIZI PEN	63	STIOLTO RESPIMAT	73
SLYND	59	STIVARGA	22
<i>sodium chloride</i>	48	STRENSIQ	52
<i>sodium chloride 0.45%</i>	48	STREPTOMYCIN SULFATE	4
<i>sodium chloride 0.9%</i>	68	STRIBILD	28
<i>sodium fluoride</i>	48	<i>subvenite</i>	9
SODIUM OXYBATE	73	<i>subvenite starter kit/blue</i>	9
<i>sodium phenylacetate/sodium benzoate</i>	68	<i>subvenite starter kit/green</i>	9
<i>sodium phenylbutyrate</i>	52	<i>subvenite starter kit/orange</i>	9
<i>sodium polystyrene sulfonate</i>	49	SUCRAID	52
<i>sodium sulfacetamide</i>	8	<i>sucrafate</i>	51
SODIUM SULFATE/POTASSIUM	50	<i>sulfacetamide sodium</i>	8
SULFATE/MAGNESIUM SULFATE		<i>sulfacetamide sodium</i>	69
SOFOSBUVIR/VELPATASVIR	28		

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<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	69	<i>tarina fe 1/20 eq</i>	58
<i>sulfadiazine</i>	8	TASIGNA	22
<i>sulfamethoxazole/trimethoprim</i>	8	<i>tasimelteon</i>	73
<i>sulfamethoxazole/trimethoprim ds</i>	8	TAVNEOS	63
SULFAMILYLON	45	<i>taysofy</i>	58
<i>sulfasalazine</i>	66	<i>tazarotene</i>	43
<i>sulindac</i>	1	<i>tazicef</i>	6
<i>sumatriptan</i>	15	<i>taztia xt</i>	38
<i>sumatriptan succinate</i>	15	TAZVERIK	22
SUMATRIPTAN SUCCINATE REFILL	15	TDVAX	65
<i>sunitinib malate</i>	22	TECENTRIQ	24
SUNLENCA	30	TECENTRIQ HYBREZA	24
SUNOSI	73	TECVAYLI	19
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	68	TEFLARO	6
<i>syeda</i>	58	<i>telmisartan</i>	36
SYLVANT	63	<i>telmisartan/hydrochlorothiazide</i>	39
SYMDEKO	71	<i>temazepam</i>	73
SYMLINPEN 120	32	TEMODAR	16
SYMLINPEN 60	32	<i>temsirolimus</i>	22
SYMPAZAN	9	TENIVAC	65
SYMPROIC	50	<i>tenofovir disoproxil fumarate</i>	29
SYMTUZA	30	TEPMETKO	22
SYNAGIS	62	<i>terazosin hcl</i>	53
SYNAREL	61	<i>terazosin hydrochloride</i>	53
SYNJARDY	32	<i>terbinafine hcl</i>	14
SYNJARDY XR	32	<i>terbutaline sulfate</i>	71
SYNTHROID	60	<i>terconazole</i>	14
TABLOID	18	<i>teriflunomide</i>	43
TABRECTA	22	TERIPARATIDE	67
<i>tacrolimus</i>	44	<i>testosterone</i>	54
<i>tacrolimus</i>	64	<i>testosterone cypionate</i>	54
<i>tadalafil</i>	53	<i>testosterone enanthate</i>	54
<i>tadalafil</i>	72	<i>testosterone pump</i>	54
TAFINLAR	22	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	65
<i>tafluprost</i>	70	<i>tetrabenazine</i>	42
TAGRISSO	22	<i>tetracycline hydrochloride</i>	8
TAKHZYRO	61	TEVIMBRA	24
TALTZ	63	TEZSPIRE	73
TALVEY	19	THALOMID	17
TALZENNA	22	<i>theophylline</i>	72
<i>tamoxifen citrate</i>	17	<i>theophylline er</i>	72
<i>tamsulosin hydrochloride</i>	53	THIOLA EC	53
<i>tarina 24 fe</i>	58	<i>thioridazine hydrochloride</i>	26
		<i>thiotepa</i>	16

