

PrimeTime Health Plan
2025 Formulary
(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 25390, Version Number 12

This formulary was updated on 04/22/2025. For more recent information or other questions, please contact PrimeTime Health Plan Customer Service at 1-800-577-5084 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.

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Formulary ID: 25390, Version: 12, Effective: 05/01/2025
Last Updated: 04/01/2025

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means PrimeTime Health Plan. When it refers to “plan” or “our plan,” it means PrimeTime Health Plan.

This document includes a Drug List (formulary) for our plan which is current as of May 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the PrimeTime Health Plan formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by PrimeTime Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. PrimeTime Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PrimeTime Health Plan 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 PrimeTime Health Plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.pthp.com.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year: **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025
Last Updated: 04/01/2025

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

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

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the PrimeTime Health Plan’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 May 1, 2025. To get updated information about the drugs covered PrimeTime Health Plan please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, PrimeTime Health Plan will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on our website.

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025
Last Updated: 04/01/2025

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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 8. 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 70. 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?

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

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:** PrimeTime Health Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from PrimeTime

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025
Last Updated: 04/01/2025

Health Plan before you fill your prescriptions. If you don't get approval, PrimeTime Health Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, PrimeTime Health Plan limits the amount of the drug that PrimeTime Health Plan will cover. For example, PrimeTime Health Plan provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, PrimeTime Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, PrimeTime Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PrimeTime Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain 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 PrimeTime Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the PrimeTime Health Plan's formulary?" on page 5 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. For more information, 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 learn that PrimeTime Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by PrimeTime Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by PrimeTime Health Plan.
- You can ask PrimeTime Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the PrimeTime Health Plan's Formulary?

You can ask PrimeTime Health Plan 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.

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025
Last Updated: 04/01/2025

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

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

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

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

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

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

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

If you are a current enrollee being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to your Part D benefit. You will be able to access a refill upon admission or discharge.

For more information

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

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025
Last Updated: 04/01/2025

If you have questions about PrimeTime Health Plan, 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>.

PrimeTime Health Plan Formulary

The formulary below provides coverage information about the drugs covered by PrimeTime Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

- **Tier 1** - Preferred Generic drug
- **Tier 2** - Generic drug
- **Tier 3** - Preferred Brand drug
- **Tier 4** - Non-Preferred drug
- **Tier 5** - Specialty drug (Medications indicated by PrimeTime Health Plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Certain medications within this tier must be obtained through a contracted specialty provider.)

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

- **B/D PA:** This prescription 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.
- **NM:** Non-Mail. Drugs not available via your mail order benefit.
- **PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the Plan requires you to first try 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025
Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium external solution 1.5%</i>	2	PA
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	4	
<i>etodolac tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>piroxicam capsule</i>	2	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	3	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr</i>	3	QL(15 EA per 30 days)
<i>fentanyl patch 72 hour 100mcg/hr, 75mcg/hr</i>	4	QL(15 EA per 30 days)
<i>methadone hcl tablet</i>	2	
<i>methadone hcl solution</i>	4	
<i>methadone hydrochloride intensol</i>	2	
<i>methadone hydrochloride concentrate</i>	2	
<i>methadose sugar-free</i>	2	
<i>methadose concentrate 10mg/ml</i>	2	
<i>morphine sulfate er tablet extended release 15mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>morphine sulfate er tablet extended release 100mg, 200mg, 60mg</i>	3	QL(120 EA per 30 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG	4	QL(210 EA per 30 days)
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 20mg, 7.5mg</i>	3	QL(60 EA per 30 days)
<i>tramadol hcl er capsule extended release 24 hour 300mg</i>	4	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	4	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		

Formulary ID: 25390, Version: 12, Effective: 05/01/2025

Last Updated: 04/01/2025

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	2	QL(360 EA per 30 days)
<i>acetaminophen/codeine solution</i>	3	QL(3240 ML per 30 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	QL(360 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	3	QL(180 EA per 30 days)
<i>butorphanol tartrate solution</i>	4	QL(10 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>endocet tablet 325mg; 2.5mg</i>	3	
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 1200MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 325mg; 10mg</i>	2	QL(180 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 5mg</i>	2	QL(360 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days)
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	4	
<i>hydromorphone hcl tablet</i>	2	QL(180 EA per 30 days)
<i>hydromorphone hcl liquid</i>	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hydrochloride dosette</i>	4	
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	
<i>lorcet</i>	2	QL(360 EA per 30 days)
<i>lorcet hd</i>	2	QL(180 EA per 30 days)
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days)
<i>morphine sulfate tablet</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate oral solution</i>	4	
<i>morphine sulfate injection 2mg/ml, 4mg/ml, 8mg/ml</i>	4	
NUCYNTA	4	QL(180 EA per 30 days)
<i>oxycodone hcl capsule</i>	4	
<i>oxycodone hydrochloride tablet</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride capsule, concentrate, solution</i>	4	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>oxycodone/acetaminophen tablet 300mg; 2.5mg</i>	5	
<i>oxymorphone hydrochloride</i>	3	QL(180 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	
<i>tramadol hydrochloride tablet</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
Anesthetics		
Local Anesthetics		
<i>glydo</i>	2	
<i>lidocaine hcl jelly prefilled syringe</i>	2	
<i>lidocaine hcl prefilled syringe 2%</i>	2	
<i>lidocaine hydrochloride jelly</i>	2	
<i>lidocaine hydrochloride solution</i>	4	
<i>lidocaine/prilocaine cream</i>	2	
<i>lidocaine ointment 5%</i>	2	
<i>lidocaine patch 5%</i>	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hydrochloride tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	2	
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml</i>	2	
OPVEE	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month</i>	4	
<i>varenicline tartrate</i>	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE	5	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	4	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindamycin hcl capsule 300mg, 75mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin/sodium chloride</i>	2	
<i>colistimethate sodium</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
DAPTOMYCIN INJECTION 500MG	5	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	
<i>linezolid suspension reconstituted</i>	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid injection 600mg/300ml; 0.9%</i>	5	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	2	
<i>metronidazole capsule 375mg</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin suspension 50mg/5ml</i>	5	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 0.9%; 1gm/200ml</i>	2	
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	
VANCOMYCIN HYDROCHLORIDE CAPSULE	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLUTION RECONSTITUTED 25MG/ML	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	2	
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	
Beta-lactam, Cephalosporins		
<i>cefaclor er tablet extended release 12 hour 500mg</i>	4	
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%, 3gm; 2%</i>	2	
<i>cefazolin sodium injection 1gm/50ml; 4%</i>	2	
<i>cefazolin sodium injection 100gm, 10gm, 1gm, 300gm, 500mg</i>	4	
<i>cefazolin/dextrose injection 3gm/150ml; 4%</i>	2	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefazolin injection 2gm/100ml; 4%</i>	2	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	4	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan/dextrose</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 1gm; 4%, 2gm; 2.2%</i>	2	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil tablet</i>	3	
<i>cefprozil suspension reconstituted</i>	4	
<i>ceftazidime/dextrose</i>	2	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium injection</i>	4	
<i>ceftriaxone/dextrose</i>	2	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
TAZICEF INJECTION 1GM, 2GM, 6GM	4	
<i>tazicef injection 1gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable, tablet</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection</i>	4	
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin</i>	5	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	3	
<i>meropenem/sodium chloride</i>	4	
<i>meropenem injection 1gm, 500mg</i>	3	
<i>meropenem injection 2gm</i>	4	
Macrolides		
<i>azithromycin tablet</i>	2	
<i>azithromycin packet, suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID	5	ST
<i>erythromycin base tablet</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate tablet</i>	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin lactobionate</i>	5	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg, 400mg</i>	4	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim tablet</i>	2	
<i>sulfamethoxazole/trimethoprim suspension</i>	4	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	
<i>doxycycline suspension reconstituted</i>	4	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet 100mg, 75mg</i>	4	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>minocycline hydrochloride tablet 50mg</i>	4	
<i>mondoxylene nl capsule 100mg</i>	3	
<i>morgidox 1x50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	5	
ELEPSIA XR	5	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er tablet extended release 24 hour 50mg</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
<i>levetiracetam tablet disintegrating soluble</i>	4	
NAYZILAM	4	
<i>roweepra</i>	2	
<i>roweepra xr</i>	4	
SPRITAM	4	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule</i>	3	
<i>ethosuximide solution</i>	4	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	4	
<i>clonazepam tablet</i>	2	
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin capsule</i>	2	
<i>gabapentin solution</i>	4	
<i>gabapentin tablet 600mg, 800mg</i>	2	
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin capsule 225mg, 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	3	
<i>primidone tablet</i>	2	
SYMPAZAN	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE	5	
VIGABATRIN TABLET	5	
<i>vigabatrin packet</i>	5	
<i>vigadrone</i>	5	
VIGAFYDE	5	PA
<i>vigpoder</i>	5	
ZTALMY	5	PA
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er capsule extended release 12 hour</i>	3	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	3	
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	4	
<i>carbamazepine tablet chewable, tablet</i>	2	
<i>carbamazepine suspension</i>	4	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	2	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	3	
<i>oxcarbazepine suspension</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET	5	
XCOPRI TABLET THERAPY PACK 0	4	
XCOPRI TABLET THERAPY PACK 0	5	
ZONISADE	4	
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>memantine/donepezil hydrochloride er</i>	3	
NAMZARIC	3	
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
GALANTAMINE HYDROBROMIDE SOLUTION	4	
<i>galantamine hydrobromide tablet</i>	4	
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	2	
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	3	
<i>rivastigmine transdermal system</i>	4	QL(30 EA per 30 days)

