

# 2025

Prescription Drug Guide  
Guía de Medicamentos Recetados

## Formulary | Formulario

List of Covered Drugs or “Drug List” | Lista de Medicamentos Cubiertos o “Lista de Medicamentos”

**Premier by Ultimate (HMO)**



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

This formulary was updated on 03/01/2025. For more recent information or other questions, please contact Ultimate Health Plans Member Services at 1-888-657-4170 (TTY: 711), 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm or visit [www.ChooseUltimate.com](http://www.ChooseUltimate.com).



**LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN.**

Esta lista de medicamentos cubiertos se actualizó el 03/01/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Ultimate Health Plans Servicios para Miembros al 1-888-657-4170 (TTY:711) de 8:00 am a 8:00 pm, de lunes a viernes. Entre el 1 de octubre y el 31 de marzo, estamos disponibles de lunes a domingo de 8:00 am a 8:00 pm o visite [www.ChooseUltimate.com](http://www.ChooseUltimate.com).

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Ultimate Health Plans. When it refers to “plan” or “our plan,” it means Premier by Ultimate (HMO).

This document includes the Drug List (formulary) for our plan which is current as of 04/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## **What is the Ultimate Health Plans 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 us 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.

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

## **Can the formulary change?**

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

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

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

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

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

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

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

- **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 Ultimate Health Plans 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 04/01/2025. To get updated information about the drugs covered by Ultimate Health Plans, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear non-maintenance formulary changes, we update our printed formularies at the next printing, and we also publish a monthly summary of all drug list changes, which is available for download from our website or in printed format upon request.

## How do I use the Formulary?

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

### Medical Condition

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

name in the list that begins below. 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 68. The Index provides an alphabetical list of all 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?**

We cover 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:** We require you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 per prescription for alprazolam ER 1 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

- **Opioid Limits:** We may need to perform a closer safety review of the prescription with the prescriber if an opioid prescription exceeds a certain amount. You may be limited to a 7-day supply or less for acute pain when filling your opioid prescription. Additionally, if you are taking more than one opioid, additional limits called morphine milligram equivalent (MME) may apply. A review may be necessary to monitor safe dosing levels. If you are prescribed more than the amount, you or your prescriber can ask our plan to cover the additional amount. Please call 1-800-311-7517 to initiate the safety review.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 Ultimate Health Plans formulary?” on page iv for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that we do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Ultimate Health Plans.
- You can ask us 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 Ultimate Health Plans Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Ultimate Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, we 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 restrictions 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 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 98 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

We will cover a Transition Supply for enrollees who have a level of care change, which is defined as when enrollees:

- Enter a Long-Term-Care (LTC) facility from a hospital or other setting
- Leave a Long-Term-Care (LTC) facility and return to the community
- Are discharged from a hospital to a home
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan Formulary
- Revert from hospice status to standard Medicare Part A and Part B benefits; or

Are discharged from a psychiatric hospital with a medication regimen that is highly individualized

## **For more information**

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

If you have questions about our 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>

## Ultimate Health Plans Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

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

**B/D:** This drug may be eligible for payment under Medicare Part B or Part D. Drugs covered under Medicare Part B are subject to the cost-sharing amount outlined in your Evidence of Coverage and Summary of Benefits. Authorization rules may also apply. Please call 800-311-7517 (TTY 711) for more information on cost-sharing and authorization requirements. We are available 24 hours a day, 7 days a week.

**E:** Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**MO:** Mail Order Drug. This prescription is available through our mail order service, as well as through our retail network pharmacies. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Our plan's mail-order service requires you to order a 90-day supply. Usually, a mail-order pharmacy order will get to you in no more than 14 days. However, if your order is delayed, immediately contact us so we can make arrangements for you to pick up your prescription at your local pharmacy. You may contact us 24 hours a day, 7 days a week at 1-800-311-7517 (TTY users dial 711).

**PA:** Prior Authorization. We require 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, we limit the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, we require 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.

## The Formulary is Divided into 5 Tiers

Every drug on the plan's Drug List is in one of 5 cost-sharing tiers with a corresponding cost-sharing amount depending on the plan as shown below. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- **Cost-Sharing Tier 1 (Preferred Generic)** includes generic drugs. This tier also offers drugs at the lowest cost.
- **Cost-Sharing Tier 2 (Generic)** includes generic or brand drugs.
- **Cost-Sharing Tier 3 (Preferred Brand)** includes preferred brand drugs and some generic drugs offered at a lower cost than Non-Preferred drugs.
- **Cost-Sharing Tier 4 (Non-preferred Drug)** includes non-preferred brand drugs and some generic drugs offered at a higher cost than Preferred Brand.
- **Cost-Sharing Tier 5 (Specialty Tier)** includes high-cost drugs brand and generic drugs, which may require special handling and/or close monitoring. This is the highest-cost tier.

Cost-Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy (Up to a 100-day supply for some Tier 1 and Tier 2 drugs)	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy (Up to a 100-day supply for some Tier 1 and Tier 2 drugs)	Copay or coinsurance for a 31-day long-term care supply
<b>Premier by Ultimate (HMO) 001, 045</b>				
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0	\$0
Tier 3	\$30	\$90	\$60	\$30
Tier 4	\$70	\$210	\$140	\$70
Tier 5	33% coinsurance	Not Covered	Not Covered	33% coinsurance
<b>Premier by Ultimate (HMO) 028, 046</b>				
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0	\$0
Tier 3	\$35	\$105	\$70	\$35
Tier 4	\$85	\$255	\$170	\$85
Tier 5	33% coinsurance	Not Covered	Not Covered	33% coinsurance
<b>Premier by Ultimate (HMO) 047</b>				
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0	\$0
Tier 3	\$25	\$75	\$50	\$25
Tier 4	\$75	\$225	\$150	\$75
Tier 5	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Please refer to your Evidence of Coverage for additional information on the applicable copays or coinsurance amounts in each formulary tier.



**Nota para los afiliados actuales:** Este formulario ha sufrido cambios desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando este Listado de Medicamentos (formulario) haga mención a "nosotros", "nos" o "nuestro", se entenderá que se refiere a Ultimate Health Plans. Cuando se haga mención del "plan" o "nuestro plan", se entenderá que se refiere a Premier by Ultimate (HMO).

Este documento incluye el Listado de Medicamentos (formulario) para nuestro plan, actualizado al 03/01/2025. Para obtener un Listado de Medicamentos (formulario) actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Listado de Medicamentos (formulario), aparece en las páginas de la portada y contraportada.

Por lo general, deberá acudir a las farmacias dentro de la red para hacer uso de su prestación de medicamentos recetados. Las prestaciones, el formulario, la red de farmacias y/o los copagos/coaseguro pueden sufrir modificaciones a partir del 1 de enero de 2025 y ocasionalmente durante el año.

## ¿Qué es el formulario de Ultimate Health Plans?

En este documento, utilizamos los términos Listado de Medicamentos y formulario como sinónimos. Un formulario es un listado de medicamentos cubiertos que hemos seleccionado en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad.

En general, cubriremos los medicamentos que aparecen en nuestro formulario siempre que el medicamento sea medicamento necesario, la receta se surta en una farmacia de nuestra red y se cumplan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, revise la Evidencia de Cobertura.

## ¿Puede modificarse el formulario?

La mayoría de las modificaciones en la cobertura de medicamentos se realizan el 1 de enero, pero podemos añadir o eliminar medicamentos del formulario a lo largo del año, cambiarlos a nivel de costos compartidos diferente o añadir nuevas restricciones. Debemos respetar las normas de Medicare al hacer estas modificaciones. Las actualizaciones en el formulario se publican mensualmente en nuestro sitio web, que puede consultar aquí: <https://chooseultimate.com/Home/PrescriptionDrugs>.

**Modificaciones que pueden afectarle este año:** En los siguientes casos, se verá afectado por las modificaciones de cobertura durante el año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo sustituimos por una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel de costos compartidos o en uno inferior y con las mismas restricciones o menos. Cuando añadimos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero moverlo inmediatamente a un nivel de costos compartidos diferente o añadir nuevas restricciones.

Podemos realizar estas modificaciones inmediatas únicamente si añadimos una nueva versión genérica de un medicamento de marca o añadimos ciertas versiones biosimilares nuevas de un producto biológico original que ya estaba en el formulario (por ejemplo, añadir un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente se encuentra tomando un medicamento de marca o un producto biológico original, es

posible que no le comuniquemos por adelantado antes de realizar un cambio inmediato, pero posteriormente le proporcionaremos la información sobre el cambio o los cambios específicos que realicemos.

Si realizamos dicha modificación, usted o su médico pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento que ha sido cambiado. Para obtener más información, consulte la sección titulada "¿Cómo solicito una excepción al formulario de Ultimate Health Plans?".

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección siguiente titulada "¿Qué son los productos biológicos originales y qué relación guardan con los biosimilares?".