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<i>thiothixene</i>	26	<i>tramadol hcl er</i>	2
THYMOGLOBULIN	62	<i>tramadol hydrochloride</i>	3
THYROID	60	<i>tramadol hydrochloride er</i>	2
<i>tiadylt er</i>	38	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>tiagabine hydrochloride</i>	9	<i>trandolapril</i>	36
TIBSOVO	22	<i>trandolapril/verapamil hcl er</i>	39
TICE BCG	19	<i>tranexamic acid</i>	35
TICOVAC	65	<i>tranylcypromine sulfate</i>	11
<i>tigecycline</i>	5	TRAVASOL	48
<i>tilia fe</i>	58	<i>travoprost</i>	70
<i>timolol maleate</i>	14	TRAZIMERA	24
<i>timolol maleate</i>	70	<i>trazodone hydrochloride</i>	12
<i>timolol maleate ophthalmic gel forming</i>	70	TREANDA	16
<i>tinidazole</i>	5	TRECATOR	15
<i>tiopronin</i>	53	TRELEGY ELLIPTA	73
<i>tiopronin dr</i>	53	TRELSTAR MIXJECT	61
<i>tiotropium bromide</i>	71	<i>treprostinil</i>	72
<i>tis-u-sol</i>	68	TRESIBA	33
TIVDAK	24	TRESIBA FLEXTOUCH	33
TIVICAY	28	<i>tretinoin</i>	24
TIVICAY PD	28	<i>tretinoin</i>	43
<i>tizanidine hcl</i>	27	<i>triamcinolone acetonide</i>	45
<i>tizanidine hydrochloride</i>	27	<i>triamcinolone acetonide dental paste</i>	43
TOBI PODHALER	71	<i>triamterene</i>	39
<i>tobramycin</i>	69	<i>triamterene/hydrochlorothiazide</i>	39
<i>tobramycin</i>	72	<i>triazolam</i>	73
<i>tobramycin sulfate</i>	4	<i>triderm</i>	45
<i>tobramycin/dexamethasone</i>	69	<i>trientine hydrochloride</i>	49
TODAYS HEALTH ORIGINAL PEN	68	<i>tri-estarylla</i>	58
NEEDLES 29G X 1/2"		<i>trifluoperazine hcl</i>	26
<i>tolcapone</i>	25	<i>trifluoperazine hydrochloride</i>	26
<i>tolterodine tartrate</i>	52	<i>trifluridine</i>	69
<i>tolterodine tartrate er</i>	52	<i>trihexyphenidyl hydrochloride</i>	25
<i>tolvaptan</i>	49	TRIJDARDY XR	32
<i>topiramate</i>	9	TRIKAFTA	72
<i>topiramate er</i>	9	<i>tri-legest fe</i>	58
<i>topotecan hcl</i>	20	<i>tri-lynyah</i>	58
<i>topotecan hydrochloride</i>	20	<i>tri-lo-estarylla</i>	58
<i>toremifene citrate</i>	17	<i>tri-lo-marzia</i>	58
TORISEL	22	<i>tri-lo-mili</i>	58
<i>torpenz</i>	22	<i>tri-lo-sprintec</i>	58
<i>torseamide</i>	39	<i>trimethoprim</i>	5
TOUJEO MAX SOLOSTAR	33	<i>tri-mili</i>	58
TOUJEO SOLOSTAR	33	<i>trimipramine maleate</i>	12
TRADJENTA	32	TRINTELLIX	12