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	3	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	QL(60 EA per 30 days)
<i>memantine hydrochloride solution</i>	4	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	5	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tablet</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
<i>perphenazine/amitriptyline</i>	4	
ZURZUVAE	5	PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er</i>	3	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg, 60mg</i>	2	
<i>escitalopram oxalate tablet</i>	2	
<i>escitalopram oxalate solution</i>	4	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine dr</i>	4	
<i>fluoxetine hydrochloride capsule, solution</i>	2	
<i>fluvoxamine maleate</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine</i>	4	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
PEXEVA	4	
<i>sertraline hcl concentrate</i>	4	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tablet 300mg</i>	2	
TRINTELLIX	4	
VENLAFAXINE BESYLATE ER	4	
<i>venlafaxine hydrochloride</i>	2	QL(90 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(60 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days)
VIIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hcl tablet</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 100mg, 10mg, 50mg, 75mg</i>	2	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tablet 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tablet 10mg</i>	2	
<i>imipramine pamoate</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	3	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hydrochloride tablet</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hydrochloride suppository 25mg</i>	4	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol</i>	4	B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	4	B/D
<i>ondansetron hcl solution</i>	4	B/D
<i>ondansetron hcl tablet 24mg</i>	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
ONDANSETRON ODT TABLET DISINTEGRATING 16MG	4	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
AMPHOTERICIN B LIPOSOME	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>casprofungin acetate</i>	4	
<i>clotrimazole cream, solution, troche</i>	2	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>itraconazole solution</i>	5	
<i>ketoconazole cream, shampoo, tablet</i>	2	
<i>klayesta</i>	2	
<i>micafungin</i>	4	
<i>miconazole 3 suppository</i>	4	
<i>naftifine hydrochloride gel 1%</i>	2	
<i>nyamyc</i>	2	
<i>nystatin cream, ointment, powder, suspension, tablet</i>	2	
<i>nystop</i>	2	
ORAVIG	4	
<i>posaconazole</i>	5	
<i>posaconazole dr</i>	5	
<i>terbinafine hcl tablet</i>	2	
<i>terconazole cream</i>	2	
<i>terconazole suppository</i>	3	
<i>voriconazole tablet</i>	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	B/D
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet</i>	1	
COLCHICINE CAPSULE	3	QL(120 EA per 30 days)
COLCHICINE TABLET 0.6MG	4	QL(120 EA per 30 days)
<i>febuxostat</i>	3	ST
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Ergot Alkaloids</i>		
DIHYDROERGOTAMINE MESYLATE SOLUTION	5	QL(24 ML per 30 days)
<i>ergotamine tartrate/caffeine</i>	3	
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	4	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(30 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(45 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(45 EA per 30 days)
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	2	QL(5 ML per 30 days)
<i>sumatriptan succinate refill injection 4mg/0.5ml</i>	2	QL(9 ML per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(9 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet</i>	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	4	
<i>isoniazid tablet</i>	2	
<i>isoniazid syrup</i>	4	
PASER	4	
PRIFTIN	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	4	
<i>cyclophosphamide capsule, tablet</i>	3	B/D
<i>dacarbazine injection 100mg, 200mg</i>	2	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 100MG, 40MG	5	
<i>ifosfamide</i>	4	
KEMOPLAT	4	
LEUKERAN	5	
MATULANE	5	
<i>oxaliplatin injection 100mg/20ml, 200mg/40ml, 50mg/10ml</i>	4	
<i>oxaliplatin injection 100mg, 50mg</i>	5	
<i>paraplatin injection 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	4	
VALCHLOR	5	PA
<i>Antiandrogens</i>		
ABIRATERONE ACETATE TABLET 250MG	4	QL(120 EA per 30 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(60 EA per 30 days); PA
<i>abirtega</i>	4	QL(120 EA per 30 days); PA
<i>bicalutamide</i>	2	
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA
ERLEADA TABLET 240MG	5	QL(30 EA per 30 days); PA
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	QL(120 EA per 30 days); PA
XTANDI CAPSULE	5	QL(120 EA per 30 days); PA
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA
<i>Antiangiogenic Agents</i>		
<i>lenalidomide</i>	5	QL(28 EA per 28 days); PA
POMALYST	5	PA
REVLIMID	5	QL(28 EA per 28 days); PA
THALOMID CAPSULE 100MG, 50MG	5	QL(28 EA per 28 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(56 EA per 28 days); PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
<i>fulvestrant</i>	5	
ORSERDU	5	PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
TOREMIFENE CITRATE	5	
Antimetabolites		
<i>cytarabine aqueous</i>	4	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	4	B/D
DROXIA	3	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>gemcitabine hcl</i>	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
<i>mercaptopurine suspension</i>	5	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	4	B/D
AKEEGA	5	PA
<i>azacitidine</i>	5	
<i>bleomycin sulfate</i>	4	B/D
<i>bortezomib injection 3.5mg/1.4ml</i>	4	
<i>bortezomib injection 3.5mg</i>	5	
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml</i>	4	
<i>docetaxel injection 20mg/2ml, 80mg/8ml</i>	5	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	4	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride injection 10mg</i>	4	B/D
<i>epirubicin hcl injection 200mg/100ml, 50mg/25ml</i>	4	
EPKINLY	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
<i>idarubicin hcl</i>	5	
INREBIC	5	QL(120 EA per 30 days); PA
ITOVEBI	5	PA
IWILFIN	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LAZCLUZE TABLET 240MG	5	PA
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	4	
<i>leucovorin calcium tablet 5mg</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium tablet 10mg, 15mg</i>	3	
<i>leucovorin calcium tablet 25mg</i>	4	
LONSURF	5	PA
LYSODREN	5	
OGSIVEO	5	PA
OJEMDA	5	PA
ONUREG	5	QL(14 EA per 28 days); PA
<i>paclitaxel</i>	4	
PROLEUKIN	5	
REVUFORJ	5	PA
SYNRIBO	5	PA
<i>vinblastine sulfate injection 1mg/ml</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate injection 1mg/ml</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
VONJO	5	QL(120 EA per 30 days); PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	QL(30 EA per 30 days)
<i>exemestane</i>	3	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<i>irinotecan hydrochloride</i>	4	
<i>irinotecan injection 500mg/25ml</i>	4	
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	QL(240 EA per 30 days); PA
ALUNBRIG TABLET THERAPY PACK	5	PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABLET 30MG	5	QL(60 EA per 30 days); PA
AUGTYRO	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF CAPSULE 100MG	5	QL(180 EA per 30 days); PA
BOSULIF CAPSULE 50MG	5	QL(360 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA
CALQUENCE	5	QL(60 EA per 30 days); PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	QL(60 EA per 30 days); PA
COTELLIC	5	PA
DANZITEN	5	PA
<i>dasatinib tablet 100mg, 140mg, 50mg, 80mg</i>	5	QL(30 EA per 30 days); PA
<i>dasatinib tablet 20mg, 70mg</i>	5	QL(60 EA per 30 days); PA
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA
ERIVEDGE	5	QL(30 EA per 30 days); PA
ERLOTINIB HYDROCHLORIDE TABLET 100MG, 150MG	5	PA
<i>erlotinib hydrochloride tablet 25mg</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY	5	QL(120 EA per 30 days); PA
FOTIVDA	5	QL(21 EA per 28 days); PA
FRUZAQLA	5	PA
GAVRETO	5	QL(120 EA per 30 days); PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(30 EA per 30 days); PA
GOMEKLI	5	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	QL(30 EA per 30 days); PA
IDHIFA	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA
IMBRUVICA TABLET	5	QL(30 EA per 30 days); PA
IMBRUVICA SUSPENSION	5	QL(324 ML per 30 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA
IMKELDI	5	PA
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(60 EA per 30 days); PA
JAYPIRCA	5	PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	PA
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA
LUMAKRAS	5	PA
LYNPARZA TABLET	5	QL(120 EA per 30 days); PA
LYTGOBI	5	PA
MEKINIST SOLUTION RECONSTITUTED	5	PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA
MEKTOVI	5	QL(180 EA per 30 days); PA
NERLYNX	5	PA
NINLARO	5	QL(3 EA per 28 days); PA
ODOMZO	5	QL(30 EA per 30 days); PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	QL(120 EA per 30 days); PA
PEMAZYRE	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
QINLOCK	5	QL(90 EA per 30 days); PA
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA
RETEVMO TABLET 120MG, 160MG	5	PA
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA
REZLIDHIA	5	PA
ROMVIMZA	5	PA
ROZLYTREK PACKET	5	PA
ROZLYTREK CAPSULE 100MG	5	QL(180 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	QL(120 EA per 30 days); PA
RYDAPT	5	PA
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(600 EA per 30 days); PA
<i>sorafenib</i>	5	QL(120 EA per 30 days); PA
<i>sorafenib tosylate</i>	5	QL(120 EA per 30 days); PA
SPRYCEL TABLET 100MG, 140MG, 50MG, 80MG	5	QL(30 EA per 30 days); PA
SPRYCEL TABLET 20MG, 70MG	5	QL(60 EA per 30 days); PA
STIVARGA	5	QL(84 EA per 28 days); PA
SUNITINIB MALATE	5	QL(30 EA per 30 days); PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
TABRECTA	5	PA
TAFINLAR TABLET SOLUBLE	5	PA
TAFINLAR CAPSULE	5	QL(120 EA per 30 days); PA
TAGRISSE	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA
TASIGNA CAPSULE 150MG, 200MG	5	QL(112 EA per 28 days); PA
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA
TAZVERIK	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
<i>torpenz</i>	5	PA
TRUQAP	5	PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
TURALIO	5	QL(120 EA per 30 days); PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	4	QL(60 EA per 30 days); PA
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA
VIZIMPRO	5	QL(30 EA per 30 days); PA
XALKORI CAPSULE	5	QL(60 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 50MG	5	QL(120 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(180 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 20MG	5	QL(240 EA per 30 days); PA
XOSPATA	5	PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZEJULA TABLET	5	PA
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(240 EA per 30 days); PA
ZYDELIG	5	QL(60 EA per 30 days); PA
ZYKADIA TABLET	5	QL(90 EA per 30 days); PA
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
LOQTORZI	5	PA
<i>Retinoids</i>		
BEXAROTENE CAPSULE	5	PA
<i>bexarotene gel</i>	5	PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
PANRETIN	5	
TRETINOIN CAPSULE 10MG	5	
Treatment Adjuncts		
<i>mesna tablet</i>	5	
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA
Antiparasitics		
Anthelmintics		
ALBENDAZOLE TABLET	5	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hydrochloride</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
<i>primaquine phosphate tablet</i>	4	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hcl solution</i>	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	3	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er tablet extended release 24 hour 12mg, 6mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 2mg, 4mg, 8mg</i>	3	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	3	
<i>carbidopa tablet</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hydrochloride</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hydrochloride</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL(1 EA per 28 days)
ABILIFY MYCITE	5	
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG	5	
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	
CAPLYTA	5	PA
FANAPT	5	
FANAPT TITRATION PACK	4	
INVEGA HAFYERA	5	PA
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	PA
<i>lurasidone hydrochloride</i>	4	
LYBALVI	5	
NUPLAZID CAPSULE	5	QL(30 EA per 30 days); PA
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>olanzapine odt</i>	4	
<i>olanzapine tablet</i>	2	
<i>olanzapine injection</i>	4	
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA
<i>paliperidone er</i>	4	
PERSERIS	5	
<i>quetiapine fumarate</i>	2	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days)
REXULTI	5	
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	4	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	5	
<i>risperidone</i>	2	
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	
SECUADO	5	
VRAYLAR CAPSULE THERAPY PACK	4	
VRAYLAR CAPSULE	5	
<i>ziprasidone hcl capsule 20mg</i>	2	
<i>ziprasidone hcl capsule 40mg, 60mg, 80mg</i>	3	
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt</i>	4	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet</i>	2	
<i>dantrolene sodium capsule 100mg, 25mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hydrochloride capsule 2mg, 4mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
LIVTENCITY	5	
PREVYMIS TABLET	5	
PREVYMIS PACKET 20MG	4	
PREVYMIS PACKET 120MG	5	
<i>valganciclovir tablet 450mg</i>	3	
VALGANCICLOVIR HYDROCHLORIDE SOLUTION 50MG/ML	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	5	
ENTECAVIR	4	
EPIVIR HBV SOLUTION	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY	5	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACKET	5	PA
EPCLUSA TABLET	5	QL(28 EA per 28 days); PA
HARVONI	5	PA
MAVYRET PACKET	5	PA
MAVYRET TABLET	5	QL(84 EA per 28 days); PA
<i>ribavirin capsule</i>	3	
<i>ribavirin tablet 200mg</i>	3	
VOSEVI	5	QL(28 EA per 28 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	4	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	5	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

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

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	
PREZISTA SUSPENSION	5	
PREZISTA TABLET 75MG	4	
PREZISTA TABLET 150MG	5	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule</i>	3	
<i>oseltamivir phosphate suspension reconstituted</i>	4	
RELENZA DISKHALER	4	
<i>rimantadine hydrochloride</i>	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	3	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet 125mg</i>	2	
<i>famciclovir tablet 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO	4	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg</i>	2	
Benzodiazepines		

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam</i>	2	
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days)
<i>diazepam intensol</i>	4	
<i>diazepam tablet</i>	2	QL(120 EA per 30 days)
<i>diazepam concentrate, solution</i>	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam tablet</i>	2	
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule</i>	1	
<i>lithium carbonate tablet</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 15MG, 12.5MG; 45MG	4	QL(30 EA per 30 days)
ALOGLIPTIN TABLET 25MG, 6.25MG	4	QL(30 EA per 30 days); ST
BYDUREON BCISE	4	QL(4 ML per 28 days); PA
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(240 EA per 30 days)
<i>glipizide tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL(240 EA per 30 days)
<i>glyburide micronized</i>	2	QL(60 EA per 30 days); PA
<i>glyburide/metformin hydrochloride</i>	2	PA
<i>glyburide tablet 5mg</i>	2	QL(120 EA per 30 days); PA
<i>glyburide tablet 1.25mg, 1.5mg, 2.5mg</i>	2	QL(60 EA per 30 days); PA
GLYXAMBI	3	QL(30 EA per 30 days)
JANUMET	3	QL(60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA	3	QL(30 EA per 30 days)
JENTADUETO	3	QL(60 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(30 EA per 30 days)

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(60 EA per 30 days)
<i>liraglutide injection 6mg/ml</i>	3	QL(9 ML per 30 days); PA
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 750mg</i>	5	PA
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	2	
OSENI TABLET 12.5MG; 15MG, 12.5MG; 45MG	4	QL(30 EA per 30 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	2	
RYBELSUS TABLET 14MG, 3MG, 4MG, 7MG, 9MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 1.5MG	3	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	4	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	4	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	4	QL(60 EA per 30 days); ST
SOLIQUA 100/33	3	QL(90 ML per 30 days)
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(6 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(120 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY	3	QL(2 ML per 28 days); PA
VICTOZA	3	QL(9 ML per 30 days); PA
XIGDUO XR	3	QL(30 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	vial
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
FONDAPARINUX SODIUM INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	4	
<i>heparin sodium injection 1000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>heparin sodium injection 10000unit/ml, 20000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	
XARELTO TABLET	3	
XARELTO SUSPENSION RECONSTITUTED	5	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
FULPHILA	5	
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA	5	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY	5	
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>prasugrel hydrochloride</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	3	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>methyldopa tablet 250mg, 500mg</i>	2	
<i>midodrine hydrochloride tablet 2.5mg</i>	2	
<i>midodrine hydrochloride tablet 10mg, 5mg</i>	3	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	2	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hydrochloride</i>	1	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	PA
<i>digoxin tablet 250mcg</i>	2	PA
<i>digoxin tablet 125mcg</i>	2	QL(30 EA per 30 days)

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hydrochloride capsule</i>	4	
MULTAQ	3	
<i>pacerone tablet 100mg, 200mg</i>	2	
<i>pacerone tablet 400mg</i>	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine sulfate tablet</i>	4	
<i>sorine</i>	2	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 80mg</i>	2	
<i>nadolol tablet 20mg, 40mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL(60 EA per 30 days)
<i>pindolol tablet 5mg</i>	2	
<i>pindolol tablet 10mg</i>	3	
<i>propranolol hcl solution 40mg/5ml</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er</i>	2	
<i>propranolol hydrochloride solution</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	360mg
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	120mg, 180mg, 240mg, 420mg
<i>diltiazem hcl er tablet extended release 24 hour</i>	2	240mg, 300mg, 360mg, 420mg