- **Medicamentos retirados del mercado.** Si un laboratorio retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) determina que sea retirado por motivos de seguridad o eficacia, podemos retirar inmediatamente el medicamento de nuestro formulario y comunicarlo posteriormente a los afiliados que lo toman.
- **Otras modificaciones.** Podemos hacer otras modificaciones que afecten a los afiliados que actualmente están tomando un medicamento. Por ejemplo, podemos retirar un medicamento de marca de nuestro formulario al añadir un equivalente genérico o retirar un producto biológico original al añadir un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de costos compartidos diferente, o ambas cosas. Podemos realizar modificaciones en función de nuevos lineamientos clínicos. Si retiramos medicamentos de nuestro formulario, añadimos la autorización previa, establecemos límites en cantidad y/o restricciones a la terapia escalonada de un medicamento, o movemos un medicamento a un nivel de costos compartidos más alto, debemos notificar el cambio a los afiliados afectados al menos 30 días antes de que el cambio entre en vigor. De forma alternativa, cuando uno de los afiliados solicite resurtir un medicamento, pueden recibir un suministro de 30 días del medicamento y una notificación sobre la modificación.

Si realizamos estas otras modificaciones, usted y su médico pueden solicitarnos que hagamos una excepción en su caso y continuemos cubriendo el medicamento que ha estado tomando. La notificación que le hagamos también incluirá información sobre cómo solicita una excepción y podrá encontrar más detalles en la sección titulada "¿Cómo solicito una excepción al formulario de Ultimate Health Plans?".

**Modificaciones que no le afectarán si actualmente está tomando el medicamento.** Usualmente, si está tomando un medicamento de nuestro formulario de 2025 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año 2025, salvo en los casos descritos anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para aquellos afiliados que los tomen durante el resto del año de cobertura. No recibirá una notificación directa este año sobre las modificaciones que no le afecten. Sin embargo, el 1 de enero del siguiente año, tales modificaciones le afectarán y es importante que consulte el formulario del nuevo año de prestaciones para verificar si se han producido cambios en los medicamentos.

El formulario adjunto está actualizado al 03/01/2025. Para recibir información actualizada sobre los medicamentos cubiertos por Ultimate Health Plans, póngase en contacto con nosotros. Nuestra información de contacto aparece en las páginas de la portada y contraportada. En caso de que se produzcan

modificaciones en el formulario a mitad de año que no sean de mantenimiento, actualizamos nuestros formularios impresos en la siguiente edición. También publicamos un resumen mensual de todas las modificaciones en la lista de medicamentos, disponible para descarga desde nuestro sitio web o en formato impreso previa solicitud.

## ¿Cómo uso el formulario?

Existen dos formas para localizar su medicamento en el formulario:

### Enfermedad

El formulario inicia en la página 1. Los medicamentos en este formulario están agrupados en categorías dependiendo del tipo de enfermedades para cuyo tratamiento se utilizan. Por ejemplo, los medicamentos usados para tratar enfermedades del corazón aparecen en la categoría "Agentes cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en el listado que comienza debajo. Luego, busque su medicamento en el nombre de la categoría.

### Listado alfabético

Si no está seguro o segura en qué categoría buscar, encuentre su medicamento en el índice que comienza en la página 68. El índice contiene un listado alfabético de todos los medicamentos incluidos en este documento. En él se incluyen tanto los medicamentos de marca como los genéricos. Consulte el índice y localice su medicamento. Junto a su medicamento, podrá ver el número de la página en la que encontrará información sobre la cobertura. Vaya a la página indicada en el índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿Qué son los medicamentos genéricos?

Ofrecemos cobertura tanto para medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y cuestan menos que los medicamentos de marca. Existen medicamentos genéricos que sustituyen a muchos medicamentos de marca. A menudo, los medicamentos genéricos pueden sustituirse por los medicamentos de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

## ¿Qué son los productos biológicos originales y qué relación guardan con los biosimilares?

En el formulario, cuando hablamos de medicamentos, esto puede incluir tanto a un medicamento como a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Debido a esta complejidad, en lugar de tener una forma genérica, los productos biológicos tienen alternativas llamadas biosimilares. En términos generales, los biosimilares funcionan igual de bien que el producto biológico original y pueden ser más baratos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

- Para más información sobre los tipos de medicamentos, consulte la Evidencia de Cobertura, Capítulo 5, Sección 3.1, "La Lista de Medicamentos", que indica qué medicamentos de la Parte D están cubiertos."

## ¿Hay alguna restricción a mi cobertura?

Algunos de los medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Necesitamos que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que debe obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, no podemos cubrir el medicamento.
- **Límites en cantidad:** Para ciertos medicamentos, establecemos límites en la cantidad que cubrimos. Por ejemplo, ofrecemos 30 tabletas por receta de alprazolam ER de 1 mg. Esto puede ser adicional al suministro estándar de uno o tres meses.
- **Terapia escalonada:** En algunos casos, solicitamos que primero pruebe determinados medicamentos para el tratamiento de su enfermedad antes de ofrecerle cobertura de otro medicamento para ese padecimiento. Por ejemplo, si tanto el Medicamento A como el Medicamento B se usan para tratar su enfermedad, nuestro plan puede no ofrecer cobertura del Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A no funciona para usted, nuestro plan entonces ofrecerá cobertura del Medicamento B.
- **Límites de opiáceos:** Tal vez necesitemos realizar una revisión de seguridad más exhaustiva de la receta con el médico si una receta de opioides excede una cantidad determinada. Al surtir su receta de opioides, es posible que se limite a un suministro de 7 días o menos en caso de dolor agudo. Además, si está tomando más de un opioide, pueden aplicarse límites adicionales denominados miligramos equivalentes de morfina (MEM). Una revisión puede ser necesaria para controlar los niveles seguros de dosificación. Si le recetan una cantidad superior a la indicada, usted o su médico pueden solicitar a nuestro plan que cubra la cantidad adicional. Por favor, llame al 1-800-311-7517 para iniciar una revisión de seguridad.

Para saber si su medicamento tiene requisitos adicionales o cuenta con restricciones, consulte el formulario que inicia en la página 1. También puede obtener mayor información sobre las restricciones aplicables a determinados medicamentos cubiertos visitando nuestro sitio web. Hemos publicado en línea los documentos que explican nuestras restricciones de autorización previa y de terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en las páginas de la portada y contraportada.

Puede solicitarnos que hagamos una excepción a estas restricciones o limitaciones, o una lista de otros medicamentos similares que puedan tratar su enfermedad. Consulte la sección "¿Cómo solicito una excepción al formulario de Ultimate Health Plans?" en la página xi para obtener información sobre cómo solicitar una excepción.

## ¿Qué sucede si mi medicamento no se encuentra en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), debe contactar primero a los Servicios para Afiliados y preguntar si su medicamento está cubierto.

Si se le comunica que no cubrimos su medicamento, cuenta con dos opciones:

- Puede solicitar a Servicios para Afiliados que le proporcione una lista con los medicamentos similares

que están cubiertos por nosotros. Cuando reciba la lista, muéstrésela a su médico y pídale que le recete un medicamento similar que esté cubierto por Ultimate Health Plans.

- Puede solicitarnos que le concedamos una excepción para cubrir su medicamento. Consulte la siguiente información sobre cómo solicitar una excepción.

## ¿Cómo solicito una excepción al formulario de Ultimate Health Plans?

Puede solicitarnos que hagamos una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitar:

- Puede solicitarnos que cubramos un medicamento incluso si no se encuentra en nuestro formulario. En caso de ser aprobada, este medicamento será cubierto a un nivel de costo compartido predeterminado y no podrá solicitar que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que dispensemos de una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, Ultimate Health Plans establece un límite en la cantidad de medicamentos que cubrimos. Si su medicamento cuenta con un límite de cantidad, puede solicitarnos que dispensemos el límite y cubramos una mayor cantidad.
- Puede solicitarnos que cubramos un medicamento del formulario con un nivel de costo compartido más bajo, salvo que el medicamento se encuentre en el nivel de especialidades. De ser aprobada, esto reducirá la cantidad que debe pagar por su medicamento.

Por lo general, únicamente aprobaremos su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo compartido más bajo o la aplicación de restricciones no resultan tan eficaces para usted y/o le provocan efectos adversos.

Usted o su médico deben ponerse en contacto con nosotros para solicitar una excepción de nivel o del formulario, incluyendo una excepción a una restricción de cobertura. **Cuando solicite una excepción, su médico necesitará explicar los motivos médicos por los que necesita la excepción.** Generalmente, debemos tomar nuestra decisión dentro de las 72 horas siguientes a la recepción de la declaración justificativa de su médico. Puede solicitar una decisión expedita (rápida) si considera, y nosotros estamos de acuerdo, que su salud podría verse seriamente perjudicada si espera hasta 72 horas a recibir una decisión. Si estamos de acuerdo, o si su médico solicita una decisión expedita, debemos comunicar nuestra decisión a más tardar 24 horas después de recibir la declaración justificativa de su médico.

## ¿Qué puedo hacer si mi medicamento no se encuentra en el formulario o cuenta con una restricción?

Para cada uno de sus medicamentos que no está en nuestro formulario o tiene una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta es para menos días, le permitiremos reponer el medicamento hasta un máximo de 30 días de suministro. Si no se aprueba la cobertura, después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha estado afiliado(a) a nuestro plan menos de 90 días.

Si es residente de un centro de cuidados a largo plazo y necesita un medicamento que no está en nuestro formulario o si su acceso a él es limitado, pero ya ha pasado los primeros 98 días de afiliación a nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras tramita una excepción al formulario.

Si es residente de un centro de cuidados a largo plazo y necesita un medicamento que no está en nuestro formulario o si su acceso a él es limitado, pero ya ha pasado los primeros 98 días de afiliación a nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras tramita una excepción al formulario.