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<i>tri-nymyo</i>	58	<i>valganciclovir</i>	28
TRISENOX	19	<i>valganciclovir hydrochloride</i>	28
<i>tri-sprintec</i>	58	<i>valproate sodium</i>	9
TRIUMEQ	29	<i>valproic acid</i>	9
TRIUMEQ PD	29	<i>valrubicin</i>	19
<i>trivora-28</i>	58	<i>valsartan</i>	36
<i>tri-vylibra</i>	58	<i>valsartan/hydrochlorothiazide</i>	39
<i>tri-vylibra lo</i>	58	VALSTAR	19
TRIZIVIR	29	VALTOCO 10 MG DOSE	10
TRODELVY	24	VALTOCO 15 MG DOSE	10
TROGARZO	30	VALTOCO 20 MG DOSE	10
TROPHAMINE	48	VALTOCO 5 MG DOSE	10
<i>tropium chloride</i>	53	<i>valtya 1/50</i>	58
TRULICITY	32	<i>vancomycin</i>	5
TRUMENBA	66	<i>vancomycin hcl</i>	5
TRUQAP	22	<i>vancomycin hydrochloride</i>	5
TRUXIMA	24	<i>vancomycin hydrochloride/dextrose</i>	5
TUDORZA PRESSAIR	71	VANFLYTA	22
TUKYSA	22	VAQTA	66
TURALIO	22	<i>varenicline starting month</i>	4
<i>turqoz</i>	58	<i>varenicline tartrate</i>	4
TWINRIX	66	VARIVAX	66
TWIRLA	58	VARIZIG	62
TYBLUME	58	<i>vasopressin</i>	54
TYBOST	30	<i>vasopressin +rfd</i>	54
<i>tydemy</i>	58	<i>vasostrict</i>	54
TYENNE	63	VAXELIS	66
TYPHIM VI	66	VECTIBIX	24
TYSABRI	43	VEGZELMA	24
TYVASO	72	VEKLURY	31
TYVASO DPI INSTITUTIONAL KIT	72	VELCADE	19
TYVASO DPI MAINTENANCE KIT	72	VELIVET	58
TYVASO DPI TITRATION KIT	72	VELTASSA	49
TYVASO REFILL KIT	72	VEMLIDY	28
TYVASO STARTER KIT	72	VENCLEXTA	22
UDENYCA	35	VENCLEXTA STARTING PACK	22
UDENYCA ONBODY	35	VENLAFAXINE BESYLATE ER	12
ULTOMIRIS	63	<i>venlafaxine hydrochloride</i>	12
<i>unithroid</i>	60	<i>venlafaxine hydrochloride er</i>	12
UPTRAVI	72	VENTAVIS	72
UPTRAVI TITRATION PACK	72	<i>ventolin hfa</i>	71
<i>ursodiol</i>	50	<i>venxxiva</i>	53
VABYSMO	69	VEOZAH	42
<i>valacyclovir hydrochloride</i>	30	<i>verapamil hcl</i>	38
VALCHLOR	16	<i>verapamil hcl er</i>	38