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	120mg, 180mg, 240mg, 300mg, 360mg
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er capsule extended release 24 hour 100mg</i>	2	
<i>verapamil hcl er capsule extended release 24 hour 300mg</i>	4	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	4	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	4	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/atorvastatin calcium</i>	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>captopril/hydrochlorothiazide</i>	2	
CORLANOR TABLET	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
IVABRADINE HYDROCHLORIDE	4	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	3	QL(60 EA per 30 days)
<i>ranolazine er tablet extended release 12 hour 500mg</i>	3	QL(90 EA per 30 days)
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/amlodipine</i>	4	
<i>telmisartan/hydrochlorothiazide</i>	3	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
Diuretics, Loop		
<i>bumetanide tablet</i>	2	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide oral solution</i>	2	
<i>furosemide injection</i>	4	
<i>toremide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
ANTARA CAPSULE 30MG	3	
FENOFIBRATE MICRONIZED CAPSULE 30MG	3	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate capsule 130mg, 134mg, 43mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 45mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	
<i>fenofibric acid tablet 35mg</i>	2	
FIBRICOR TABLET 35MG	2	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine packet, powder</i>	2	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl granules, tablet</i>	2	
<i>ezetimibe</i>	2	QL(30 EA per 30 days)
<i>ezetimibe/simvastatin</i>	2	QL(30 EA per 30 days)
<i>icosapent ethyl</i>	4	
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er</i>	4	
<i>niacin tablet 500mg</i>	4	
NIACOR	4	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	3	PA
<i>prevalite</i>	2	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	3	
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	3	
KERENDIA	4	PA
<i>spironolactone tablet</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(60 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	2	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	4	PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tablet</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL(90 EA per 30 days); Tablet 10mg
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	QL(90 EA per 30 days); Tablet 12.5mg
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(90 EA per 30 days); Tablet 15mg
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	QL(90 EA per 30 days); Tablet 20mg
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(90 EA per 30 days); Tablet 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL(90 EA per 30 days); Tablet 5mg
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	QL(90 EA per 30 days); Tablet 7.5mg
<i>dextroamphetamine sulfate tablet 10mg</i>	2	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	2	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	3	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>atomoxetine capsule 18mg, 25mg, 40mg, 60mg, 80mg</i>	3	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg</i>	4	QL(30 EA per 30 days)
<i>clonidine hydrochloride er</i>	4	
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	
<i>guanfacine hydrochloride er</i>	4	
<i>metadate er tablet extended release 20mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	4	
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	4	
Central Nervous System, Other		
AUSTEDO	5	PA
<i>butalbital/acetaminophen/caffeine capsule</i>	2	
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine capsule</i>	3	
COBENFY	5	QL(60 EA per 30 days); PA
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
TETRABENAZINE TABLET 12.5MG	4	QL(240 EA per 30 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(120 EA per 30 days); PA
VEOZAH	4	ST
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AVONEX PEN	5	PA
AVONEX INJECTION 30MCG/0.5ML	5	PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	PA
<i>dimethyl fumarate starterpack</i>	5	PA
<i>fingolimod hydrochloride</i>	5	PA
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAYZENT	5	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	PA
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
<i>teriflunomide</i>	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>kourzeq</i>	2	
<i>lidocaine hcl solution 4%</i>	2	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	2	
<i>paroex</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	4	
ACITRETIN	3	
<i>adapalene gel 0.1%</i>	3	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>amnesteam</i>	4	
<i>avita</i>	3	
<i>azelaic acid</i>	3	
CLARAVIS	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin capsule 25mg, 35mg</i>	5	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	3	
<i>metronidazole lotion 0.75%</i>	4	
MYORISAN	4	
<i>rosadan</i>	2	
<i>tazarotene cream, gel</i>	4	
<i>tretinoin microsphere gel 0.08%, 0.1%</i>	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	
<i>vitazol</i>	2	
<i>zenatane</i>	4	
<i>Dermatitis and Pruritus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate cream</i>	2	
<i>ammonium lactate cream, lotion</i>	2	
<i>beser lotion</i>	4	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented gel, lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	2	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate gel, solution</i>	2	
<i>clobetasol propionate ointment, shampoo</i>	4	
<i>clodan</i>	4	
<i>desoximetasone cream 0.05%</i>	4	
<i>desoximetasone cream 0.25%</i>	4	QL(100 GM per 30 days)
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide topical</i>	4	
<i>fluocinolone acetonide cream, ointment</i>	3	
<i>fluocinolone acetonide solution</i>	4	
<i>fluocinonide emulsified base</i>	3	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide gel, ointment, solution</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	3	
<i>hydrocortisone butyrate (lipid)</i>	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
<i>hydrocortisone butyrate ointment</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	4	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream, lotion</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	4	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	4	QL(60 ML per 30 days)
<i>calcitriol ointment 3mcg/gm</i>	4	
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>clotrimazole/betamethasone dipropionate lotion</i>	4	
DICLOFENAC SODIUM GEL 3%	4	QL(300 GM per 30 days); PA
EPIFOAM	4	
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	4	
<i>imiquimod cream 5%</i>	2	
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	4	
<i>nystatin/triamcinolone acetonide</i>	4	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox</i>	4	
REGRANEX	5	PA
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ciclodan solution</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>ciclopirox gel</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pad 2%</i>	2	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	
<i>mupirocin cream</i>	4	
<i>penciclovir cream</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025
Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
CARGLUMIC ACID	5	
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 8/10	4	B/D
<i>dextrose 10%</i>	4	
<i>dextrose 10%/sodium chloride 0.2%</i>	4	
<i>dextrose 10%/sodium chloride 0.45%</i>	4	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	4	
<i>dextrose 20%</i>	4	
<i>dextrose 25% injection 250mg/ml</i>	4	
<i>dextrose 30%</i>	4	
<i>dextrose 40%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.225%</i>	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose/sodium chloride</i>	4	
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	2	
NORMOSOL -R	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride cr tablet extended release 10meq</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	4	
<i>potassium chloride oral solution 10%</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	2	
<i>potassium citrate er tablet extended release 540mg</i>	3	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.45% injection</i>	2	
<i>sodium chloride injection 0.45%, 0.9%, 2.5meq/ml, 3%, 5%</i>	2	
<i>sodium chloride injection 4meq/ml</i>	4	
SYNTHAMIN 17	4	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJECTION 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	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	3	PA
<i>deferasirox tablet 360mg, 90mg</i>	4	PA
<i>deferiprone</i>	5	PA
<i>penicillamine tablet</i>	5	
TRIENTINE HYDROCHLORIDE	5	
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	3	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	2	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate suspension</i>	2	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i>	3	
VELTASSA	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	3	QL(180 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	3	QL(60 EA per 30 days)
MOVANTIK	3	QL(30 EA per 30 days)
RELISTOR	5	PA
TRULANCE	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	
<i>alosetron hydrochloride tablet 1mg</i>	5	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
<i>diphenoxylate/atropine liquid</i>	4	
<i>loperamide hydrochloride capsule</i>	2	
VIBERZI	5	QL(60 EA per 30 days); PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>dicyclomine hydrochloride injection</i>	4	
<i>glycopyrrolate tablet 1mg</i>	2	
<i>glycopyrrolate tablet 2mg</i>	3	
<i>methscopolamine bromide tablet</i>	4	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride</i>	4	
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hydrochloride tablet</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
<i>trilyte</i>	2	
URSODIOL CAPSULE 300MG	3	
<i>ursodiol tablet</i>	4	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl solution</i>	3	
<i>cimetidine hydrochloride solution 300mg/5ml</i>	3	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tablet</i>	3	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule</i>	3	
<i>nizatidine solution</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	3	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(30 EA per 30 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(30 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(90 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(90 EA per 30 days)
<i>omeprazole capsule delayed release 40mg</i>	1	QL(30 EA per 30 days)
<i>omeprazole capsule delayed release 20mg</i>	1	QL(90 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL(30 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL(90 EA per 30 days)
<i>rabeprazole sodium</i>	2	QL(30 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ARALAST NP INJECTION 500MG	5	PA
<i>betaine anhydrous</i>	5	
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
<i>dichlorphenamide</i>	5	
ENDARI	5	PA
L-GLUTAMINE	5	PA
MIGLUSTAT	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
WELIREG	5	PA
YARGESA	5	PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025
Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er</i>	3	QL(30 EA per 30 days)
<i>flavoxate hcl</i>	4	
GEMTESA	4	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	QL(60 EA per 30 days)
<i>oxybutynin chloride solution, tablet</i>	2	
<i>solifenacin succinate</i>	4	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	3	QL(60 EA per 30 days)
<i>tolterodine tartrate er</i>	3	QL(30 EA per 30 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tablet</i>	2	
ELMIRON	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate +rfid</i>	2	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elixir, solution</i>	4	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodiumsuccinate injection 125mg, 40mg</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisolone solution</i>	2	
<i>prednisone intensol</i>	4	
<i>prednisone tablet therapy pack</i>	3	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate injection</i>	3	
<i>testosterone pump</i>	4	
<i>testosterone gel 1.62%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	
<i>testosterone solution</i>	4	
<i>Estrogens</i>		
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>amethia</i>	3	
<i>amethia lo</i>	4	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	4	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	3	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	4	
<i>caziant</i>	4	
<i>cryselle-28</i>	4	
<i>cyclafem 1/35</i>	4	
<i>cyclafem 7/7/7</i>	4	
<i>cyred eq</i>	3	
<i>desogestrel/ethinyl estradiol</i>	3	
<i>dolishale</i>	4	
<i>dotti</i>	3	
<i>drospirenone/ethinyl estradiol</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	3	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>estradiol valerate injection 20mg/ml, 40mg/ml</i>	4	
<i>estradiol oral tablet</i>	1	
<i>estradiol cream, patch twice weekly, patch weekly, vaginal tablet</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	3	
<i>fayosim</i>	4	
<i>feirza 1.5/30</i>	4	
<i>feirza 1/20</i>	4	
<i>femynor</i>	3	
<i>fyavolv</i>	3	
<i>gianvi</i>	3	
<i>hailey 24 fe</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jasmiel</i>	3	
<i>jinteli</i>	3	
<i>joyeaux</i>	4	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>levora 0.15/30-28</i>	3	
<i>lopreeza</i>	4	
<i>loryna</i>	3	
<i>low-ogestrel</i>	4	
<i>lutera</i>	3	
<i>lyllana</i>	3	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin 24 fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>mili</i>	3	
<i>minzoya</i>	4	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>nylia 1/35</i>	4	
<i>nylia 7/7/7</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>nymyo</i>	4	
<i>ocella</i>	4	
<i>orsythia</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>reclipsen</i>	3	
<i>setlakin</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1/20 eq</i>	3	
<i>taysofy</i>	2	
<i>tilia fe</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	4	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	4	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>xarah fe</i>	4	
<i>yuvafem</i>	3	
<i>zarah</i>	4	
<i>zovia 1/35</i>	4	
<i>zovia 1/35e</i>	4	
Progestins		
<i>camila</i>	4	
<i>deblitane</i>	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	4	
<i>gallifrey</i>	2	
<i>heather</i>	4	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	5	
<i>incassia</i>	4	
LILETTA	3	
<i>lyleg</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	
<i>megestrol acetate tablet</i>	3	
<i>megestrol acetate suspension 40mg/ml</i>	3	
NEXPLANON	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	1	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	4	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	3	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection 100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>	5	
LEVOXYL TABLET 125MCG, 88MCG	2	
LEVOXYL TABLET 100MCG, 112MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG	3	
<i>liothyronine sodium tablet</i>	2	
SYNTHROID TABLET	3	
<i>unithroid tablet 100mcg, 150mcg</i>	2	
<i>unithroid tablet 112mcg, 125mcg, 137mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline</i>	3	
CAMCEVI	4	
ELIGARD	4	
FIRMAGON INJECTION 80MG	4	PA
FIRMAGON INJECTION 120MG/VIAL	5	PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	5	PA
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA
LEUPROLIDE ACETATE INJECTION 22.5MG	4	
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH)	5	
MIFEPRISTONE TABLET 300MG	5	PA
OCTREOTIDE ACETATE INJECTION 500MCG/ML	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate injection 1000mcg/ml, 20mg, 30mg</i>	5	
ORGOVYX	5	PA
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 0.5GM/10ML, 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML	5	PA
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA
GAMMAKED INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	PA
GAMMAPLEX INJECTION 20GM/400ML, 5GM/100ML	5	PA
GAMUNEX-C INJECTION 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
PRIVIGEN	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	5	
<i>Immunological Agents, Other</i>		

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA ACTPEN	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST	5	
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	QL(2 EA per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
TAVNEOS	5	PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1.5 ML per 84 days); PA
WEZLANA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	
BESREMI	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
<i>Immunosuppressants</i>		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(1 EA per 28 days); PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UEVEITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVEITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg, 75mg</i>	2	B/D
BENLYSTA INJECTION 120MG, 400MG	5	PA
<i>cyclosporine modified capsule 25mg, 50mg</i>	3	B/D
<i>cyclosporine modified capsule 100mg</i>	4	B/D
<i>cyclosporine modified solution</i>	3	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 25mg</i>	3	B/D
<i>gengraf capsule 100mg</i>	4	B/D
<i>gengraf solution</i>	3	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	5	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
MYHIBBIN	5	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(30 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA	3	
DIPHtheria/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXCHIQ	3	
IXIARO	4	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	4	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLUTION	4	
SHINGRIX	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHtheria TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
VAXELIS	3	
VIMKUNYA	3	
VIVOTIF	4	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	3	
<i>mesalamine dr capsule delayed release</i>	3	
<i>mesalamine dr tablet delayed release 800mg</i>	3	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	3	
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine kit</i>	2	
<i>mesalamine suppository</i>	3	
<i>mesalamine enema</i>	4	
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>budesonide foam 2mg</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol capsule 0.5mcg</i>	3	
<i>doxercalciferol capsule 1mcg, 2.5mcg</i>	4	
<i>ibandronate sodium</i>	2	
NATPARA	5	
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	4	
<i>paricalcitol capsule</i>	4	
PROLIA	4	
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	
<i>risedronate sodium tablet 150mg, 35mg</i>	3	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE INJECTION 620MCG/2.48ML	5	
<i>teriparatide injection 560mcg/2.24ml</i>	5	
TYMLOS	5	PA
XGEVA	5	PA
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	3	
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	4	B/D
CURITY GAUZE PADS 2"X2" 12 PLY	3	
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	3	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
<i>levocarnitine injection, oral solution, tablet</i>	4	
NUTRILIPID	4	B/D
<i>sodium chloride 0.9%</i>	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	4	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>proparacaine hcl</i>	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	
Ophthalmic Anti-allergy Agents		
ALOCRIOL	4	
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	3	
<i>olopatadine hydrochloride</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	2	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin sulfate ophthalmic solution 0.3%</i>	2	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine</i>	3	
XDEMVY	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	3	
<i>bromfenac sodium</i>	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flurbiprofen sodium</i>	2	
FML	4	
ILEVRO	3	
<i>ketorolac tromethamine solution 0.5%</i>	2	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate</i>	2	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	4	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol hemihydrate</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	
<i>travoprost</i>	3	ST
VYZULTA	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUIY ELLIPTA	3	QL(30 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(60 ML per 30 days); B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(10.6 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL(12 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL(24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	3	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	4	
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	3	QL(10.6 GM per 30 days)
QVAR REDHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	
<i>azelastine hydrochloride solution 0.1%</i>	2	
<i>carbinoxamine maleate tablet 6mg</i>	2	
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule</i>	2	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>levocetirizine dihydrochloride solution</i>	4	
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	
<i>montelukast sodium packet</i>	3	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	B/D
SPIRIVA HANDIHALER	3	QL(90 EA per 30 days)
SPIRIVA RESPIMAT	3	QL(4 GM per 30 days)
<i>tiotropium bromide</i>	4	QL(90 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa</i>	2	
<i>albuterol sulfate nebulization solution</i>	2	B/D
<i>albuterol sulfate syrup</i>	3	
<i>albuterol sulfate tablet</i>	4	
<i>arformoterol tartrate</i>	4	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>levalbuterol hcl nebulization solution 0.63mg/3ml</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
SEREVENT DISKUS	3	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL(4 GM per 30 days)