Cubriremos un suministro de transición para los afiliados que experimenten un cambio de nivel de atención, definido como cuando los afiliados:

- Ingresan a un centro de Atención a Largo Plazo (LTC) desde un hospital u otro centro.
- Abandonan un centro de Atención a Largo Plazo (LTC) y regresan a la comunidad.
- Son dados de alta de un hospital a un domicilio.
- Finalizan una estancia en un centro de enfermería especializada (SNF, por sus siglas en inglés) con cobertura de Medicare Parte A (donde todos los gastos farmacéuticos están cubiertos) y debe volver a la cobertura según el formulario de la parte D de su plan.
- Regresan del estado de cuidados paliativos a las prestaciones estándar de la Parte A y la Parte B de Medicare.

Reciben el alta de un hospital psiquiátrico con un régimen de medicamentos muy individualizado.

## Para más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de Ultimate Health Plans, consulte su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en las páginas de la portada y contraportada.

Si tiene preguntas generales sobre medicamentos recetados de Medicare, comuníquese con Medicare al 1-800- MEDICARE (1-800-633-4227) disponible las 24 horas al día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. También puede visitar <http://www.medicare.gov>

## Formulario de Ultimate Health Plans

El formulario que se encuentra en la página 1 contiene información sobre la cobertura que ofrecemos para los medicamentos. Si tiene problemas para localizar su medicamento en la lista, consulte el índice que comienza en la página 68.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca se muestran en mayúsculas (por ejemplo, JANUVIA), y los medicamentos genéricos en cursiva minúscula (por ejemplo, *lisinopril*).

La información en la columna de Requisitos/Límites indica si tenemos requisitos especiales para la cobertura de su medicamento.

**B/D:** Este medicamento puede ser elegible para pago bajo Medicare Parte B o Parte D. Los medicamentos cubiertos bajo Medicare Parte B están sujetos a la cantidad de costo compartido indicada en la Evidencia de Cobertura y el Resumen de Beneficios. También pueden aplicarse reglas de autorización. Por favor, llame al 800-311-7517 (TTY 711) para obtener más información sobre costos compartidos y requisitos de autorización. Estamos disponibles las 24 horas del día, los 7 días de la semana.

**E:** Medicamento excluido. Este medicamento recetado normalmente no se cubre en un Plan Medicare de Medicamentos Recetados. El importe que usted paga cuando surte una receta para este medicamento no cuenta para sus costos totales de medicamentos (es decir, el importe que usted paga no le ayuda a calificar para la cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar por sus recetas, no obtendrá ninguna ayuda adicional para pagar por este medicamento.

**MO:** Medicamento por correo. Esta receta está disponible a través de nuestro servicio de pedido por correo, así como en nuestras farmacias de la red minorista. En general, los medicamentos proporcionados a través del servicio de pedido por correo son aquellos que usted toma de manera regular, para una enfermedad crónica o a largo plazo. El servicio de pedido por correo de nuestro plan exige que solicite un suministro para 90 días. Lo más común es que un pedido de farmacia por correo lo reciba en un plazo máximo de 14 días. Sin embargo, si experimenta un retraso, contáctenos inmediatamente para que podamos hacer los trámites necesarios para que recoja su receta en su farmacia local. Puede contactarnos las 24 horas del día, los 7 días de la semana, llamando al número 1-800-311-7517 (los usuarios de TTY deben llamar al 711).

**PA:** Autorización previa. Requerimos que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que necesitará obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, es posible que no cubramos el medicamento.

**QL:** Límite en cantidad. Para ciertos medicamentos, establecemos límites en la cantidad que cubrimos.

**ST:** Terapia escalonada. En algunos casos, solicitamos que primero pruebe determinados medicamentos para el tratamiento de su enfermedad antes de ofrecerle cobertura para otro medicamento para ese padecimiento. Por ejemplo, si tanto el Medicamento A como el Medicamento B sirven para tratar su enfermedad, es posible que no cubramos el Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A no funciona para usted, entonces cubriremos el Medicamento B.

## El formulario se divide en 5 niveles

Cada medicamento de la Lista de Medicamentos del plan se encuentra en uno de los 5 niveles de costo compartido, con el correspondiente importe de costo compartido según el plan, como se indica a continuación. En general, cuanto más alto sea el nivel de costo compartido, mayor será el costo del medicamento:

- **Nivel 1 de costos compartidos (genéricos preferidos)** incluye medicamentos genéricos. Este nivel también ofrece medicamentos al costo más bajo.
- **Nivel 2 de costos compartidos (genéricos)** incluye medicamentos genéricos o de marca.
- **Nivel 3 de costos compartidos (marca preferida)** incluye medicamentos de marca preferida y algunos genéricos ofrecidos a un costo menor que los medicamentos no preferidos.
- **Nivel 4 de costos compartidos (medicamento no preferido)** incluye medicamentos de marca no preferidos y algunos genéricos ofrecidos a un costo mayor que los medicamentos de marca preferida.
- **Nivel 5 de costos compartidos (nivel de especialidades)** incluye medicamentos de marca y genéricos de costo elevado, que pueden requerir un manejo especial y/o estricta supervisión. Este es el nivel con el costo más alto.

Nivel de costo compartido	Copago o coaseguro por un suministro para 30 días en una farmacia minorista	Copago o coaseguro por un suministro para 90 días en una farmacia minorista (suministro de hasta 100 días para algunos medicamentos del Nivel 1 y Nivel 2)	Copago o coaseguro por un suministro para 90 días en el servicio de farmacia por correo (suministro de hasta 100 días para algunos medicamentos del Nivel 1 y Nivel 2)	Copago o coaseguro por un suministro de cuidados a largo plazo de 31 días
<b>Premier by Ultimate (HMO) 001, 045</b>				
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$0	\$0	\$0	\$0
Nivel 3	\$30	\$90	\$60	\$30
Nivel 4	\$70	\$210	\$140	\$70
Nivel 5	33 % de coaseguro	No está cubierto	No está cubierto	33 % de coaseguro
<b>Premier by Ultimate (HMO) 028, 046</b>				
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$0	\$0	\$0	\$0
Nivel 3	\$35	\$105	\$70	\$35
Nivel 4	\$85	\$255	\$170	\$85
Nivel 5	33 % de coaseguro	No está cubierto	No está cubierto	33 % de coaseguro
<b>Premier by Ultimate (HMO) 047</b>				
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$0	\$0	\$0	\$0
Nivel 3	\$25	\$75	\$50	\$25
Nivel 4	\$75	\$225	\$150	\$75
Nivel 5	33 % de coaseguro	No está cubierto	No está cubierto	33 % de coaseguro

Consulte la Evidencia de Cobertura para obtener información adicional sobre los importes de los copagos o coaseguros aplicables en cada nivel del formulario.



<b>English / Inglés</b>	<b>Spanish / Español</b>
Drug Name	Nombre del medicamento
Drug Tier	Nivel del medicamento
Requirements/Limits	Requisitos/Límites

<b>Categories / Categorías</b>	
<b>English / Inglés</b>	<b>Spanish / Español</b>
Antipsychotics	Antipsicóticos
Dermatological Agents	Agentes dermatológicos
Anti-Addiction/Substance Abuse Treatment Agents	Agentes para tratamientos antiadicción/contra la drogadicción
Antineoplastics	Antineoplásicos
Cardiovascular Agents	Agentes cardiovasculares
Antibacterials	Antibacterianos
Inflammatory Bowel Disease Agents	Agentes de la enfermedad inflamatoria intestinal
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	Agentes hormonales, estimulación/sustitución/modificación (hormonas sexuales/modificadores)
Immunological Agents	Agentes inmunológicos
Antiparasitics	Antiparasitarios
Antiparkinson Agents	Agentes antiparkinsonianos
Blood Products and Modifiers	Productos y modificadores sanguíneos
Gastrointestinal Agents	Agentes gastrointestinales
Anticonvulsants	Anticonvulsivos
Antivirals	Antivírico
Antidementia Agents	Agentes antidemencia
Antidepressants	Antidepresivos
Blood Glucose Regulators	Reguladores de la glucemia
Antiemetics	Antieméticos
Antifungals	Antimicóticos
Antigout Agents	Agentes de antigout
Respiratory Tract/Pulmonary Agents	Agentes para vías respiratorias/pulmonares
Antimycobacterials	Antimicobacterianos
Genitourinary Agents	Agentes genitourinarios
Antispasticity Agents	Agentes antiespásticos
Hormonal Agents, Suppressant (Thyroid)	Agentes hormonales, inhibidor (tiroides)
Anxiolytics	Ansiolíticos
Central Nervous System Agents	Agentes del sistema nervioso central
Dental and Oral Agents	Agentes dentales y orales
Electrolytes/Minerals/Metals/Vitamins	Electrolitos/minerales/metales/vitaminas
Antimigraine Agents	Agentes antiataques
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	Trastorno genético, enzimático o proteico: Reemplazo, modificadores, tratamiento
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	Agentes hormonales, estimulación/sustitución/modificación (suprarrenal)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	Agentes hormonales, estimulación/sustitución/modificación (hipófisis)
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	Agentes hormonales, estimulación/sustitución/modificación (prostaglandinas)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	Agentes hormonales, estimulación/sustitución/modificación (tiroides)
Hormonal Agents, Suppressant (Adrenal)	Agentes hormonales, inhibidor (suprarrenal)
Hormonal Agents, Suppressant (Pituitary)	Agentes hormonales, inhibidor (hipófisis)
Anesthetics	Anestésicos
Metabolic Bone Disease Agents	Agentes de las enfermedades óseas metabólicas
Miscellaneous Therapeutic Agents	Agentes Terapéuticos, Misceláneos
Bipolar Agents	Agentes para la bipolaridad
Analgesics	Analgésicos
Ophthalmic Agents	Agentes oftálmicos