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<i>verapamil hcl sr</i>	38	VYXEOS	18
<i>verapamil hydrochloride</i>	38	VYZULTA	70
<i>verapamil hydrochloride er</i>	38	<i>warfarin sodium</i>	34
VERQUVO	41	WELIREG	52
VERSACLOZ	27	<i>wera</i>	58
VERZENIO	22	WEZLANA	63
<i>vestura</i>	58	WINRHO SDF	62
VIBERZI	50	<i>wixela inhub</i>	73
VIBRAMYCIN	8	<i>wymzya fe</i>	58
<i>vienva</i>	58	WYOST	67
<i>vigabatrin</i>	10	XALKORI	22
<i>vigadrone</i>	10	<i>xarah fe</i>	59
VIGAFYDE	10	XARELTO	34
<i>vigpoder</i>	10	XARELTO STARTER PACK	34
<i>vilazodone hydrochloride</i>	12	XATMEP	64
VIMIZIM	52	XCOPRI	10
VIMKUNYA	66	XDEMVI	69
VIMPAT	10	XELJANZ	63
<i>vinblastine sulfate</i>	19	XELJANZ XR	63
<i>vincristine sulfate</i>	19	<i>xelria fe</i>	59
<i>vinorelbine tartrate</i>	19	XEMBIFY	62
<i>viorele</i>	58	XEOMIN	27
VIRACEPT	30	XERAVA	8
VIREAD	29	XERMELO	50
VISTOGARD	68	XGEVA	67
VITRAKVI	22	XIAFLEX	52
VIVIMUSTA	16	XIFAXAN	50
VIVITROL	3	XIGDUO XR	32
VIVOTIF	66	XIIDRA	69
VIZIMPRO	22	XOFLUZA	30
VOCABRIA	28	XOLAIR	63
<i>volnea</i>	58	XOSPATA	22
VONJO	19	XPOVIO	22
VORANIGO	24	XPOVIO 60 MG TWICE WEEKLY	22
<i>voriconazole</i>	14	XPOVIO 80 MG TWICE WEEKLY	22
VOWST	50	XTANDI	16
VPRIV	52	<i>xulane</i>	59
VRAYLAR	27	XULTOPHY 100/3.6	32
VUMERITY	43	XURIDEN	52
VYEPTI	15	<i>yargesa</i>	52
<i>vyfemla</i>	58	YERVOY	24
<i>vylibra</i>	58	YESINTEK	63
VYLOY	24	YF-VAX	66
VYNDAMAX	39	YONDELIS	16
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<i>zafemy</i>	59
<i>zafirlukast</i>	71
ZALTRAP	19
ZANOSAR	16
ZEJULA	23
ZELBORAF	23
ZEMAIRA	52
ZEMDRI	4
<i>zenatane</i>	43
ZENPEP	52
ZEPATIER	28
ZEPOSIA	43
ZEPOSIA 7-DAY STARTER PACK	43
ZEPOSIA STARTER KIT	43
ZEPZELCA	16
<i>zidovudine</i>	29
ZIEXTENZO	35
ZIIHERA	24
<i>ziprasidone hcl</i>	27
<i>ziprasidone mesylate</i>	27
ZIRGAN	69
ZOLADEX	61
<i>zoledronic acid</i>	67
ZOLINZA	19
<i>zolmitriptan</i>	15
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ZONISADE	10
<i>zonisamide</i>	10
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Last Updated: 08/04/2025

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

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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711)。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 (877) 210-9167 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711) 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 (877) 210-9167 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (877) 210-9167 (TTY: 711)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 (877) 210-9167 (TTY: 711). 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 (877-210-9167) TTY: 711. 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 (877) 210-9167 (TTY: 711) 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 (877) 210-9167 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711). 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、(877) 210-9167 (TTY: 711)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。

Form CMS-10802
(Expires 12/31/25)



Discrimination is Against the Law

FirstCarolinaCare Insurance Company complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes).

FirstCarolinaCare Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes).

FirstCarolinaCare Insurance Company provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.

- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters.

- Information written in other languages.

If you need these services, contact Customer Service. If you believe that FirstCarolinaCare Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes), you can file a grievance with: FirstCarolinaCare Insurance Company, Customer Service, 3310 Fields South Drive, Champaign, Illinois 61822, telephone: (800) 481-1092, fax: (217) 902-9705, CustomerService@FirstCarolinaCare.com.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service is available to help you.

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

U.S. Department of
Health and Human
Services, 200
Independence Avenue
SW., Room 509F, HHS
Building, Washington,
DC 20201, (800) 368-
1019, (800) 537-7697
(TDD). Complaint forms
are available at

<http://www.hhs.gov/ocr/office/file/index.html>.FCC
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This formulary was updated on 07/01/2025. For more recent information or other questions, please contact FirstMedicare Direct Member Services, at (877) 210-9167 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit FirstMedicare.com.

FirstMedicare Direct

FIRSTCAROLINACARE INSURANCE COMPANY

(877) 210-9167, TTY/TDD 711

FirstMedicare.com

Last Updated 09/01/2025