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	
Cystic Fibrosis Agents		
CAYSTON	5	
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI PACKET	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA THERAPY PACK	5	QL(90 EA per 30 days); PA
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	QL(30 EA per 30 days)
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>theophylline solution</i>	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
ALYQ	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(90 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	2	QL(90 EA per 30 days); PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE	5	PA
UPTRAVI	5	PA
UPTRAVI TITRATION PACK	5	PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL(90 EA per 30 days); PA
Respiratory Tract Agents, Other		
<i>acetylcysteine injection</i>	2	
<i>acetylcysteine inhalation solution</i>	3	B/D
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	4	

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days)
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA	4	
FASENRA PEN	5	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(4 GM per 30 days)
SYMBICORT	3	QL(10.2 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	3	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tablet 500mg</i>	3	PA
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	2	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	QL(30 EA per 30 days); PA
<i>temazepam capsule 15mg, 30mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	4	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg</i>	2	QL(30 EA per 30 days); PA
<i>modafinil tablet 200mg</i>	3	QL(60 EA per 30 days); PA
SODIUM OXYBATE	5	QL(540 ML per 30 days); PA

Drug Name	Page #	Drug Name	Page #
<i>amlodipine/olmesartan medoxomil</i>	39	<i>atomoxetine hydrochloride</i>	42
<i>ammonium lactate</i>	44	<i>atorvastatin calcium</i>	40
<i>amnesteam</i>	44	<i>atovaquone</i>	27
<i>amoxapine</i>	18	<i>atovaquone/proguanil hcl</i>	27
<i>amoxicillin</i>	13	<i>atovaquone/proguanil hydrochloride</i>	27
<i>amoxicillin/clavulanate potassium</i>	13	<i>atropine sulfate</i>	64
<i>amoxicillin/clavulanate potassium er</i>	13	ATROVENT HFA	67
<i>amphetamine/dextroamphetamine</i>	41	<i>aubra eq</i>	53
<i>amphotericin b</i>	19	AUGTYRO	23
AMPHOTERICIN B LIPOSOME	19	AURYXIA	49
<i>ampicillin</i>	13	AUSTEDO	42
<i>ampicillin sodium</i>	13	AUVELITY	17
<i>ampicillin/sulbactam</i>	13	<i>aviane</i>	53
<i>ampicillin-sulbactam</i>	13	<i>avita</i>	44
<i>anagrelide hydrochloride</i>	36	AVONEX	43
<i>anastrozole</i>	23	AVONEX PEN	43
ANORO ELLIPTA	68	AYVAKIT	23
ANTARA	40	<i>azacitidine</i>	22
<i>apomorphine hydrochloride</i>	27	<i>azathioprine</i>	60
<i>apraclonidine</i>	66	<i>azelaic acid</i>	44
<i>aprepitant</i>	19	<i>azelastine hcl</i>	65
<i>apri</i>	53	<i>azelastine hcl</i>	67
APTIOM	16	<i>azelastine hydrochloride</i>	67
APTIVUS	32	<i>azithromycin</i>	13
ARALAST NP	51	<i>aztreonam</i>	11
<i>aranelle</i>	53	<i>bacitracin</i>	65
ARCALYST	59	<i>bacitracin/polymyxin b</i>	64
AREXVY	61	<i>baclofen</i>	29
<i>arformoterol tartrate</i>	67	<i>balsalazide disodium</i>	63
ARIKAYCE	10	BALVERSA	23
<i>aripiprazole</i>	28	<i>balziva</i>	53
<i>aripiprazole odt</i>	28	BAQSIMI ONE PACK	34
ARISTADA	28	BAQSIMI TWO PACK	34
ARISTADA INITIO	28	BARACLUDGE	30
<i>armodafinil</i>	69	BCG VACCINE	61
ARNUITY ELLIPTA	66	BD INSULIN SYRINGE	64
<i>asenapine maleate sl</i>	28	SAFETYGLIDE/1ML/29G X 1/2"	
<i>ashlyna</i>	53	B-D INSULIN SYRINGE ULTRAFINE	64
<i>aspirin/dipyridamole</i>	37	II/0.3ML/31G X 5/16"	
<i>aspirin/dipyridamole er</i>	37	BD INSULIN SYRINGE ULTRA-	64
ASTAGRAF XL	60	FINE/0.5ML/30G X 12.7MM	
<i>atazanavir</i>	32	BD INSULIN SYRINGE ULTRA-	64
<i>atazanavir sulfate</i>	32	FINE/1ML/31G X 8MM	
<i>atenolol</i>	38	BD PEN NEEDLE/ORIGINAL/ULTRA-	64
<i>atenolol/chlorthalidone</i>	39	FINE/29G X 12.7MM	
<i>atomoxetine</i>	42	BELSOMRA	69

Drug Name	Page #	Drug Name	Page #
<i>benazepril hydrochloride</i>	37	<i>bromocriptine mesylate</i>	27
<i>benazepril hydrochloride/hydrochlorothiazide</i>	39	BRONCHITOL	69
BENLYSTA	59	BRUKINSA	23
BENLYSTA	60	<i>budesonide</i>	63
<i>benztropine mesylate</i>	27	<i>budesonide</i>	66
<i>beser</i>	44	<i>bumetanide</i>	40
BESREMI	59	<i>buprenorphine</i>	8
<i>betaine anhydrous</i>	51	<i>buprenorphine hcl</i>	10
<i>betamethasone dipropionate</i>	44	<i>buprenorphine hcl/naloxone hcl</i>	10
<i>betamethasone dipropionate augmented</i>	44	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	10
<i>betamethasone valerate</i>	44	<i>bupropion hydrochloride</i>	17
<i>betaxolol hcl</i>	66	<i>bupropion hydrochloride er (sr)</i>	10
<i>bethanechol chloride</i>	52	<i>bupropion hydrochloride er (sr)</i>	17
BEVESPI AEROSPHERE	68	<i>bupropion hydrochloride er (xl)</i>	17
BEXAROTENE	26	<i>buspirone hcl</i>	32
BEXSERO	61	<i>buspirone hydrochloride</i>	32
<i>bicalutamide</i>	21	<i>butalbital/acetaminophen/caffeine</i>	42
BICILLIN C-R	13	<i>butalbital/acetaminophen/caffeine/codeine</i>	9
BICILLIN L-A	13	<i>butalbital/aspirin/caffeine</i>	42
BIKTARVY	30	<i>butorphanol tartrate</i>	9
<i>bismuth subcitrate</i>	50	BYDUREON BCISE	33
<i>pot/metronidazole/tetracycline hydrochloride</i>		CABENUVA	30
<i>bisoprolol fumarate</i>	38	<i>cabergoline</i>	57
<i>bisoprolol fumarate/hydrochlorothiazide</i>	39	CABOMETYX	23
BIVIGAM	58	<i>calcipotriene</i>	45
<i>bleomycin sulfate</i>	22	<i>calcitonin-salmon</i>	63
BLEPHAMIDE	64	<i>calcitriol</i>	45
BLEPHAMIDE S.O.P.	64	<i>calcitriol</i>	63
<i>blisovi 24 fe</i>	53	<i>calcium acetate</i>	49
<i>blisovi fe 1.5/30</i>	53	CALQUENCE	23
BOOSTRIX	61	CAMCEVI	57
<i>bortezomib</i>	22	<i>camila</i>	56
<i>bosentan</i>	68	<i>candesartan cilexetil</i>	37
BOSULIF	23	<i>candesartan cilexetil/hydrochlorothiazide</i>	39
BRAFTOVI	23	CAPLYTA	28
BREO ELLIPTA	69	CAPRELSA	24
<i>briellyn</i>	54	<i>captopril</i>	37
BRILINTA	37	<i>captopril/hydrochlorothiazide</i>	39
<i>brimonidine tartrate</i>	66	<i>carbamazepine</i>	16
BRIMONIDINE TARTRATE/TIMOLOL	64	<i>carbamazepine er</i>	16
MALEATE		<i>carbidopa</i>	28
<i>brinzolamide</i>	66	<i>carbidopa/levodopa</i>	27
BRIVIACT	14	<i>carbidopa/levodopa er</i>	28
<i>bromfenac</i>	65	<i>carbidopa/levodopa odt</i>	28
<i>bromfenac sodium</i>	65	<i>carbidopa/levodopa/entacapone</i>	27

Drug Name	Page #	Drug Name	Page #
<i>carbinoxamine maleate</i>	67	<i>cholestyramine</i>	41
<i>carboplatin</i>	21	<i>cholestyramine light</i>	40
CARGLUMIC ACID	47	<i>ciclodan</i>	46
<i>carteolol hcl</i>	66	<i>ciclopirox</i>	46
<i>cartia xt</i>	38	<i>ciclopirox nail lacquer</i>	46
<i>carvedilol</i>	38	<i>ciclopirox olamine</i>	46
<i>casprofungin acetate</i>	19	<i>cilostazol</i>	37
CAYSTON	68	CIMDUO	31
<i>caziant</i>	54	<i>cimetidine</i>	51
<i>cefaclor</i>	12	<i>cimetidine hcl</i>	50
<i>cefaclor er</i>	12	<i>cimetidine hydrochloride</i>	50
<i>cefadroxil</i>	12	<i>cinacalcet hydrochloride</i>	63
CEFAZOLIN	12	CINRYZE	58
<i>cefazolin sodium</i>	12	<i>ciprofloxacin</i>	14
<i>cefazolin sodium/dextrose</i>	12	<i>ciprofloxacin hcl</i>	14
<i>cefazolin/dextrose</i>	12	<i>ciprofloxacin hydrochloride</i>	14
<i>cefdinir</i>	12	<i>ciprofloxacin hydrochloride</i>	65
<i>cefepime</i>	12	<i>ciprofloxacin i.v.-in d5w</i>	14
<i>cefepime hydrochloride</i>	12	<i>ciprofloxacin/dexamethasone</i>	66
<i>cefepime/dextrose</i>	12	<i>cisplatin</i>	21
<i>cefixime</i>	12	<i>citalopram hydrobromide</i>	17
<i>cefotaxime sodium</i>	12	CLARAVIS	44
<i>cefotetan</i>	12	<i>clarithromycin</i>	13
<i>cefotetan/dextrose</i>	12	<i>clarithromycin er</i>	13
<i>cefoxitin sodium</i>	12	<i>clindamycin hcl</i>	11
<i>cefpodoxime proxetil</i>	12	<i>clindamycin hydrochloride</i>	11
<i>cefprozil</i>	12	<i>clindamycin palmitate hydrochloride</i>	11
<i>ceftazidime</i>	12	<i>clindamycin phosphate</i>	11
<i>ceftazidime/dextrose</i>	12	<i>clindamycin phosphate</i>	46
<i>ceftriaxone in iso-osmotic dextrose</i>	12	<i>clindamycin phosphate/dextrose</i>	11
<i>ceftriaxone sodium</i>	12	<i>clindamycin/sodium chloride</i>	11
<i>ceftriaxone/dextrose</i>	12	CLINIMIX 4.25%/DEXTROSE 10%	47
<i>cefuroxime axetil</i>	12	CLINIMIX 4.25%/DEXTROSE 5%	47
<i>cefuroxime sodium</i>	12	CLINIMIX 5%/DEXTROSE 15%	47
<i>celecoxib</i>	8	CLINIMIX 5%/DEXTROSE 20%	47
<i>cephalexin</i>	12	CLINIMIX 6/5	47
<i>cevimeline hydrochloride</i>	43	CLINIMIX 8/10	47
CHEMET	49	CLINIMIX E 2.75%/DEXTROSE 5%	47
<i>chlorhexidine gluconate</i>	43	CLINIMIX E 4.25%/DEXTROSE 10%	47
<i>chloroquine phosphate</i>	27	CLINIMIX E 4.25%/DEXTROSE 5%	47
<i>chlorpromazine hcl</i>	28	CLINIMIX E 5%/DEXTROSE 15%	47
CHLORPROMAZINE	28	CLINIMIX E 5%/DEXTROSE 20%	47
HYDROCHLORIDE		CLINIMIX E 8/10	47
<i>chlorthalidone</i>	40	CLINOLIPID	64
<i>chlorzoxazone</i>	69	<i>clobazam</i>	15
CHOLBAM	51	<i>clobetasol propionate</i>	44

Drug Name	Page #	Drug Name	Page #
<i>clobetasol propionate e</i>	44	<i>cyproheptadine hcl</i>	67
<i>clodan</i>	44	<i>cyproheptadine hydrochloride</i>	67
<i>clomipramine hydrochloride</i>	18	<i>cyred eq</i>	54
<i>clonazepam</i>	15	CYSTARAN	64
<i>clonazepam odt</i>	15	<i>cytarabine</i>	22
<i>clonidine</i>	37	<i>cytarabine aqueous</i>	22
<i>clonidine hydrochloride</i>	37	<i>dacarbazine</i>	21
<i>clonidine hydrochloride er</i>	42	<i>dalfampridine er</i>	43
<i>clopidogrel</i>	37	<i>danazol</i>	53
<i>clorazepate dipotassium</i>	33	<i>dantrolene sodium</i>	29
<i>clotrimazole</i>	19	DANZITEN	24
<i>clotrimazole/betamethasone dipropionate</i>	45	<i>dapsone</i>	20
<i>clozapine</i>	29	DAPTACEL	61
<i>clozapine odt</i>	29	DAPTOMYCIN	11
COARTEM	27	DAPTOMYCIN/SODIUM CHLORIDE	11
COBENFY	42	<i>darunavir</i>	32
COBENFY STARTER PACK	42	<i>dasatinib</i>	24
COLCHICINE	20	DAURISMO	24
<i>colesevelam hydrochloride</i>	41	<i>deblitane</i>	56
<i>colestipol hcl</i>	41	<i>deferasirox</i>	49
<i>colistimethate sodium</i>	11	<i>deferiprone</i>	49
COMBIVENT RESPIMAT	69	DELSTRIGO	31
COMETRIQ	24	<i>demeclocycline hcl</i>	14
COMPLERA	30	DENG VAXIA	62
<i>compro</i>	18	DEPO-SUBQ PROVERA 104	57
<i>constulose</i>	49	DESCOVY	31
COPIKTRA	24	<i>desipramine hcl</i>	18
CORLANOR	39	<i>desipramine hydrochloride</i>	18
<i>cortisone acetate</i>	52	<i>desloratadine</i>	67
COSENTYX	59	<i>desmopressin acetate</i>	53
COSENTYX SENSOREADY PEN	59	<i>desogestrel/ethinyl estradiol</i>	54
COSENTYX UNOREADY	59	<i>desoximetasone</i>	44
COTELLIC	24	<i>desvenlafaxine er</i>	17
CREON	51	<i>dexamethasone</i>	52
<i>cromolyn sodium</i>	51	<i>dexamethasone intensol</i>	52
<i>cromolyn sodium</i>	65	<i>dexamethasone sodium phosphate</i>	52
<i>cromolyn sodium</i>	68	<i>dexamethasone sodium phosphate</i>	65
<i>cryselle-28</i>	54	<i>dexamethasone sodium phosphate + rfid</i>	52
CURITY GAUZE PADS 2"X2" 12 PLY	64	<i>dexmethylphenidate hcl</i>	42
<i>cyclafem 1/35</i>	54	<i>dexmethylphenidate hydrochloride</i>	42
<i>cyclafem 7/7/7</i>	54	<i>dextroamphetamine sulfate</i>	42
<i>cyclobenzaprine hydrochloride</i>	69	<i>dextrose 10%</i>	47
<i>cyclophosphamide</i>	21	<i>dextrose 10%/sodium chloride 0.2%</i>	47
<i>cyclosporine</i>	60	<i>dextrose 10%/sodium chloride 0.45%</i>	47
<i>cyclosporine</i>	64	<i>dextrose 2.5%/sodium chloride 0.45%</i>	47
<i>cyclosporine modified</i>	60	<i>dextrose 20%</i>	47