Otic Agents	Agentes óticos
Antimyasthenic Agents	Agentes antimiaisténicos
Skeletal Muscle Relaxants	Relajantes musculares esqueléticos
Sleep Disorder Agents	Agentes del trastorno del sueño

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days); MO
<i>diclofenac potassium tablet 50mg</i>	2	MO
<i>diclofenac sodium dr tablet delayed release 50mg, 75mg</i>	1	MO
<i>diclofenac sodium dr tablet delayed release 25mg</i>	3	MO
<i>diclofenac sodium er</i>	3	MO
<i>diclofenac sodium/misoprostol</i>	4	MO
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days); MO
<i>diclofenac sodium external solution 1.5%</i>	4	PA; MO
<i>diflunisal tablet 500mg</i>	3	MO
<i>ec-naproxen tablet delayed release 500mg</i>	2	MO
<i>etodolac er</i>	3	MO
<i>etodolac capsule 200mg</i>	2	MO
<i>etodolac capsule 300mg</i>	3	MO
<i>etodolac tablet</i>	2	MO
<i>flurbiprofen tablet 100mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen suspension</i>	2	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<i>indomethacin capsule 25mg, 50mg</i>	1	MO
<i>ketorolac tromethamine injection 30mg/ml, 60mg/2ml</i>	3	MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days); MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone tablet</i>	1	MO
<i>naproxen dr</i>	2	MO
<i>naproxen sodium tablet 275mg, 550mg</i>	2	MO
<i>naproxen suspension</i>	5	PA
<i>naproxen tablet delayed release 500mg</i>	2	MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
<i>oxaprozin tablet</i>	3	MO
<i>piroxicam capsule</i>	2	MO
<i>sulindac tablet</i>	1	MO
<i>tolmetin sodium capsule</i>	1	MO
<i>tolmetin sodium tablet 600mg</i>	1	MO
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine</i>	4	QL(4 EA per 28 days)
FENTANYL PATCH 72 HOUR 12MCG/HR, 25MCG/HR, 50MCG/HR	3	
FENTANYL PATCH 72 HOUR 100MCG/HR, 75MCG/HR	4	
<i>fentanyl patch 72 hour 37.5mcg/hr, 62.5mcg/hr</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	5	
<i>methadone hcl tablet</i>	1	
<i>methadone hcl solution</i>	2	
<i>methadone hydrochloride intensol</i>	1	
<i>methadone hydrochloride concentrate</i>	1	
<i>methadose sugar-free</i>	1	
<i>methadose concentrate 10mg/ml</i>	1	
<i>mitigo</i>	1	B/D
<i>morphine sulfate er tablet extended release 15mg, 30mg</i>	2	
<i>morphine sulfate er tablet extended release 100mg, 200mg, 60mg</i>	3	
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg</i>	3	
<i>tramadol hydrochloride er tablet extended release 24 hour 200mg, 300mg</i>	4	
XTAMPZA ER	4	
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen/codeine #2; #3; #4 solution</i>	1	
<i>acetaminophen/codeine #2; #3; #4 tablet</i>	2	
<i>codeine sulfate tablet 60mg</i>	2	
<i>codeine sulfate tablet 30mg</i>	3	
<i>duramorph</i>	1	
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 5mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg</i>	2	
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	2	
<i>hydromorphone hcl tablet</i>	2	
<i>hydromorphone hcl injection 10mg/ml</i>	3	
<i>hydromorphone hydrochloride injection 2mg/ml</i>	2	
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	3	
<i>morphine sulfate tablet</i>	2	
<i>morphine sulfate injection 0.5mg/ml, 1mg/ml, 8mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml</i>	1	
<i>morphine sulfate oral solution 20mg/5ml</i>	2	
<i>oxycodone hydrochloride solution</i>	1	
<i>oxycodone hydrochloride capsule, tablet</i>	2	
<i>oxycodone hydrochloride concentrate</i>	4	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>tramadol hydrochloride/acetaminophen</i>	1	
<i>tramadol hydrochloride tablet 50mg</i>	1	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA; MO
<i>lidocaine hcl jelly</i>	1	QL(30 ML per 30 days); PA; MO
<i>lidocaine hcl prefilled syringe</i>	1	QL(30 ML per 30 days); PA; MO
<i>lidocaine hydrochloride solution</i>	2	QL(250 ML per 30 days); PA; MO
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA; MO
LIDOCAINE OINTMENT 5%	2	QL(150 GM per 30 days); PA; MO
LIDOCAINE PATCH 5%	3	PA; MO
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr</i>	4	MO
<i>disulfiram tablet</i>	2	MO
<i>naltrexone hcl tablet</i>	2	MO
VIVITROL	5	
<b>Opioid Dependence</b>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl injection 4mg/10ml</i>	1	MO
NALOXONE HYDROCHLORIDE LIQUID	3	MO
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	MO
OPVEE	4	MO
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER	4	QL(2688 EA per 365 days); MO
NICOTROL NS	3	QL(360 ML per 365 days); MO
<i>varenicline starting month</i>	1	QL(504 EA per 365 days); MO
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days); MO
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection 1gm/4ml</i>	2	MO
<i>amikacin sulfate injection 500mg/2ml</i>	3	MO
ARIKAYCE	5	PA
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate cream 0.1%</i>	2	MO
<i>gentamicin sulfate injection 40mg/ml</i>	2	MO
<i>gentamicin sulfate ointment 0.1%</i>	2	MO
HUMATIN	5	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	MO
<i>neomycin sulfate</i>	1	MO
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection 1.2gm</i>	1	MO
<i>tobramycin sulfate injection 10mg/ml, 80mg/2ml</i>	2	MO
<b>Antibacterials, Other</b>		
<i>aztreonam</i>	4	MO
<i>clindamycin hcl capsule 300mg</i>	1	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	MO
<i>clindamycin palmitate hydrochloride</i>	3	MO
<i>clindamycin phosphate/dextrose</i>	2	MO
<i>clindamycin phosphate cream 2%</i>	3	MO
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>colistimethate sodium</i>	5	
<i>daptomycin injection 500mg</i>	5	
IMPAVIDO	5	
<i>linezolid tablet</i>	3	QL(56 EA per 28 days); MO
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>metronidazole injection 500mg/100ml</i>	1	MO
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	MO

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<i>nitrofurantoin monohydrate/macrocrystals</i>	1	MO
<i>polymyxin b sulfate injection</i>	3	MO
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	MO
<i>trimethoprim tablet</i>	2	MO
<i>vancomycin hcl injection 10gm</i>	3	MO
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days); MO
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days); MO
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	MO
<b>Beta-lactam, Cephalosporins</b>		
AVYCAZ	5	
<i>cefaclor er tablet extended release 12 hour 500mg</i>	3	MO
<i>cefaclor capsule</i>	2	MO
CEFACTOR SUSPENSION RECONSTITUTED 125MG/5ML, 375MG/5ML	2	MO
<i>cefadroxil capsule, tablet</i>	1	MO
<i>cefadroxil suspension reconstituted</i>	2	MO
<i>cefazolin sodium injection 10gm, 1gm</i>	2	MO
<i>cefazolin sodium injection 500mg</i>	3	MO
<i>cefdinir capsule</i>	1	MO
<i>cefdinir suspension reconstituted</i>	2	MO
<i>cefepime injection 1gm, 2gm</i>	3	MO
CEFIXIME CAPSULE	3	MO
<i>cefixime suspension reconstituted</i>	4	MO
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	MO
<i>cefotetan injection 2gm</i>	1	MO
<i>cefoxitin sodium injection 10gm</i>	2	MO
<i>cefoxitin sodium injection 1gm, 2gm</i>	3	MO
<i>cefpodoxime proxetil</i>	3	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	MO
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	MO
<i>cefuroxime axetil tablet</i>	1	MO
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	MO
<i>cephalexin capsule 250mg, 500mg</i>	1	MO
<i>cephalexin suspension reconstituted</i>	2	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	3	MO
TEFLARO	5	
<b>Beta-lactam, Penicillins</b>		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium tablet chewable</i>	1	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	MO
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	2	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	3	MO
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	MO
<i>ampicillin capsule 500mg</i>	1	MO
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	MO
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	MO
<i>dicloxacillin sodium</i>	2	MO
<i>nafcilin sodium injection 10gm, 1gm, 2gm</i>	4	MO
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	MO
<i>oxacillin sodium injection 10gm, 2gm</i>	4	MO
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	3	MO
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium tablet</i>	1	MO
<i>penicillin v potassium solution reconstituted</i>	2	MO
<i>pfizerpen injection 5000000unit</i>	3	MO
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	3	MO
<b>Carbapenems</b>		
<i>ertapenem</i>	4	MO
<i>ertapenem sodium</i>	4	MO
<i>imipenem/cilastatin</i>	4	MO
<i>meropenem injection 500mg</i>	3	MO
<b>Macrolides</b>		
<i>azithromycin tablet</i>	1	MO
<i>azithromycin packet, suspension reconstituted</i>	2	MO
<i>azithromycin injection 500mg</i>	3	MO
<i>clarithromycin er</i>	2	MO
<i>clarithromycin tablet</i>	2	MO
<i>clarithromycin suspension reconstituted</i>	3	MO
DIFICID	5	
ERYTHROCIN LACTOBIONATE INJECTION 500MG	4	MO

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<i>erythrocin stearate tablet 250mg</i>	3	MO
<i>erythromycin base tablet 250mg</i>	3	MO
<i>erythromycin base tablet 500mg</i>	4	MO
<i>erythromycin dr capsule delayed release particles</i>	4	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	3	MO
<i>erythromycin dr tablet delayed release 500mg</i>	4	MO
<i>erythromycin ethylsuccinate tablet</i>	3	MO
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	MO
<i>erythromycin lactobionate</i>	4	MO
<b>Quinolones</b>		
CIPRO SUSPENSION RECONSTITUTED	4	MO
<i>ciprofloxacin hcl tablet 750mg</i>	1	MO
<i>ciprofloxacin hcl tablet 100mg</i>	3	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w</i>	1	MO
<i>levofloxacin in d5w</i>	4	MO
<i>levofloxacin tablet</i>	1	MO
<i>levofloxacin injection</i>	3	MO
<i>levofloxacin oral solution</i>	4	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	MO
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	MO
<i>ofloxacin tablet 300mg, 400mg</i>	2	MO
<b>Sulfonamides</b>		
<i>sulfacetamide sodium lotion 10%</i>	4	MO
<i>sulfadiazine tablet</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tablet</i>	1	MO
<i>sulfamethoxazole/trimethoprim suspension</i>	2	MO
<b>Tetracyclines</b>		
<i>avidoxy</i>	2	MO
<i>demeclocycline hcl tablet</i>	4	MO
<i>doxy 100</i>	4	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	MO
<i>doxycycline hyclate injection 100mg</i>	4	MO
<i>doxycycline hyclate tablet 100mg</i>	2	MO
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	MO
<i>doxycycline suspension reconstituted</i>	3	MO
MINOCIN INJECTION	5	
<i>minocycline hcl capsule 75mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	MO
<i>mondoxyne nl capsule 100mg</i>	2	MO
<i>tetracycline hydrochloride capsule</i>	4	MO
<b>Anticonvulsants</b>		
<b><i>Anticonvulsants, Other</i></b>		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
LAMOTRIGINE ER TABLET EXTENDED RELEASE 24 HOUR 250MG, 25MG	3	MO
LAMOTRIGINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG, 50MG	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine starter kit/blue</i>	4	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	4	MO
<i>lamotrigine tablet</i>	1	MO
<i>lamotrigine tablet chewable</i>	2	MO
<i>levetiracetam er</i>	3	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE	4	MO
<i>levetiracetam solution, tablet</i>	2	MO
NAYZILAM	4	QL(10 EA per 30 days); MO
<i>roweepra tablet 500mg</i>	2	MO
SPRITAM	4	MO
<i>subvenite</i>	1	MO
<i>subvenite starter kit/blue</i>	4	MO
<i>subvenite starter kit/green</i>	4	MO
<i>subvenite starter kit/orange</i>	4	MO
<i>topiramate tablet</i>	1	MO
<i>topiramate capsule sprinkle</i>	2	MO
<i>valproic acid solution</i>	1	MO
<i>valproic acid capsule</i>	2	MO
<b><i>Calcium Channel Modifying Agents</i></b>		
<i>ethosuximide</i>	2	MO
<i>methsuximide</i>	4	MO
<b><i>Gamma-aminobutyric Acid (GABA) Modulating Agents</i></b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam</i>	4	MO
<i>clonazepam odt tablet disintegrating 2mg</i>	2	QL(300 EA per 30 days); MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL(90 EA per 30 days); MO
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days); MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days); MO
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	2	MO
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days); MO
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days); MO
<i>gabapentin solution</i>	2	QL(2160 ML per 30 days); MO
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days); MO
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days); MO
LIBERVANT	4	QL(10 EA per 30 days); MO
<i>phenobarbital elixir 20mg/5ml</i>	3	MO
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	MO
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days); MO
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days); MO
<i>pregabalin solution</i>	2	QL(900 ML per 30 days); MO
<i>primidone tablet</i>	2	MO
SYMPAZAN	5	
<i>tiagabine hydrochloride</i>	4	MO
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
VIGAFYDE	5	PA
<i>vigpoder</i>	5	PA
ZTALMY	5	PA
<b>Sodium Channel Agents</b>		
APTIOM	5	
<i>carbamazepine er capsule extended release 12 hour</i>	2	MO
<i>carbamazepine er tablet extended release 12 hour</i>	3	MO
<i>carbamazepine tablet chewable, suspension, tablet</i>	2	MO
DILANTIN CAPSULE 30MG	4	MO

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<i>epitol</i>	2	MO
LACOSAMIDE SOLUTION	4	MO
<i>lacosamide tablet</i>	4	MO
<i>oxcarbazepine tablet</i>	2	MO
<i>oxcarbazepine suspension</i>	4	MO
<i>phenytek</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin suspension</i>	1	MO
<i>phenytoin tablet chewable</i>	2	MO
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	MO
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA; MO
XCOPRI TABLET THERAPY PACK 0	5	PA
ZONISADE	4	ST; MO
<i>zonisamide</i>	2	MO
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 28mg</i>	3	QL(30 EA per 30 days); ST; MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST; MO
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	3	QL(56 EA per 365 days); ST; MO
<b><i>Cholinesterase Inhibitors</i></b>		
<i>donepezil hcl tablet disintegrating</i>	1	MO
<i>donepezil hcl tablet 10mg</i>	1	MO
<i>donepezil hcl tablet 23mg</i>	3	MO
<i>donepezil hydrochloride tablet 5mg</i>	1	MO
<i>galantamine hydrobromide er</i>	3	MO
<i>galantamine hydrobromide solution</i>	4	MO
<i>galantamine hydrobromide tablet 12mg</i>	2	MO
<i>galantamine hydrobromide tablet 4mg, 8mg</i>	3	MO
<i>rivastigmine tartrate</i>	2	MO
RIVASTIGMINE TRANSDERMAL SYSTEM	4	MO
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<i>memantine hcl titration pak</i>	2	MO
MEMANTINE HYDROCHLORIDE ER	3	QL(30 EA per 30 days); MO
<i>memantine hydrochloride tablet</i>	2	MO
<i>memantine hydrochloride solution</i>	3	MO
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		

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AUVELITY	5	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	2	MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days); MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days); MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days); MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days); MO
<i>bupropion hydrochloride tablet 75mg</i>	2	MO
<i>mirtazapine odt tablet disintegrating 45mg</i>	2	MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	3	MO
<i>mirtazapine tablet</i>	2	MO
<i>perphenazine/amitriptyline</i>	3	MO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	QL(30 EA per 30 days); ST
MARPLAN	4	MO
<i>phenelzine sulfate</i>	2	MO
<i>tranylcypromine sulfate</i>	4	MO
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide tablet</i>	1	MO
<i>citalopram hydrobromide solution</i>	2	MO
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days); MO
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days); MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days); MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days); MO
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL(90 EA per 30 days); MO
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days); MO
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days); MO
<i>escitalopram oxalate tablet</i>	1	MO
<i>escitalopram oxalate solution</i>	2	MO
FETZIMA	4	QL(30 EA per 30 days); ST; MO