Drug Name	Page #	Drug Name	Page #
<i>dextrose 25%</i>	47	DIPHtheria/TETANUS TOXoids	62
<i>dextrose 30%</i>	47	ADSORBED PEDIATRIC	
<i>dextrose 40%</i>	47	<i>disulfiram</i>	10
<i>dextrose 5%</i>	47	<i>divalproex sodium dr</i>	15
<i>dextrose 5%/lactated ringers</i>	47	<i>divalproex sodium er</i>	15
<i>dextrose 5%/nacl 0.3%</i>	47	<i>docetaxel</i>	22
<i>dextrose 5%/nacl 0.33%</i>	47	<i>dofetilide</i>	38
<i>dextrose 5%/sodium chloride 0.2%</i>	47	<i>dolishale</i>	54
<i>dextrose 5%/sodium chloride 0.225%</i>	47	<i>donepezil hcl</i>	16
<i>dextrose 5%/sodium chloride 0.45%</i>	47	<i>donepezil hydrochloride</i>	16
<i>dextrose 5%/sodium chloride 0.9%</i>	47	<i>dorzolamide hcl/timolol maleate</i>	64
<i>dextrose/sodium chloride</i>	47	<i>dorzolamide hydrochloride</i>	66
DIACOMIT	15	<i>dorzolamide hydrochloride/timolol maleate</i>	64
<i>diazepam</i>	33	<i>pf</i>	
<i>diazepam intensol</i>	33	<i>dotti</i>	54
<i>diazepam rectal gel</i>	15	DOVATO	30
<i>diazoxide</i>	34	<i>doxazosin mesylate</i>	52
<i>dichlorphenamide</i>	51	<i>doxepin hcl</i>	18
<i>diclofenac potassium</i>	8	<i>doxepin hydrochloride</i>	18
<i>diclofenac sodium</i>	8	<i>doxercalciferol</i>	63
DICLOFENAC SODIUM	45	<i>doxorubicin hcl</i>	22
<i>diclofenac sodium</i>	65	<i>doxorubicin hydrochloride</i>	22
<i>diclofenac sodium dr</i>	8	<i>doxorubicin hydrochloride liposomal</i>	22
<i>diclofenac sodium/misoprostol</i>	8	<i>doxy 100</i>	14
<i>dicloxacillin sodium</i>	13	<i>doxycycline</i>	14
<i>dicyclomine hcl</i>	50	<i>doxycycline hyclate</i>	14
<i>dicyclomine hydrochloride</i>	50	<i>doxycycline hyclate</i>	43
DIFICID	13	<i>doxycycline monohydrate</i>	14
<i>difluprednate</i>	65	DRIZALMA SPRINKLE	17
<i>digitek</i>	37	<i>dronabinol</i>	19
<i>digoxin</i>	37	<i>drospirenone/ethinyl estradiol</i>	54
DIHYDROERGOTAMINE MESYLATE	20	DROXIA	22
DILANTIN	16	<i>droxidopa</i>	37
<i>diltiazem hcl</i>	39	DUAVEE	57
<i>diltiazem hcl cd</i>	38	DULERA	69
<i>diltiazem hcl er</i>	38	<i>duloxetine hydrochloride</i>	17
<i>diltiazem hydrochloride</i>	39	DUPIXENT	59
<i>diltiazem hydrochloride er</i>	39	<i>dutasteride</i>	52
<i>dilt-xr</i>	38	<i>easy comfort insulin syringe/0.3ml/31g x</i>	64
<i>dimethyl fumarate</i>	43	<i>1/2"</i>	
<i>dimethyl fumarate starterpack</i>	43	<i>ec-naproxen</i>	8
<i>diphenhydramine hcl</i>	67	<i>econazole nitrate</i>	19
<i>diphenoxylate hydrochloride/atropine</i>	50	EDURANT	31
<i>sulfate</i>		<i>efavirenz</i>	31
<i>diphenoxylate/atropine</i>	50	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	31

Drug Name	Page #	Drug Name	Page #
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31	ERIVEDGE	24
ELEPSIA XR	14	ERLEADA	21
ELIGARD	57	ERLOTINIB HYDROCHLORIDE	24
ELIQUIS	36	<i>errin</i>	57
ELIQUIS STARTER PACK	35	<i>ertapenem</i>	13
ELMIRON	52	<i>ertapenem sodium</i>	13
<i>eluryng</i>	54	<i>ery</i>	46
EMCYT	21	<i>erythromycin</i>	46
EMEND	19	<i>erythromycin</i>	65
<i>emoquette</i>	54	<i>erythromycin base</i>	13
EMSAM	17	<i>erythromycin dr</i>	13
<i>emtricitabine</i>	31	<i>erythromycin ethylsuccinate</i>	13
<i>emtricitabine/tenofovir disoproxil fumarate</i>	31	<i>erythromycin lactobionate</i>	14
EMTRIVA	31	<i>erythromycin/benzoyl peroxide</i>	44
<i>enalapril maleate</i>	37	<i>escitalopram oxalate</i>	17
<i>enalapril maleate/hydrochlorothiazide</i>	39	<i>esomeprazole magnesium</i>	51
ENBREL	60	<i>estradiol</i>	54
ENBREL MINI	60	<i>estradiol valerate</i>	54
ENBREL SURECLICK	60	<i>eszopiclone</i>	69
ENDARI	51	<i>ethambutol hydrochloride</i>	20
<i>endocet</i>	9	<i>ethosuximide</i>	15
ENGERIX-B	62	<i>ethynodiol diacetate/ethinyl estradiol</i>	54
<i>enilloring</i>	54	<i>etodolac</i>	8
<i>enoxaparin sodium</i>	36	<i>etodolac er</i>	8
<i>enpresse-28</i>	54	<i>etonogestrel/ethinyl estradiol</i>	54
<i>enskyce</i>	54	<i>etoposide</i>	23
<i>entacapone</i>	27	<i>etravirine</i>	31
ENTECAVIR	30	<i>euthyrox</i>	57
ENTRESTO	39	<i>everolimus</i>	24
<i>enulose</i>	49	<i>everolimus</i>	60
ENVARUSUS XR	60	EVOTAZ	32
EPCLUSA	30	<i>exemestane</i>	23
EPIDIOLEX	14	EXKIVITY	24
EPIFOAM	45	<i>ezetimibe</i>	41
<i>epinastine hcl</i>	65	<i>ezetimibe/simvastatin</i>	41
<i>epinephrine</i>	39	<i>falmina</i>	54
EPINEPHRINE	67	<i>famciclovir</i>	32
<i>epirubicin hcl</i>	22	<i>famotidine</i>	51
<i>epitol</i>	16	FANAPT	28
EPIVIR HBV	30	FANAPT TITRATION PACK	28
EPKINLY	22	FARXIGA	41
<i>eplerenone</i>	41	FASENRA	69
EPRONTIA	14	FASENRA PEN	69
<i>ergotamine tartrate/caffeine</i>	20	<i>fayosim</i>	54
		<i>febuxostat</i>	20
		<i>feirza 1.5/30</i>	54

Drug Name	Page #	Drug Name	Page #
<i>feirza 1/20</i>	54	<i>fluticasone propionate</i>	45
<i>felbamate</i>	14	<i>fluticasone propionate</i>	67
<i>felodipine er</i>	38	<i>fluticasone propionate/salmeterol</i>	69
<i>femynor</i>	54	<i>fluticasone propionate/salmeterol diskus</i>	69
<i>fenofibrate</i>	40	<i>fluvastatin</i>	40
FENOFIBRATE MICRONIZED	40	<i>fluvastatin sodium er</i>	40
<i>fenofibric acid</i>	40	<i>fluvoxamine maleate</i>	17
<i>fenofibric acid dr</i>	40	FML	65
<i>fentanyl</i>	8	FONDAPARINUX SODIUM	36
FENTANYL CITRATE ORAL	9	<i>formoterol fumarate</i>	67
TRANSMUCOSAL		<i>fosamprenavir calcium</i>	32
<i>fesoterodine fumarate er</i>	52	<i>fosinopril sodium</i>	37
FETZIMA	17	<i>fosinopril sodium/hydrochlorothiazide</i>	39
FETZIMA TITRATION PACK	17	FOTIVDA	24
FIBRICOR	40	FRAGMIN	36
FINACEA	44	FREAMINE III	47
<i>finasteride</i>	52	FRUZAQLA	24
<i>finngolimod hydrochloride</i>	43	FULPHILA	36
FINTEPLA	14	<i>fulvestrant</i>	21
FIRMAGON	57	<i>furosemide</i>	40
<i>flavoxate hcl</i>	52	FUZEON	31
FLEBOGAMMA DIF	58	<i>fyavolv</i>	54
<i>flecainide acetate</i>	38	FYCOMPA	15
FLOVENT DISKUS	66	<i>gabapentin</i>	15
FLOVENT HFA	66	GALANTAMINE HYDROBROMIDE	16
<i>fluconazole</i>	19	<i>galantamine hydrobromide er</i>	16
<i>fluconazole in sodium chloride</i>	19	<i>gallifrey</i>	57
<i>flucytosine</i>	19	GAMMAGARD LIQUID	58
<i>fludrocortisone acetate</i>	52	GAMMAKED	58
<i>flunisolide</i>	66	GAMMAPLEX	58
<i>fluocinolone acetonide</i>	44	GAMUNEX-C	58
<i>fluocinolone acetonide body</i>	44	GARDASIL 9	62
<i>fluocinolone acetonide scalp</i>	44	<i>gatifloxacin</i>	65
<i>fluocinolone acetonide topical</i>	44	GATTEX	50
<i>fluocinonide</i>	44	<i>gavilyte-c</i>	50
<i>fluocinonide emulsified base</i>	44	<i>gavilyte-g</i>	50
<i>fluorouracil</i>	22	<i>gavilyte-h</i>	50
<i>fluorouracil</i>	45	<i>gavilyte-n/ flavor pack</i>	50
<i>fluoxetine dr</i>	17	GAVRETO	24
<i>fluoxetine hydrochloride</i>	17	<i>gefitinib</i>	24
<i>fluphenazine decanoate</i>	28	<i>gemcitabine hcl</i>	22
<i>fluphenazine hcl</i>	28	<i>gemcitabine hydrochloride</i>	22
<i>fluphenazine hydrochloride</i>	28	<i>gemfibrozil</i>	40
<i>flurbiprofen</i>	8	GEMTESA	52
<i>flurbiprofen sodium</i>	65	<i>generlac</i>	49
<i>flutamide</i>	21	<i>gengraf</i>	60

Drug Name	Page #	Drug Name	Page #
GENOTROPIN	53	<i>heparin sodium/sodium chloride</i>	36
GENOTROPIN MINIQUICK	53	<i>heparin sodium/sodium chloride 0.9%</i>	36
<i>gentak</i>	65	<i>heparin sodium/sodium chloride 0.9%</i>	36
<i>gentamicin sulfate</i>	10	<i>premix</i>	
<i>gentamicin sulfate</i>	65	HEPLISAV-B	62
<i>gentamicin sulfate/0.9% sodium chloride</i>	10	HIBERIX	62
GENVOYA	30	HUMALOG	35
<i>gianvi</i>	54	HUMALOG JUNIOR KWIKPEN	35
GILOTRIF	24	HUMALOG KWIKPEN	35
<i>glatiramer acetate</i>	43	HUMALOG MIX 50/50	35
<i>glatopa</i>	43	HUMALOG MIX 50/50 KWIKPEN	35
GLEOSTINE	21	HUMALOG MIX 75/25	35
<i>glimepiride</i>	33	HUMALOG MIX 75/25 KWIKPEN	35
<i>glipizide</i>	33	HUMIRA	61
<i>glipizide er</i>	33	HUMIRA PEDIATRIC CROHNS	60
<i>glipizide/metformin hydrochloride</i>	33	DISEASE STARTER PACK	
GLUCAGEN HYPOKIT	35	HUMIRA PEN	61
GLUCAGON EMERGENCY KIT	35	HUMIRA PEN-CD/UC/HS STARTER	60
GLUCAGON EMERGENCY KIT FOR	35	HUMIRA PEN-PEDIATRIC UC	61
LOW BLOOD SUGAR		STARTER PACK	
<i>glyburide</i>	33	HUMIRA PEN-PS/UV STARTER	61
<i>glyburide micronized</i>	33	HUMULIN 70/30	35
<i>glyburide/metformin hydrochloride</i>	33	HUMULIN 70/30 KWIKPEN	35
<i>glycopyrrolate</i>	50	HUMULIN N	35
<i>glydo</i>	10	HUMULIN N KWIKPEN	35
GLYXAMBI	33	HUMULIN R	35
GOMEKLI	24	HUMULIN R U-500 (CONCENTRATED)	35
<i>granisetron hydrochloride</i>	19	HUMULIN R U-500 KWIKPEN	35
<i>griseofulvin microsize</i>	19	<i>hydralazine hydrochloride</i>	41
<i>griseofulvin ultramicrosize</i>	19	<i>hydrochlorothiazide</i>	40
<i>guanfacine hydrochloride er</i>	42	<i>hydrocodone bitartrate/acetaminophen</i>	9
GVOKE HYPOPEN 1-PACK	35	<i>hydrocodone/acetaminophen</i>	9
GVOKE HYPOPEN 2-PACK	35	<i>hydrocodone/ibuprofen</i>	9
GVOKE KIT	35	<i>hydrocortisone</i>	45
GVOKE PFS	35	<i>hydrocortisone</i>	52
<i>hailey 24 fe</i>	54	<i>hydrocortisone</i>	63
<i>halobetasol propionate</i>	45	<i>hydrocortisone butyrate</i>	45
<i>haloette</i>	54	<i>hydrocortisone butyrate (lipid)</i>	45
<i>haloperidol</i>	28	<i>hydrocortisone butyrate (lipophilic)</i>	45
<i>haloperidol decanoate</i>	28	<i>hydrocortisone valerate</i>	45
<i>haloperidol lactate</i>	28	<i>hydromorphone hcl</i>	9
HARVONI	30	<i>hydromorphone hydrochloride</i>	9
HAVRIX	62	<i>hydromorphone hydrochloride dosette</i>	9
<i>heather</i>	57	<i>hydroxychloroquine sulfate</i>	27
<i>heparin sodium</i>	36	<i>hydroxyprogesterone caproate</i>	57
<i>heparin sodium/nacl 0.45%</i>	36	<i>hydroxyurea</i>	22