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FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST; MO
<i>fluoxetine dr</i>	4	QL(4 EA per 28 days); MO
<i>fluoxetine hydrochloride capsule</i>	1	MO
<i>fluoxetine hydrochloride solution</i>	2	MO
<i>fluvoxamine maleate</i>	2	MO
<i>nefazodone hydrochloride</i>	4	MO
<i>paroxetine hcl er</i>	4	MO
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	MO
<i>paroxetine hydrochloride suspension</i>	3	MO
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	MO
<i>sertraline hcl concentrate</i>	2	MO
<i>sertraline hcl tablet 50mg</i>	1	MO
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	MO
<i>trazodone hydrochloride tablet 300mg</i>	3	MO
TRINTELLIX	4	QL(30 EA per 30 days); MO
VENLAFAXINE BESYLATE ER	4	ST; MO
<i>venlafaxine hydrochloride</i>	2	MO
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	1	MO
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days); MO
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days); MO
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	MO
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	2	MO
<i>amoxapine</i>	3	MO
<i>clomipramine hydrochloride</i>	4	MO
<i>desipramine hydrochloride</i>	3	MO
<i>doxepin hcl capsule 75mg</i>	2	MO
<i>doxepin hcl concentrate</i>	2	MO
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	MO
<i>imipramine hcl tablet 25mg, 50mg</i>	2	MO
<i>imipramine hydrochloride tablet 10mg</i>	2	MO
<i>imipramine pamoate</i>	4	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	MO
<i>nortriptyline hcl solution</i>	3	MO
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	MO
<i>protriptyline hcl tablet 5mg</i>	3	MO
<i>protriptyline hcl tablet 10mg</i>	4	MO
<i>trimipramine maleate capsule</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro</i>	3	MO
<i>meclizine hcl tablet</i>	1	MO
PROCHLORPERAZINE EDISYLATE INJECTION 10MG/2ML	2	MO
<i>prochlorperazine maleate tablet</i>	1	MO
<i>prochlorperazine suppository 25mg</i>	3	MO
<i>promethazine hcl suppository 12.5mg, 25mg</i>	3	MO
<i>promethazine hcl tablet 12.5mg</i>	1	MO
<i>promethazine hydrochloride plain</i>	1	MO
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	MO
<i>promethegan suppository 12.5mg, 25mg</i>	3	MO
<i>scopolamine</i>	3	MO
<i>trimethobenzamide hydrochloride</i>	2	B/D; MO
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	3	MO
<i>aprepitant capsule 40mg</i>	3	QL(1 EA per 30 days); B/D; MO
<i>aprepitant capsule 125mg</i>	3	QL(2 EA per 30 days); B/D; MO
<i>aprepitant capsule 0</i>	3	QL(6 EA per 30 days); B/D; MO
<i>aprepitant capsule 80mg</i>	3	QL(8 EA per 30 days); B/D; MO
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA; MO
<i>granisetron hydrochloride tablet</i>	2	QL(30 EA per 30 days); B/D; MO
<i>ondansetron hcl solution</i>	2	QL(450 ML per 30 days); B/D; MO
<i>ondansetron hcl tablet 24mg</i>	1	QL(14 EA per 28 days); B/D; MO
<i>ondansetron hydrochloride tablet</i>	1	B/D; MO
ONDANSETRON HYDROCHLORIDE INJECTION 4MG/2ML	2	MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D; MO
SANCUSO	5	QL(2 EA per 30 days)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET	4	B/D; MO
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D; MO
<i>caspofungin acetate</i>	4	MO
<i>clotrimazole cream</i>	1	QL(90 GM per 30 days); MO
<i>clotrimazole troche</i>	2	MO
<i>clotrimazole solution</i>	2	QL(60 ML per 30 days); MO
<i>econazole nitrate cream</i>	2	MO
ERAXIS INJECTION 50MG	5	
<i>fluconazole in sodium chloride</i>	2	MO
<i>fluconazole tablet</i>	1	MO

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<i>fluconazole suspension reconstituted</i>	2	MO
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize suspension</i>	3	MO
<i>griseofulvin microsize tablet</i>	4	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	MO
<i>itraconazole capsule</i>	4	PA; MO
<i>ketoconazole shampoo</i>	1	MO
<i>ketoconazole tablet</i>	2	MO
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days); MO
<i>klayesta</i>	2	QL(120 GM per 30 days); MO
<i>micafungin</i>	4	MO
<i>miconazole 3 suppository</i>	3	MO
<i>nyamyc</i>	2	QL(120 GM per 30 days); MO
<i>nystatin cream, ointment, suspension</i>	1	MO
<i>nystatin tablet</i>	2	MO
<i>nystatin powder</i>	2	QL(120 GM per 30 days); MO
<i>nystop</i>	2	QL(120 GM per 30 days); MO
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days); MO
<i>terconazole cream</i>	2	MO
<i>terconazole suppository</i>	3	MO
<i>voriconazole tablet</i>	4	MO
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
COLCHICINE TABLET 0.6MG	2	MO
FEBUXOSTAT	3	MO
<i>probenecid/colchicine</i>	2	MO
<i>probenecid tablet</i>	2	MO
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA; MO
EMGALITY INJECTION 100MG/ML	4	QL(3 ML per 28 days); PA; MO
UBRELVY	5	QL(16 EA per 30 days); PA
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate solution</i>	5	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days); MO
<b>Prophylactic</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tablet 10mg, 5mg</i>	2	MO
<i>timolol maleate tablet 20mg</i>	4	MO
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>naratriptan hcl</i>	2	QL(9 EA per 30 days); MO
REYVOW TABLET 50MG	4	QL(4 EA per 30 days); PA; MO
REYVOW TABLET 100MG	4	QL(8 EA per 30 days); PA; MO
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days); MO
<i>rizatriptan benzoate odt</i>	2	QL(18 EA per 30 days); MO
<i>sumatriptan succinate refill</i>	3	QL(5 ML per 30 days); MO
<i>sumatriptan succinate tablet</i>	1	QL(9 EA per 30 days); MO
<i>sumatriptan succinate injection</i>	4	QL(5 ML per 30 days); MO
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days); MO
ZOLMITRIPTAN SOLUTION 2.5MG	3	QL(18 EA per 30 days); MO
<i>zolmitriptan tablet 2.5mg</i>	2	QL(12 EA per 30 days); MO
<i>zolmitriptan tablet 5mg</i>	3	QL(12 EA per 30 days); MO
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide tablet 60mg</i>	3	MO
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tablet</i>	3	MO
<i>rifabutin</i>	4	MO
<b>Antituberculars</b>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	MO
ISONIAZID INJECTION	2	MO
<i>isoniazid tablet</i>	1	MO
<i>isoniazid syrup</i>	4	MO
PRIFTIN	4	MO
<i>pyrazinamide tablet</i>	3	MO
<i>rifampin capsule</i>	3	MO
<i>rifampin injection</i>	4	MO
SIRTURO	5	
TRECTOR	4	MO
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
CYCLOPHOSPHAMIDE CAPSULE, TABLET	3	B/D; MO
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 500MG/2.5ML	5	
GLEOSTINE CAPSULE 10MG, 40MG	4	MO
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	

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MATULANE	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
<b>Antiandrogens</b>		
<i>abiraterone acetate tablet 250mg</i>	4	PA; MO
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>bicalutamide</i>	2	MO
ERLEADA	5	PA
<i>flutamide</i>	1	MO
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
<b>Antiangiogenic Agents</b>		
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
THALOMID	5	PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	5	
ORSERDU	5	PA
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	1	MO
<i>toremifene citrate</i>	5	
<b>Antimetabolites</b>		
<i>hydroxyurea capsule</i>	1	MO
<i>mercaptopurine tablet</i>	3	MO
<i>nelarabine</i>	5	
PURIXAN	5	
TABLOID	5	
<b>Antineoplastics, Other</b>		
AKEEGA	5	PA
ASPARLAS	5	
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
INREBIC	5	PA
ITOVEBI TABLET 9MG	5	PA
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); 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

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<i>leucovorin calcium tablet 10mg, 5mg</i>	2	MO
<i>leucovorin calcium tablet 15mg, 25mg</i>	3	MO
LONSURF	5	PA
LYSODREN	5	
OGSIVEO	5	PA
OJEMDA	5	PA
ONUREG	5	PA
REVUFORJ	5	PA
SYNRIBO	5	
TICE BCG	3	MO
TRUSELTIQ	5	PA
VONJO	5	PA
ZOLINZA	5	PA
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole tablet</i>	1	MO
<i>exemestane</i>	4	MO
<i>letrozole</i>	1	MO
<b><i>Molecular Target Inhibitors</i></b>		
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
AUGTYRO	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 40MG, 60MG	5	PA
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DANZITEN	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet</i>	5	PA

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<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA
EXKIVITY	5	
FOTIVDA	5	PA
FRUZAQLA	5	PA
GAVRETO	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA
IDHIFA	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	PA; MO
<i>imatinib mesylate tablet 400mg</i>	4	PA; MO
IMBRUVICA	5	PA
IMKELDI	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
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	5	PA
LUMAKRAS	5	PA
LYNPARZA TABLET	5	PA
LYTGOBI	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL(180 EA per 30 days); PA

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NINLARO	5	PA
ODOMZO	5	PA
OJJAARA	5	PA
PAZOPANIB HYDROCHLORIDE	5	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	PA
RETEVMO CAPSULE	5	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
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TABRECTA	5	QL(120 EA per 30 days); PA
TAFINLAR	5	PA
TAGRISSO TABLET 80MG	5	PA
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA
TALZENNA	5	PA
TASIGNA	5	PA
TAZVERIK	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TRUQAP TABLET	5	PA
TUKYSA	5	PA
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	PA; MO
VENCLEXTA TABLET 100MG, 50MG	5	PA

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VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
XALKORI	5	PA
XOSPATA	5	PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZEJULA CAPSULE	5	PA
ZEJULA TABLET 200MG, 300MG	5	PA
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA TABLET	5	PA
<b>Monoclonal Antibodies/Antibody-Drug Conjugates</b>		
AVASTIN	5	PA
DANYELZA	5	PA
JEMPERLI	5	PA
PADCEV INJECTION 20MG	5	PA
POLIVY	5	PA
RUXIENCE	5	PA
SARCLISA	5	PA
TRUXIMA	5	PA
<b>Retinoids</b>		
<i>bexarotene</i>	5	PA
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
<b>Treatment Adjuncts</b>		
ELITEK	5	
<i>mesna tablet</i>	5	
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole tablet</i>	5	
<i>ivermectin tablet</i>	2	PA; MO
PRAZIQUANTEL TABLET	4	MO
<b>Antiprotozoals</b>		
ALINIA SUSPENSION RECONSTITUTED	5	
<i>atovaquone</i>	4	MO

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<i>atovaquone/proguanil hcl</i>	3	MO
BENZNIDAZOLE	3	MO
<i>chloroquine phosphate tablet</i>	3	MO
COARTEM	4	MO
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	MO
<i>mefloquine hydrochloride</i>	2	MO
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D; MO
<i>pentamidine isethionate injection</i>	4	MO
<i>primaquine phosphate tablet</i>	4	MO
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA; MO
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate tablet</i>	1	MO
<i>trihexyphenidyl hcl solution</i>	4	MO
<i>trihexyphenidyl hydrochloride</i>	2	MO
<b>Antiparkinson Agents, Other</b>		
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 12.5MG; 200MG; 50MG, 18.75MG; 200MG; 75MG	4	MO
<i>carbidopa/levodopa/entacapone tablet 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	4	MO
<i>entacapone</i>	3	MO
<i>tolcapone</i>	5	QL(180 EA per 30 days)
<b>Dopamine Agonists</b>		
<i>apomorphine hydrochloride injection</i>	5	QL(90 ML per 30 days); PA
BROMOCRIPTINE MESYLATE TABLET	3	MO
<i>bromocriptine mesylate capsule</i>	4	MO
NEUPRO	4	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	2	MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	MO
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg</i>	2	MO
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 100mg, 25mg; 250mg</i>	4	MO

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<i>carbidopa tablet</i>	4	MO
RYTARY	4	ST; MO
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tablet</i>	3	MO
<i>selegiline hcl capsule, tablet</i>	2	MO
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl tablet</i>	4	MO
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	MO
<i>fluphenazine decanoate injection</i>	3	MO
<i>fluphenazine hcl concentrate</i>	3	MO
<i>fluphenazine hydrochloride tablet</i>	3	MO
<i>fluphenazine hydrochloride elixir, injection</i>	4	MO
<i>haloperidol decanoate injection 50mg/ml</i>	2	MO
<i>haloperidol decanoate injection 100mg/ml</i>	3	MO
<i>haloperidol lactate</i>	1	MO
<i>haloperidol concentrate, tablet</i>	2	MO
<i>loxapine capsule 10mg, 5mg</i>	2	MO
<i>loxapine capsule 25mg, 50mg</i>	3	MO
<i>molindone hydrochloride</i>	4	MO
<i>perphenazine tablet 16mg, 2mg</i>	2	MO
<i>perphenazine tablet 4mg, 8mg</i>	3	MO
<i>pimozide</i>	4	MO
<i>thioridazine hcl tablet 10mg, 25mg, 50mg</i>	2	MO
<i>thioridazine hcl tablet 100mg</i>	3	MO
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	MO
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	MO
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	MO
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA	5	
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days); MO
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	4	QL(30 EA per 30 days); MO
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days); MO
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days); MO
CAPLYTA	5	QL(30 EA per 30 days); PA
FANAPT	5	QL(60 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(16 EA per 365 days); ST; MO
INVEGA HAFYERA	5	ST

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	MO
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days); MO
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days); MO
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine odt tablet disintegrating 10mg, 20mg, 5mg</i>	2	QL(30 EA per 30 days); MO
<i>olanzapine odt tablet disintegrating 15mg</i>	3	QL(30 EA per 30 days); MO
<i>olanzapine injection</i>	3	MO
<i>olanzapine tablet 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); MO
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	2	QL(30 EA per 30 days); MO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days); MO
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days); MO
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days); MO
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days); MO
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days); MO
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days); MO
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	4	MO
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	3	MO
<i>risperidone er injection 25mg</i>	4	MO
<i>risperidone er injection 37.5mg, 50mg</i>	5	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg</i>	3	QL(60 EA per 30 days); MO
<i>risperidone odt tablet disintegrating 0.25mg, 4mg</i>	4	QL(60 EA per 30 days); MO
<i>risperidone tablet</i>	1	QL(60 EA per 30 days); MO
<i>risperidone solution</i>	2	QL(240 ML per 30 days); MO
SECUADO	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days); MO
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
<i>ziprasidone hcl capsule 20mg</i>	2	QL(60 EA per 30 days); MO
<i>ziprasidone hcl capsule 40mg, 60mg, 80mg</i>	3	QL(60 EA per 30 days); MO
ZIPRASIDONE MESYLATE	3	QL(60 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 210MG	4	MO
<b>Treatment-Resistant</b>		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days); MO
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days); MO
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days); MO
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days); MO
<i>clozapine tablet 200mg</i>	2	QL(120 EA per 30 days); MO
<i>clozapine tablet 50mg</i>	2	QL(180 EA per 30 days); MO
<i>clozapine tablet 100mg, 25mg</i>	2	QL(270 EA per 30 days); MO
VERSACLOZ	5	QL(540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tablet</i>	2	MO
<i>dantrolene sodium capsule</i>	3	MO
<i>tizanidine hcl tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride tablet 4mg</i>	1	MO
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D; MO
LIVTENCITY	5	
PREVYMIS TABLET	5	
PREVYMIS PACKET 20MG	4	MO
PREVYMIS PACKET 120MG	5	
<i>valganciclovir tablet 450mg</i>	3	MO
<i>valganciclovir hydrochloride solution 50mg/ml</i>	5	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	4	MO
BARACLUDE SOLUTION	4	QL(600 ML per 30 days); MO
<i>entecavir</i>	4	QL(30 EA per 30 days); MO
EPIVIR HBV SOLUTION	3	MO
<i>lamivudine tablet 100mg</i>	3	MO
<b>Anti-hepatitis C (HCV) Agents</b>		
<i>ledipasvir/sofosbuvir</i>	5	QL(168 EA per 365 days); PA
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
<i>ribavirin capsule</i>	2	MO
<i>ribavirin tablet 200mg</i>	4	MO
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	5	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days); MO
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	5	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days); MO
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days); MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>efavirenz capsule 50mg</i>	3	QL(90 EA per 30 days); MO
<i>efavirenz capsule 200mg</i>	4	QL(90 EA per 30 days); MO
<i>efavirenz tablet</i>	4	QL(30 EA per 30 days); MO
<i>etravirine</i>	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days); MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days); MO
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	QL(60 EA per 30 days); MO
<i>nevirapine tablet</i>	2	QL(60 EA per 30 days); MO
<i>nevirapine suspension</i>	4	QL(1200 ML per 30 days); MO
PIFELTRO	5	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days); MO
<i>abacavir tablet</i>	4	QL(60 EA per 30 days); MO
<i>abacavir solution</i>	4	QL(960 ML per 30 days); MO
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	QL(30 EA per 30 days); MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL(30 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	QL(850 ML per 30 days); MO
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days); MO
<i>lamivudine solution 10mg/ml</i>	3	QL(960 ML per 30 days); MO
<i>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days); MO
<i>lamivudine tablet 150mg</i>	3	QL(60 EA per 30 days); MO
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	3	MO
<i>tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days); MO
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	4	QL(180 EA per 30 days); MO
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
<i>zidovudine capsule</i>	2	QL(180 EA per 30 days); MO
<i>zidovudine tablet</i>	2	QL(60 EA per 30 days); MO
<i>zidovudine syrup</i>	3	QL(1920 ML per 30 days); MO
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
RUKOBIA	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days); MO
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days)
TROGARZO	5	
TYBOST	3	QL(30 EA per 30 days); MO
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
APTIVUS CAPSULE	5	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days); MO
ATAZANAVIR CAPSULE 150MG	4	MO
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days); MO
<i>darunavir tablet 800mg</i>	5	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	5	QL(60 EA per 30 days)
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	QL(120 EA per 30 days)
LEXIVA SUSPENSION	4	QL(1800 ML per 30 days); MO
<i>lopinavir/ritonavir</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
NORVIR SOLUTION	3	QL(480 ML per 30 days); MO
NORVIR PACKET	4	QL(360 EA per 30 days); MO
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days); MO
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET	5	QL(180 EA per 30 days)
<i>ritonavir</i>	3	QL(360 EA per 30 days); MO
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)
<b>Anti-influenza Agents</b>		
<i>amantadine hcl solution</i>	1	MO
<i>amantadine hcl capsule, tablet</i>	2	MO
<i>oseltamivir phosphate capsule 75mg</i>	2	QL(110 EA per 365 days); MO
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 365 days); MO
<i>oseltamivir phosphate capsule 45mg</i>	2	QL(84 EA per 365 days); MO
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days); MO
RELENZA DISKHALER	4	QL(240 EA per 365 days); MO
<i>rimantadine hydrochloride</i>	3	MO
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	4	MO
<b>Antitherpetic Agents</b>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D; MO
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	4	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>famciclovir tablet</i>	2	MO
<i>valacyclovir hydrochloride</i>	2	QL(120 EA per 30 days); MO
<b>Antiviral, Coronavirus Agents</b>		
PAXLOVID TABLET THERAPY PACK TABLET THERAPY PACK 10 X 150MG & 10 X 100MG	3	QL(20 EA per 5 days); MO
PAXLOVID TABLET THERAPY PACK TABLET THERAPY PACK 20 X 150MG & 10 X 100MG	3	QL(30 EA per 5 days); MO
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl tablet 15mg</i>	1	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	MO
<b>Benzodiazepines</b>		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days); MO
<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days); MO
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL(120 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL(900 EA per 30 days); MO
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL(360 EA per 30 days); MO
<i>clorazepate dipotassium tablet 15mg</i>	2	QL(180 EA per 30 days); MO
<i>clorazepate dipotassium tablet 7.5mg</i>	2	QL(360 EA per 30 days); MO
<i>clorazepate dipotassium tablet 3.75mg</i>	2	QL(720 EA per 30 days); MO
<i>diazepam intensol</i>	2	MO
<i>diazepam concentrate, oral solution</i>	2	MO
DIAZEPAM INJECTION 5MG/ML	2	MO
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days); MO
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days); MO
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days); MO
<i>lorazepam intensol</i>	2	MO
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days); MO
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days); MO
<i>oxazepam</i>	3	QL(120 EA per 30 days); MO
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium</i>	2	MO
<i>lithium carbonate er</i>	2	MO
<i>lithium carbonate capsule, tablet</i>	1	MO
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tablet</i>	2	MO
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide/metformin hydrochloride</i>	2	MO
<i>glipizide tablet</i>	1	MO
<i>glyburide micronized</i>	2	MO
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	MO
JANUMET	3	MO
JANUMET XR	3	MO
JANUVIA	3	QL(30 EA per 30 days); MO
JENTADUETO	3	MO
JENTADUETO XR	3	MO
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	MO
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	MO
<i>nateglinide</i>	1	MO
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA; MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA; MO
<i>pioglitazone hcl/metformin hcl</i>	1	MO