Drug Name	Page #	Drug Name	Page #
<i>hydroxyzine hcl</i>	67	<i>irbesartan</i>	37
<i>hydroxyzine hydrochloride</i>	67	<i>irbesartan/hydrochlorothiazide</i>	39
<i>hydroxyzine pamoate</i>	67	<i>irinotecan</i>	23
<i>ibandronate sodium</i>	63	<i>irinotecan hydrochloride</i>	23
IBRANCE	22	ISENTRESS	30
IBRANCE	24	ISENTRESS HD	30
<i>ibu</i>	8	<i>isibloom</i>	54
<i>ibuprofen</i>	8	ISOLYTE-P/DEXTROSE 5%	47
<i>icatibant acetate</i>	58	ISOLYTE-S	47
<i>iclevia</i>	54	ISOLYTE-S PH 7.4	47
ICLUSIG	24	<i>isoniazid</i>	20
<i>icosapent ethyl</i>	41	<i>isosorbide dinitrate</i>	41
<i>idarubicin hcl</i>	22	<i>isosorbide dinitrate/hydralazine</i>	39
IDHIFA	24	<i>hydrochloride</i>	
<i>ifosfamide</i>	21	<i>isosorbide mononitrate</i>	41
ILEVRO	65	<i>isosorbide mononitrate er</i>	41
<i>imatinib mesylate</i>	24	<i>isotonic gentamicin</i>	11
IMBRUVICA	24	<i>isotretinoin</i>	44
<i>imipenem/cilastatin</i>	13	ITOVEBI	22
<i>imipramine hcl</i>	18	<i>itraconazole</i>	19
<i>imipramine hydrochloride</i>	18	IVABRADINE HYDROCHLORIDE	39
<i>imipramine pamoate</i>	18	<i>ivermectin</i>	27
<i>imiquimod</i>	45	IWILFIN	22
IMKELDI	24	IXCHIQ	62
IMOVAX RABIES (H.D.C.V.)	62	IXIARO	62
IMPAVIDO	11	JAKAFI	24
<i>incassia</i>	57	<i>jantoven</i>	36
INCRELEX	53	JANUMET	33
INCRUSE ELLIPTA	67	JANUMET XR	33
<i>indapamide</i>	40	JANUVIA	33
INFANRIX	62	JARDIANCE	41
INGREZZA	43	<i>jasmiel</i>	54
INLYTA	24	JAYPIRCA	24
INQOVI	24	JENTADUETO	33
INREBIC	22	JENTADUETO XR	33
INSULIN LISPRO	35	<i>jinteli</i>	54
INTELENCE	31	<i>joyeaux</i>	54
INTRALIPID	64	<i>juleber</i>	54
<i>introvale</i>	54	JULUCA	30
INVEGA HAFYERA	28	<i>junel 1.5/30</i>	54
INVEGA SUSTENNA	28	<i>junel 1/20</i>	54
INVEGA TRINZA	29	<i>junel fe 1.5/30</i>	54
IONOSOL-MB/DEXTROSE 5%	47	<i>junel fe 1/20</i>	54
IPOL INACTIVATED IPV	62	<i>junel fe 24</i>	54
<i>ipratropium bromide</i>	67	JUXTAPID	41
<i>ipratropium bromide/albuterol sulfate</i>	69	JYLAMVO	61

Drug Name	Page #	Drug Name	Page #
JYNNEOS	62	<i>lansoprazole</i>	51
KALYDECO	68	LANTUS	35
<i>kariva</i>	54	LANTUS SOLOSTAR	35
<i>kcl 0.075%/d5w/nacl 0.45%</i>	47	<i>lapatinib ditosylate</i>	24
<i>kcl 0.15%/d5w/nacl 0.2%</i>	48	<i>larin 1.5/30</i>	55
<i>kcl 0.15%/d5w/nacl 0.225%</i>	48	<i>larin 1/20</i>	55
<i>kcl 0.15%/d5w/nacl 0.45%</i>	48	<i>larin fe 1.5/30</i>	55
<i>kcl 0.15%/d5w/nacl 0.9%</i>	48	<i>larin fe 1/20</i>	55
<i>kcl 0.3%/d5w/nacl 0.45%</i>	48	<i>larissia</i>	55
<i>kcl 0.3%/d5w/nacl 0.9%</i>	48	<i>latanoprost</i>	66
<i>kelnor 1/35</i>	54	LAZCLUZE	22
<i>kelnor 1/50</i>	55	<i>leflunomide</i>	61
KEMOPLAT	21	<i>lenalidomide</i>	21
KERENDIA	41	LENVIMA 10 MG DAILY DOSE	24
<i>ketoconazole</i>	19	LENVIMA 12MG DAILY DOSE	24
<i>ketorolac tromethamine</i>	65	LENVIMA 14 MG DAILY DOSE	24
KINERET	59	LENVIMA 18 MG DAILY DOSE	25
KINRIX	62	LENVIMA 20 MG DAILY DOSE	25
<i>kionex</i>	49	LENVIMA 24 MG DAILY DOSE	25
KISQALI	24	LENVIMA 4 MG DAILY DOSE	25
KISQALI FEMARA 200 DOSE	22	LENVIMA 8 MG DAILY DOSE	25
KISQALI FEMARA 400 DOSE	22	<i>lessina</i>	55
KISQALI FEMARA 600 DOSE	22	<i>letrozole</i>	23
<i>klayesta</i>	19	<i>leucovorin calcium</i>	22
<i>klor-con 10</i>	48	LEUKERAN	21
<i>klor-con 8</i>	48	LEUPROLIDE ACETATE	58
<i>klor-con m10</i>	48	<i>levalbuterol hcl</i>	67
<i>klor-con m15</i>	48	<i>levalbuterol hydrochloride</i>	67
<i>klor-con m20</i>	48	<i>levetiracetam</i>	15
<i>klor-con sprinkle</i>	48	<i>levetiracetam er</i>	15
KOSELUGO	24	<i>levobunolol hcl</i>	66
<i>kourzeq</i>	43	<i>levocarnitine</i>	64
KRAZATI	24	<i>levocetirizine dihydrochloride</i>	67
<i>kurvelo</i>	55	<i>levofloxacin</i>	14
<i>labetalol hydrochloride</i>	38	<i>levofloxacin</i>	65
<i>lacosamide</i>	16	<i>levofloxacin in d5w</i>	14
<i>lactulose</i>	49	<i>levonest</i>	55
LAGEVRIO	32	<i>levonorgestrel and ethinyl estradiol</i>	55
<i>lamivudine</i>	30	<i>levonorgestrel/ethinyl estradiol</i>	55
<i>lamivudine</i>	31	<i>levora 0.15/30-28</i>	55
<i>lamivudine/zidovudine</i>	31	<i>levo-t</i>	57
<i>lamotrigine</i>	15	<i>levothyroxine sodium</i>	57
<i>lamotrigine er</i>	15	LEVOXYL	57
<i>lamotrigine odt</i>	15	LEXIVA	32
<i>lamotrigine titration</i>	15	L-GLUTAMINE	51
LANREOTIDE ACETATE	58	LIBERVANT	15

Drug Name	Page #	Drug Name	Page #
<i>lidocaine</i>	10	LUPRON DEPOT (6-MONTH)	58
<i>lidocaine hcl</i>	10	LUPRON DEPOT-PED (1-MONTH)	58
<i>lidocaine hcl</i>	43	LUPRON DEPOT-PED (3-MONTH)	58
<i>lidocaine hcl jelly</i>	10	LUPRON DEPOT-PED (6-MONTH)	53
<i>lidocaine hydrochloride</i>	10	<i>lurasidone hydrochloride</i>	29
<i>lidocaine hydrochloride jelly</i>	10	<i>luteira</i>	55
<i>lidocaine hydrochloride viscous</i>	43	LYBALVI	29
<i>lidocaine viscous</i>	43	<i>lyleq</i>	57
<i>lidocaine/prilocaine</i>	10	<i>lyllana</i>	55
LILETTA	57	LYNPARZA	25
<i>linezolid</i>	11	LYSODREN	23
LINZESS	50	LYTGOBI	25
<i>liothyronine sodium</i>	57	<i>lyza</i>	57
<i>liraglutide</i>	34	<i>magnesium sulfate</i>	48
<i>lisinopril</i>	37	<i>malathion</i>	45
<i>lisinopril/hydrochlorothiazide</i>	39	<i>maraviroc</i>	31
<i>lithium</i>	33	<i>marlissa</i>	55
<i>lithium carbonate</i>	33	MARPLAN	17
<i>lithium carbonate er</i>	33	MATULANE	21
LIVTENCITY	30	MAVYRET	30
LOKELMA	49	MAYZENT	43
LONSURF	23	MAYZENT STARTER PACK	43
<i>loperamide hydrochloride</i>	50	<i>meclizine hcl</i>	18
<i>lopinavir/ritonavir</i>	32	<i>medroxyprogesterone acetate</i>	57
<i>lopreeza</i>	55	<i>mefloquine hydrochloride</i>	27
LOQTORZI	26	<i>megestrol acetate</i>	57
<i>lorazepam</i>	33	MEKINIST	25
<i>lorazepam intensol</i>	33	MEKTOVI	25
LORBRENA	25	<i>meloxicam</i>	8
<i>lorcet</i>	9	<i>memantine hcl titration pak</i>	17
<i>lorcet hd</i>	9	<i>memantine hydrochloride</i>	17
<i>lorcet plus</i>	9	<i>memantine hydrochloride er</i>	17
<i>loryna</i>	55	<i>memantine/donepezil hydrochloride er</i>	16
<i>losartan potassium</i>	37	MENACTRA	62
<i>losartan potassium/hydrochlorothiazide</i>	39	MENEST	55
LOTEMAX SM	65	MENQUADFI	62
<i>loteprednol etabonate</i>	65	MENVEO	62
<i>lovastatin</i>	40	<i>mercaptopurine</i>	22
<i>low-ogestrel</i>	55	<i>meropenem</i>	13
<i>loxapine</i>	28	<i>meropenem/sodium chloride</i>	13
<i>lubiprostone</i>	50	<i>mesalamine</i>	63
LUMAKRAS	25	<i>mesalamine dr</i>	63
LUMIGAN	66	<i>mesalamine er</i>	63
LUPRON DEPOT (1-MONTH)	58	<i>mesna</i>	27
LUPRON DEPOT (3-MONTH)	58	MESNEX	27
LUPRON DEPOT (4-MONTH)	58	<i>metadate er</i>	42

Drug Name	Page #	Drug Name	Page #
<i>metformin hydrochloride</i>	34	<i>minoxidil</i>	41
<i>metformin hydrochloride er</i>	34	<i>minzoya</i>	55
<i>methadone hcl</i>	8	<i>mirtazapine</i>	17
<i>methadone hydrochloride</i>	8	<i>mirtazapine odt</i>	17
<i>methadone hydrochloride intensol</i>	8	<i>misoprostol</i>	51
<i>methadose</i>	8	M-M-R II	62
<i>methadose sugar-free</i>	8	<i>modafinil</i>	69
<i>methenamine hippurate</i>	11	<i>moexipril hydrochloride</i>	37
<i>methimazole</i>	58	<i>molindone hydrochloride</i>	28
<i>methotrexate</i>	61	<i>mometasone furoate</i>	45
<i>methotrexate sodium</i>	61	<i>mometasone furoate</i>	67
METHOXSALEN	45	<i>mondoxyne nl</i>	14
<i>methscopolamine bromide</i>	50	<i>montelukast sodium</i>	67
<i>methsuximide</i>	15	<i>morgidox 1x50mg</i>	14
<i>methyldopa</i>	37	<i>morphine sulfate</i>	9
<i>methylphenidate hydrochloride</i>	42	<i>morphine sulfate er</i>	8
<i>methylphenidate hydrochloride er</i>	42	MOUNJARO	34
<i>methylprednisolone</i>	53	MOVANTIK	50
<i>methylprednisolone acetate</i>	52	<i>moxifloxacin hydrochloride/sodium</i>	14
<i>methylprednisolone dose pack</i>	52	<i>hydrochloride</i>	
<i>methylprednisolone sodium succinate</i>	52	<i>moxifloxacin hydrochloride</i>	14
<i>methylprednisolone sodiumsuccinate</i>	53	<i>moxifloxacin hydrochloride</i>	65
<i>metoclopramide hcl</i>	50	MRESVIA	62
<i>metoclopramide hydrochloride</i>	50	MULTAQ	38
<i>metolazone</i>	40	<i>multiple electrolytes injection type 1</i>	48
<i>metoprolol succinate er</i>	38	<i>mupirocin</i>	46
<i>metoprolol tartrate</i>	38	<i>mycophenolate mofetil</i>	61
<i>metoprolol/hydrochlorothiazide</i>	39	<i>mycophenolic acid dr</i>	61
<i>metronidazole</i>	11	MYHIBBIN	61
<i>metronidazole</i>	44	MYORISAN	44
<i>metronidazole vaginal</i>	11	MYRBETRIQ	52
<i>metirosine</i>	39	<i>nabumetone</i>	8
<i>mexiletine hydrochloride</i>	38	<i>nadolol</i>	38
<i>micafungin</i>	19	<i>nafcillin</i>	13
<i>miconazole 3</i>	19	<i>nafcillin sodium</i>	13
<i>microgestin 1.5/30</i>	55	<i>naftifine hydrochloride</i>	19
<i>microgestin 1/20</i>	55	<i>naloxone hcl</i>	10
<i>microgestin 24 fe</i>	55	<i>naloxone hydrochloride</i>	10
<i>microgestin fe 1.5/30</i>	55	<i>naltrexone hydrochloride</i>	10
<i>microgestin fe 1/20</i>	55	NAMZARIC	16
<i>midodrine hydrochloride</i>	37	<i>naproxen</i>	8
MIFEPRISTONE	58	<i>naproxen dr</i>	8
MIGLUSTAT	51	NATACYN	65
<i>mili</i>	55	<i>nateglinide</i>	34
<i>minocycline hcl</i>	14	NATPARA	63
<i>minocycline hydrochloride</i>	14	NAYZILAM	15

Drug Name	Page #	Drug Name	Page #
<i>nebivolol hydrochloride</i>	38	<i>norethindrone acetate</i>	57
<i>necon 0.5/35-28</i>	55	<i>norethindrone acetate/ethinyl estradiol</i>	55
<i>nefazodone hydrochloride</i>	17	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	55
<i>neomycin sulfate</i>	11	<i>norgestimate/ethinyl estradiol</i>	55
<i>neomycin/bacitracin/polymyxin</i>	64	NORMOSOL -R	48
<i>neomycin/polymyxin b sulfates</i>	11	NORMOSOL-M IN D5W	48
<i>neomycin/polymyxin/bacitracin zinc</i>	64	NORMOSOL-R	48
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	64	<i>nortrel 0.5/35 (28)</i>	55
<i>neomycin/polymyxin/dexamethasone</i>	64	<i>nortrel 1/35</i>	55
<i>neomycin/polymyxin/gramicidin</i>	64	<i>nortrel 7/7/7</i>	55
<i>neomycin/polymyxin/hc</i>	66	<i>nortriptyline hcl</i>	18
<i>neomycin/polymyxin/hydrocortisone</i>	64	<i>nortriptyline hydrochloride</i>	18
<i>neomycin/polymyxin/hydrocortisone</i>	66	NORVIR	32
<i>neo-polycin</i>	64	NOVOLIN 70/30	35
<i>neo-polycin hc</i>	64	NOVOLIN 70/30 FLEXPEN	35
NERLYNX	25	NOVOLIN N	35
NEULASTA	36	NOVOLIN N FLEXPEN	35
NEULASTA ONPRO KIT	36	NOVOLIN R	35
NEUPOGEN	36	NOVOLIN R FLEXPEN	35
<i>nevirapine</i>	31	NOVOLOG	35
<i>nevirapine er</i>	31	NOVOLOG FLEXPEN	35
NEXPLANON	57	NOVOLOG MIX 70/30	35
<i>niacin</i>	41	NOVOLOG MIX 70/30 PREFILLED	35
<i>niacin er</i>	41	FLEXPEN	
NIACOR	41	NOVOLOG PENFILL	35
<i>nicardipine hcl</i>	38	NUBEQA	21
NICOTROL INHALER	10	NUCALA	69
NICOTROL NS	10	NUCYNTA	9
<i>nifedipine er</i>	38	NUCYNTA ER	8
<i>nikki</i>	55	NUEDEXTA	43
<i>nilutamide</i>	21	NUPLAZID	29
<i>nimodipine</i>	38	NUTRILIPID	64
NINLARO	25	NUTROPIN AQ NUSPIN 10	53
<i>nitazoxanide</i>	27	NUTROPIN AQ NUSPIN 20	53
<i>nitisinone</i>	51	NUTROPIN AQ NUSPIN 5	53
<i>nitrofurantoin</i>	11	<i>nyamyc</i>	19
<i>nitrofurantoin macrocrystals</i>	11	<i>nylia 1/35</i>	55
<i>nitrofurantoin monohydrate/macrocrystals</i>	11	<i>nylia 7/7/7</i>	55
<i>nitroglycerin</i>	41	<i>nymyo</i>	56
<i>nitroglycerin</i>	50	<i>nystatin</i>	19
<i>nitroglycerin transdermal</i>	41	<i>nystatin/triamcinolone</i>	45
NIVESTYM	36	<i>nystatin/triamcinolone acetate</i>	45
<i>nizatidine</i>	51	<i>nystop</i>	19
<i>norelgestromin/ethinyl estradiol</i>	55	<i>ocella</i>	56
<i>norethindrone</i>	57	OCTREOTIDE ACETATE	58

Drug Name	Page #	Drug Name	Page #
ODEFSEY	31	<i>oxacillin sodium</i>	13
ODOMZO	25	<i>oxaliplatin</i>	21
OFEV	68	<i>oxcarbazepine</i>	16
<i>ofloxacin</i>	14	<i>oxybutynin chloride</i>	52
<i>ofloxacin</i>	65	<i>oxybutynin chloride er</i>	52
<i>ofloxacin</i>	66	<i>oxycodone hcl</i>	9
OGSIVEO	23	<i>oxycodone hydrochloride</i>	9
OJEMDA	23	<i>oxycodone/acetaminophen</i>	9
OJJAARA	25	<i>oxymorphone hydrochloride</i>	9
<i>olanzapine</i>	29	<i>oxymorphone hydrochloride er</i>	8
<i>olanzapine odt</i>	29	OZEMPIC	34
<i>olmesartan medoxomil</i>	37	<i>pacerone</i>	38
<i>olmesartan</i>	39	<i>paclitaxel</i>	23
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		<i>paliperidone er</i>	29
<i>olmesartan medoxomil/hydrochlorothiazide</i>	39	<i>pamidronate disodium</i>	63
<i>olopatadine hydrochloride</i>	65	PANRETIN	27
<i>omega-3-acid ethyl esters</i>	41	<i>pantoprazole sodium</i>	51
<i>omeprazole</i>	51	<i>paraplatin</i>	21
<i>omeprazole dr</i>	51	<i>paricalcitol</i>	63
OMNITROPE	53	<i>paroex</i>	43
<i>ondansetron hcl</i>	19	<i>paromomycin sulfate</i>	11
<i>ondansetron hydrochloride</i>	19	<i>paroxetine</i>	17
ONDANSETRON ODT	19	<i>paroxetine hcl</i>	17
ONUREG	23	<i>paroxetine hcl er</i>	17
OPIPZA	29	<i>paroxetine hydrochloride</i>	17
OPVEE	10	PASER	20
<i>oralone dental paste</i>	43	PAXLOVID	32
ORAVIG	19	<i>pazopanib hydrochloride</i>	25
ORENCIA	59	PEDIARIX	62
ORENCIA	61	PEDVAX HIB	62
ORENCIA CLICKJECT	59	<i>peg 3350/electrolytes</i>	50
ORENITRAM	68	<i>peg-3350/electrolytes</i>	50
ORENITRAM TITRATION KIT MONTH	68	<i>peg-3350/nacl/na bicarbonate/kcl</i>	50
1		PEGASYS	59
ORENITRAM TITRATION KIT MONTH	68	PEGASYS	61
2		PEMAZYRE	25
ORENITRAM TITRATION KIT MONTH	68	PENBRAYA	62
3		<i>penciclovir</i>	46
ORGOVYX	58	<i>penicillamine</i>	49
ORKAMBI	68	<i>penicillin g potassium</i>	13
ORSERDU	21	<i>penicillin g procaine</i>	13
<i>orsythia</i>	56	<i>penicillin g sodium</i>	13
<i>oseltamivir phosphate</i>	32	<i>penicillin v potassium</i>	13
OSENI	34	PENTACEL	62
OTEZLA	45	<i>pentamidine isethionate</i>	27
OTEZLA	59	PENTASA	63

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Page #	Drug Name	Page #
<i>pentoxifylline er</i>	40	<i>potassium chloride er</i>	48
<i>perindopril erbumine</i>	37	<i>potassium chloride/dextrose</i>	48
<i>periogard</i>	43	<i>potassium chloride/dextrose/lactated</i>	48
<i>permethrin</i>	45	<i>ringers</i>	
<i>perphenazine</i>	28	<i>potassium chloride/dextrose/sodium</i>	48
<i>perphenazine/amitriptyline</i>	17	<i>chloride</i>	
PERSERIS	29	<i>potassium chloride/sodium chloride</i>	48
PEXEVA	18	<i>potassium citrate er</i>	48
<i>phenelzine sulfate</i>	17	PRALUENT	41
<i>phenobarbital</i>	15	<i>pramipexole dihydrochloride</i>	27
<i>phenytek</i>	16	<i>prasugrel hydrochloride</i>	37
<i>phenytoin</i>	16	<i>pravastatin sodium</i>	40
<i>phenytoin sodium extended</i>	16	<i>praziquantel</i>	27
PIFELTRO	31	<i>prazosin hydrochloride</i>	37
<i>pilocarpine hcl</i>	66	<i>prednisolone</i>	53
<i>pilocarpine hydrochloride</i>	43	<i>prednisolone acetate</i>	65
<i>pilocarpine hydrochloride</i>	66	<i>prednisolone sodium phosphate</i>	53
<i>pimecrolimus</i>	45	<i>prednisolone sodium phosphate</i>	66
<i>pimozide</i>	28	<i>prednisone</i>	53
<i>pimtreea</i>	56	<i>prednisone intensol</i>	53
<i>pindolol</i>	38	<i>pregabalin</i>	15
<i>pioglitazone hcl</i>	34	PREHEVBRIO	62
<i>pioglitazone hcl/metformin hcl</i>	34	PREMARIN	56
<i>pioglitazone hydrochloride</i>	34	PREMASOL	48
<i>piperacillin sodium/tazobactam sodium</i>	13	PREMPHASE	56
PIQRAY 200MG DAILY DOSE	25	PREMPRO	56
PIQRAY 250MG DAILY DOSE	25	<i>prevalite</i>	41
PIQRAY 300MG DAILY DOSE	25	<i>previfem</i>	56
<i>pirfenidone</i>	68	PREVYMIS	30
<i>pirmella 1/35</i>	56	PREZCOBIX	32
<i>piroxicam</i>	8	PREZISTA	32
PLASMA-LYTE 148	48	PRIFTIN	20
PLASMA-LYTE A	48	<i>primaquine phosphate</i>	27
PLASMA-LYTE-148	48	<i>primidone</i>	15
PLEGRIDY	43	PRIORIX	62
PLEGRIDY STARTER PACK	43	PRIVIGEN	58
<i>plenamine</i>	48	<i>probenecid</i>	20
<i>podofilox</i>	45	<i>probenecid/colchicine</i>	20
<i>polycin</i>	64	PROCALAMINE	48
<i>polymyxin b sulfate/trimethoprim sulfate</i>	65	<i>prochlorperazine</i>	18
POMALYST	21	<i>prochlorperazine maleate</i>	18
<i>portia-28</i>	56	PROCRIT	36
<i>posaconazole</i>	19	<i>procto-med hc</i>	63
<i>posaconazole dr</i>	19	<i>procto-pak</i>	63
<i>potassium chloride</i>	48	<i>proctosol hc</i>	63
<i>potassium chloride cr</i>	48	<i>proctozone-hc</i>	63

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Page #	Drug Name	Page #
<i>progesterone</i>	57	RELISTOR	50
PROGRAF	61	<i>repaglinide</i>	34
PROLASTIN-C	51	REPATHA	41
PROLEUKIN	23	REPATHA PUSHTRONEX SYSTEM	41
PROLIA	63	REPATHA SURECLICK	41
PROMACTA	36	RESTASIS	65
<i>promethazine hcl</i>	18	RESTASIS MULTIDOSE	65
<i>promethazine hydrochloride</i>	18	RETACRIT	36
<i>promethegan</i>	19	RETEVMO	25
<i>propafenone hcl</i>	38	REVLIMID	21
<i>propafenone hydrochloride</i>	38	REVUFORJ	23
<i>proparacaine hcl</i>	65	REXULTI	29
<i>propranolol hcl</i>	38	REYATAZ	32
<i>propranolol hydrochloride</i>	38	REZLIDHIA	25
<i>propranolol hydrochloride er</i>	38	REZUROCK	61
<i>propylthiouracil</i>	58	RHOPRESSA	66
PROQUAD	62	<i>ribavirin</i>	30
PROSOL	48	<i>rifabutin</i>	20
<i>protriptyline hcl</i>	18	<i>rifampin</i>	21
PULMOZYME	68	<i>riluzole</i>	43
PURIXAN	22	<i>rimantadine hydrochloride</i>	32
<i>pyrazinamide</i>	21	RINVOQ	59
<i>pyridostigmine bromide</i>	20	RINVOQ LQ	59
<i>pyridostigmine bromide er</i>	20	<i>risedronate sodium</i>	63
<i>pyrimethamine</i>	27	<i>risedronate sodium dr</i>	63
QINLOCK	25	RISPERDAL CONSTA	29
QUADRACEL	62	<i>risperidone</i>	29
<i>quetiapine fumarate</i>	29	<i>risperidone er</i>	29
<i>quetiapine fumarate er</i>	29	RISPERIDONE ODT	29
<i>quinapril hydrochloride</i>	37	<i>ritonavir</i>	32
<i>quinapril/hydrochlorothiazide</i>	40	<i>rivastigmine tartrate</i>	16
<i>quinidine sulfate</i>	38	<i>rivastigmine transdermal system</i>	16
<i>quinine sulfate</i>	27	<i>rizatriptan benzoate</i>	20
QVAR REDIHALER	67	<i>rizatriptan benzoate odt</i>	20
RABAVERT	62	<i>roflumilast</i>	68
<i>rabeprazole sodium</i>	51	ROMVIMZA	25
<i>raloxifene hydrochloride</i>	57	<i>ropinirole er</i>	27
<i>ramipril</i>	37	<i>ropinirole hcl</i>	27
<i>ranolazine er</i>	40	<i>ropinirole hydrochloride</i>	27
<i>rasagiline mesylate</i>	28	<i>rosadan</i>	44
RAYALDEE	63	<i>rosuvastatin calcium</i>	40
<i>reclipsen</i>	56	ROTARIX	62
RECOMBIVAX HB	62	ROTATEQ	62
RECTIV	50	<i>roweepra</i>	15
REGRANEX	45	<i>roweepra xr</i>	15
RELENZA DISKHALER	32	ROZLYTREK	25

Drug Name	Page #	Drug Name	Page #
RUBRACA	25	SOLQUA 100/33	34
<i>rufinamide</i>	16	SOLTAMOX	22
RUKOBIA	31	SOMATULINE DEPOT	58
RYBELSUS	34	SOMAVERT	58
RYDAPT	25	<i>sorafenib</i>	25
<i>sajazir</i>	58	<i>sorafenib tosylate</i>	25
SANDIMMUNE	61	<i>sorine</i>	38
SANTYL	45	<i>sotalol hcl</i>	38
<i>sapropterin dihydrochloride</i>	51	<i>sotalol hydrochloride</i>	38
SAVELLA	43	<i>sotalol hydrochloride (af)</i>	38
SAVELLA TITRATION PACK	43	SPIRIVA HANDIHALER	67
<i>saxagliptin hydrochloride</i>	34	SPIRIVA RESPIMAT	67
<i>saxagliptin hydrochloride/metformin</i>	34	<i>spironolactone</i>	41
<i>hydrochloride er</i>		<i>spironolactone/hydrochlorothiazide</i>	40
SCEMBLIX	25	<i>sprintec 28</i>	56
<i>scopolamine</i>	19	SPRITAM	15
SECUADO	29	SPRYCEL	25
<i>selegiline hcl</i>	28	<i>sps</i>	49
<i>selenium sulfide</i>	45	<i>sronyx</i>	56
SELZENTRY	31	<i>ssd</i>	45
SEREVENT DISKUS	67	<i>stavudine</i>	31
<i>sertraline hcl</i>	18	STIOLTO RESPIMAT	69
<i>sertraline hydrochloride</i>	18	STIVARGA	25
<i>setlakin</i>	56	STREPTOMYCIN SULFATE	11
<i>sevelamer carbonate</i>	49	STRIBILD	30
<i>sharobel</i>	57	STRIVERDI RESPIMAT	67
SHINGRIX	62	<i>sucrafate</i>	51
SIGNIFOR	58	<i>sulfacetamide sodium</i>	65
SIGNIFOR LAR	58	<i>sulfacetamide sodium/prednisolone sodium</i>	65
<i>sildenafil citrate</i>	68	<i>phosphate</i>	
<i>silver sulfadiazine</i>	45	<i>sulfadiazine</i>	14
SIMBRINZA	65	<i>sulfamethoxazole/trimethoprim</i>	14
<i>simvastatin</i>	40	<i>sulfamethoxazole/trimethoprim ds</i>	14
<i>sirolimus</i>	61	<i>sulfasalazine</i>	63
SIRTURO	21	<i>sulindac</i>	8
SKYRIZI	59	<i>sumatriptan</i>	20
SKYRIZI PEN	59	<i>sumatriptan succinate</i>	20
<i>sodium chloride</i>	49	<i>sumatriptan succinate refill</i>	20
<i>sodium chloride 0.45%</i>	49	SUNITINIB MALATE	25
<i>sodium chloride 0.9%</i>	64	SUNLENCA	32
SODIUM OXYBATE	69	<i>syeda</i>	56
<i>sodium phenylbutyrate</i>	51	SYMBICORT	69
<i>sodium polystyrene sulfonate</i>	49	SYMLINPEN 120	34
<i>sodium sulfate/potassium sulfate/magnesium</i>	50	SYMLINPEN 60	34
<i>sulfate</i>		SYMPAZAN	15
<i>solifenacin succinate</i>	52	SYMTUZA	32

Formulary ID: 25390, Version: 12, Effective Date: 05/01/2025

Last Updated: 04/01/2025

Drug Name	Page #	Drug Name	Page #
SYNAREL	58	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	62
SYNJARDY	34	TETRABENAZINE	43
SYNJARDY XR	34	<i>tetracycline hydrochloride</i>	14
SYNRIBO	23	THALOMID	21
SYNTHAMIN 17	49	<i>theophylline</i>	68
SYNTHROID	57	<i>theophylline er</i>	68
TABLOID	22	<i>thioridazine hydrochloride</i>	28
TABRECTA	26	<i>thiothixene</i>	28
<i>tacrolimus</i>	45	<i>tiadylt er</i>	39
<i>tacrolimus</i>	61	<i>tiagabine hydrochloride</i>	15
<i>tadalafil</i>	52	TIBSOVO	26
<i>tadalafil</i>	68	TICOVAC	62
TAFINLAR	26	<i>tigecycline</i>	11
TAGRISSE	26	<i>tilia fe</i>	56
TALZENNA	26	<i>timolol hemihydrate</i>	66
<i>tamoxifen citrate</i>	22	<i>timolol maleate</i>	20
<i>tamsulosin hydrochloride</i>	52	<i>timolol maleate</i>	66
<i>tarina 24 fe</i>	56	<i>timolol maleate ophthalmic gel forming</i>	66
<i>tarina fe 1/20 eq</i>	56	<i>tinidazole</i>	11
TASIGNA	26	<i>tiotropium bromide</i>	67
<i>tasimelteon</i>	69	TIVICAY	30
TAVNEOS	59	TIVICAY PD	30
<i>taysofy</i>	56	<i>tizanidine hcl</i>	29
<i>tazarotene</i>	44	<i>tizanidine hydrochloride</i>	30
TAZICEF	13	TOBI PODHALER	68
<i>taztia xt</i>	39	<i>tobramycin</i>	65
TAZVERIK	26	<i>tobramycin</i>	68
TDVAX	62	<i>tobramycin sulfate</i>	11
TEFLARO	13	<i>tobramycin sulfate</i>	65
<i>telmisartan</i>	37	<i>tobramycin/dexamethasone</i>	65
<i>telmisartan/amlodipine</i>	40	<i>tolterodine tartrate</i>	52
<i>telmisartan/hydrochlorothiazide</i>	40	<i>tolterodine tartrate er</i>	52
<i>temazepam</i>	69	<i>topiramate</i>	15
TENIVAC	62	<i>toposar</i>	23
<i>tenofovir disoproxil fumarate</i>	31	TOREMIFENE CITRATE	22
TEPMETKO	26	<i>torpenz</i>	26
<i>terazosin hcl</i>	52	<i>torseamide</i>	40
<i>terazosin hydrochloride</i>	52	TOUJEO MAX SOLOSTAR	35
<i>terbinafine hcl</i>	19	TOUJEO SOLOSTAR	35
<i>terconazole</i>	19	TRACLEER	68
<i>teriflunomide</i>	43	TRADJENTA	34
TERIPARATIDE	64	<i>tramadol hcl er</i>	8
<i>testosterone</i>	53	<i>tramadol hydrochloride</i>	9
<i>testosterone cypionate</i>	53	<i>tramadol hydrochloride er</i>	8
<i>testosterone enanthate</i>	53	<i>tramadol hydrochloride/acetaminophen</i>	9
<i>testosterone pump</i>	53		

Drug Name	Page #	Drug Name	Page #
<i>trandolapril</i>	37	TRULICITY	34
<i>tranexamic acid</i>	37	TRUMENBA	62
<i>tranylcypromine sulfate</i>	17	TRUQAP	26
TRAVASOL	49	TUKYSA	26
<i>travoprost</i>	66	TURALIO	26
<i>trazodone hydrochloride</i>	18	<i>turqoz</i>	56
TRECTOR	21	TWINRIX	62
TRELEGY ELLIPTA	69	TYBOST	32
TRELSTAR MIXJECT	58	TYMLOS	64
TRESIBA	35	TYPHIM VI	62
TRESIBA FLEXTOUCH	35	UBRELVY	20
TRETINOIN	27	UDENYCA	36
<i>tretinoin</i>	44	UDENYCA ONBODY	37
<i>tretinoin microsphere</i>	44	<i>unithroid</i>	57
<i>triamcinolone acetonide</i>	45	UPTRAVI	68
<i>triamcinolone acetonide dental paste</i>	43	UPTRAVI TITRATION PACK	68
<i>triamterene/hydrochlorothiazide</i>	40	URSODIOL	50
<i>triderm</i>	45	<i>valacyclovir hydrochloride</i>	32
TRIENTINE HYDROCHLORIDE	49	VALCHLOR	21
<i>trifluoperazine hcl</i>	28	<i>valganciclovir tablet 450mg</i>	30
<i>trifluoperazine hydrochloride</i>	28	VALGANCICLOVIR HYDROCHLORIDE	30
<i>trifluridine</i>	65	SOLUTION 50MG/ML	
<i>trihexyphenidyl hcl</i>	27	<i>valproic acid</i>	15
<i>trihexyphenidyl hydrochloride</i>	27	<i>valsartan</i>	37
TRIJARDY XR	34	<i>valsartan/hydrochlorothiazide</i>	40
TRIKAFTA	68	VALTOCO 10 MG DOSE	15
<i>tri-legest fe</i>	56	VALTOCO 15 MG DOSE	15
<i>tri-lo-estarylla</i>	56	VALTOCO 20 MG DOSE	15
<i>tri-lo-sprintec</i>	56	VALTOCO 5 MG DOSE	16
<i>trilyte</i>	50	<i>vancomycin</i>	12
<i>trimethoprim</i>	11	<i>vancomycin hcl</i>	11
<i>tri-mili</i>	56	VANCOMYCIN HYDROCHLORIDE	11
<i>trimipramine maleate</i>	18	<i>vancomycin hydrochloride/dextrose</i>	11
TRINTELLIX	18	VANFLYTA	26
<i>tri-nymyo</i>	56	VAQTA	62
<i>tri-previfem</i>	56	<i>varenicline starting month</i>	10
<i>tri-sprintec</i>	56	<i>varenicline tartrate</i>	10
<i>tritocin</i>	45	VARIVAX	62
TRIUMEQ	31	VARIZIG	58
TRIUMEQ PD	31	VASCEPA	41
<i>trivora-28</i>	56	VAXCHORA	62
<i>tri-vylibra</i>	56	VAXELIS	63
<i>tri-vylibra lo</i>	56	<i>velivet</i>	56
TRIZIVIR	31	VELPHORO	49
TROPHAMINE	49	VELTASSA	49
TRULANCE	50	VEMLIDY	30

Drug Name	Page #	Drug Name	Page #
VENCLEXTA	26	VYZULTA	66
VENCLEXTA STARTING PACK	26	<i>warfarin sodium</i>	36
VENLAFAXINE BESYLATE ER	18	WELIREG	51
<i>venlafaxine hydrochloride</i>	18	WEZLANA	59
<i>venlafaxine hydrochloride er</i>	18	<i>wixela inhub</i>	69
VENTOLIN HFA	68	XALKORI	26
VEOZAH	43	<i>xarah fe</i>	56
<i>verapamil hcl</i>	39	XARELTO	36
<i>verapamil hcl er</i>	39	XARELTO STARTER PACK	36
<i>verapamil hcl sr</i>	39	XATMEP	61
<i>verapamil hydrochloride</i>	39	XCOPRI	16
<i>verapamil hydrochloride er</i>	39	XDEMVI	65
VERQUVO	41	XELJANZ	59
VERSACLOZ	29	XELJANZ XR	59
VERZENIO	26	XERMELO	50
<i>vestura</i>	56	XGEVA	64
VIBERZI	50	XIFAXAN	50
VICTOZA	34	XIGDUO XR	34
<i>vienva</i>	56	XIIDRA	65
VIGABATRIN	16	XOFLUZA	32
<i>vigadrone</i>	16	XOLAIR	59
VIGAFYDE	16	XOSPATA	26
<i>vigpoder</i>	16	XPOVIO	26
VIIBRYD STARTER PACK	18	XPOVIO 60 MG TWICE WEEKLY	26
<i>vilazodone hydrochloride</i>	18	XPOVIO 80 MG TWICE WEEKLY	26
VIMKUNYA	63	XTANDI	21
<i>vinblastine sulfate</i>	23	YARGESA	51
<i>vincasar pfs</i>	23	YF-VAX	63
<i>vincristine sulfate</i>	23	<i>yuvafem</i>	56
<i>vinorelbine tartrate</i>	23	<i>zafirlukast</i>	67
VIRACEPT	32	<i>zaleplon</i>	69
VIREAD	31	<i>zarah</i>	56
<i>vitazol</i>	44	ZARXIO	37
VITRAKVI	26	ZEJULA	26
VIVITROL	10	ZELBORAF	26
VIVOTIF	63	<i>zenatane</i>	44
VIZIMPRO	26	ZENPEP	52
VOCABRIA	30	<i>zidovudine</i>	31
VONJO	23	<i>ziprasidone hcl</i>	29
VORANIGO	27	<i>ziprasidone mesylate</i>	29
<i>voriconazole</i>	19	ZIRGAN	65
VOSEVI	30	<i>zoledronic acid</i>	64
VOWST	50	ZOLINZA	23
VRAYLAR	29	<i>zolpidem tartrate</i>	69
<i>vyfemla</i>	56	ZONISADE	16
<i>vylibra</i>	56	<i>zonisamide</i>	16

Drug Name	Page #
<i>zovia 1/35</i>	56
<i>zovia 1/35e</i>	56
ZTALMY	16
ZURZUVAE	17
ZYDELIG	26
ZYKADIA	26
ZYPREXA RELPREVV	29

This formulary was updated on 04/22/2025. For more recent information or other questions, please contact PrimeTime Health Plan Customer Service at 1-800-577-5084 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.

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