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<i>pioglitazone hcl tablet 45mg</i>	1	MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	MO
<i>repaglinide</i>	1	MO
RYBELSUS TABLET 14MG, 7MG	4	QL(30 EA per 30 days); PA; MO
RYBELSUS TABLET 3MG	4	QL(60 EA per 365 days); PA; MO
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	MO
SYNJARDY XR	3	MO
TRADJENTA	3	QL(30 EA per 30 days); MO
TRULICITY	3	QL(2 ML per 28 days); PA; MO
VICTOZA	3	QL(9 ML per 30 days); PA; MO
XIGDUO XR	3	MO
<b><i>Glycemic Agents</i></b>		
BAQSIMI ONE PACK	4	MO
BAQSIMI TWO PACK	4	MO
<i>diazoxide suspension</i>	5	
GLUCAGON EMERGENCY KIT	3	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	MO
<b><i>Insulins</i></b>		
HUMALOG	3	MO
HUMALOG JUNIOR KWIKPEN	3	MO
HUMALOG KWIKPEN	3	MO
HUMALOG MIX 50/50	3	MO
HUMALOG MIX 50/50 KWIKPEN	3	MO
HUMALOG MIX 75/25	3	MO
HUMALOG MIX 75/25 KWIKPEN	3	MO
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
HUMULIN R U-500 KWIKPEN	3	MO
INSULIN ASPART	3	MO
INSULIN LISPRO	3	MO
INSULIN LISPRO JUNIOR KWIKPEN	3	MO
INSULIN LISPRO KWIKPEN	3	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	MO
LANTUS	3	MO

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LANTUS SOLOSTAR	3	MO
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 FLEXPEN	3	MO
<i>novolin 70/30 flexpen relion</i>	1	MO
<i>novolin 70/30 relion</i>	1	MO
NOVOLIN N	3	MO
NOVOLIN N FLEXPEN	3	MO
<i>novolin n flexpen relion</i>	1	MO
<i>novolin n relion</i>	1	MO
NOVOLIN R	3	MO
NOVOLIN R FLEXPEN	3	MO
<i>novolin r flexpen relion</i>	1	MO
<i>novolin r relion</i>	1	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
<i>novolog flexpen relion</i>	1	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
<i>novolog mix 70/30 prefilled flexpen relion</i>	1	MO
<i>novolog mix 70/30 relion</i>	1	MO
NOVOLOG PENFILL	3	MO
<i>novolog relion</i>	1	MO
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
<b>Blood Products and Modifiers</b>		
<b><i>Anticoagulants</i></b>		
<i>dabigatran etexilate</i>	1	QL(60 EA per 30 days); MO
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days); MO
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days); MO
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days); MO
ENOXAPARIN SODIUM INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	MO

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FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml</i>	2	MO
<i>heparin sodium injection 5000unit/ml</i>	3	MO
<i>heparin sodium injection 20000unit/ml</i>	4	MO
<i>jantoven</i>	1	MO
<i>warfarin sodium tablet</i>	1	MO
XARELTO STARTER PACK	3	QL(102 EA per 365 days); MO
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days); MO
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days); MO
<b>Blood Products and Modifiers, Other</b>		
ADAKVEO	5	PA
<i>anagrelide hydrochloride</i>	3	MO
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	4	PA; MO
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	5	PA
FULPHILA	5	PA
NEULASTA	5	PA
NIVESTYM INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	ST
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA; MO
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA; MO
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA	5	PA
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
<b>Hemostasis Agents</b>		
<i>tranexamic acid tablet</i>	3	MO
<b>Platelet Modifying Agents</b>		
ASPIRIN/DIPYRIDAMOLE ER	4	MO
BRILINTA	3	MO
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel</i>	1	MO
<i>dipyridamole tablet 25mg</i>	3	MO
<i>dipyridamole tablet 50mg, 75mg</i>	4	MO
PRASUGREL HYDROCHLORIDE	3	MO
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hydrochloride tablet</i>	1	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	3	MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	4	MO
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	MO
<i>methyldopa tablet 250mg, 500mg</i>	1	MO
<i>midodrine hcl tablet 2.5mg, 5mg</i>	2	MO
<i>midodrine hcl tablet 10mg</i>	3	MO
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride capsule</i>	2	MO
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	1	MO
<i>irbesartan</i>	1	MO
<i>losartan potassium tablet</i>	1	MO
<i>olmesartan medoxomil tablet</i>	2	MO
<i>telmisartan</i>	1	MO
<i>valsartan tablet</i>	1	MO
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tablet 20mg</i>	1	MO
<i>captopril tablet</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
<i>fosinopril sodium</i>	2	MO
<i>lisinopril tablet</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	2	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hydrochloride tablet 200mg</i>	1	MO
<i>amiodarone hydrochloride tablet 100mg</i>	2	MO
<i>amiodarone hydrochloride tablet 400mg</i>	4	MO
<i>digitek tablet 0.125mg, 0.25mg</i>	2	MO
DIGOXIN SOLUTION	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tablet 125mcg, 250mcg</i>	2	MO
<i>disopyramide phosphate capsule</i>	3	MO
DOFETILIDE	3	MO
<i>flecainide acetate</i>	2	MO
MEXILETINE HCL CAPSULE 200MG, 250MG	2	MO
MEXILETINE HCL CAPSULE 150MG	3	MO
MULTAQ	3	MO
<i>pacerone tablet 200mg</i>	1	MO
<i>pacerone tablet 100mg</i>	2	MO
<i>pacerone tablet 400mg</i>	4	MO
<i>propafenone hcl tablet 150mg, 225mg</i>	2	MO
<i>propafenone hcl tablet 300mg</i>	3	MO
<i>propafenone hydrochloride er</i>	4	MO
<i>propafenone hydrochloride tablet 300mg</i>	3	MO
<i>quinidine sulfate tablet</i>	4	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af) tablet 80mg</i>	2	MO
<i>sotalol hcl af</i>	2	MO
<i>sotalol hydrochloride (af)</i>	2	MO
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol tablet</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	1	MO
<i>carvedilol</i>	1	MO
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	1	MO
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg, 75mg</i>	1	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	MO
<i>nebivolol hydrochloride tablet 10mg, 5mg</i>	2	MO
<i>nebivolol hydrochloride tablet 2.5mg, 20mg</i>	3	MO
<i>pindolol tablet</i>	1	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	MO
<i>propranolol hcl solution 40mg/5ml</i>	1	MO
<i>propranolol hcl tablet 40mg</i>	2	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	MO
<i>propranolol hydrochloride solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	MO
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tablet</i>	1	MO
<i>felodipine er</i>	2	MO
<i>isradipine</i>	4	MO
<i>nicardipine hcl capsule</i>	4	MO
<i>nifedipine er</i>	2	MO
<i>nimodipine capsule</i>	4	MO
<i>nisoldipine er tablet extended release 24 hour 17mg, 25.5mg, 34mg, 8.5mg</i>	4	MO
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	MO
<i>diltiazem hcl tablet 30mg, 60mg</i>	1	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg</i>	4	MO
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	1	MO
<i>matzim la</i>	2	MO
<i>taztia xt</i>	2	MO
<i>tiadyt er</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	2	MO
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	MO
<i>verapamil hcl sr capsule extended release 24 hour</i>	2	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	2	MO
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	MO
<i>verapamil hydrochloride tablet 120mg</i>	1	MO
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren</i>	4	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	4	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	MO

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<i>amlodipine besylate/valsartan</i>	2	MO
<i>amlodipine/olmesartan medoxomil</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
CORLANOR SOLUTION	4	QL(450 ML per 30 days); MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
ENTRESTO CAPSULE SPRINKLE	4	QL(240 EA per 30 days); MO
ENTRESTO TABLET	4	QL(60 EA per 30 days); MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>irbesartan/hydrochlorothiazide</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	MO
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days); MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4	MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	MO
<i>pentoxifylline er</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
RANOLAZINE ER	3	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO
<i>telmisartan/amlodipine</i>	4	MO
<i>telmisartan/hydrochlorothiazide</i>	1	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet</i>	1	MO
<i>valsartan/hydrochlorothiazide</i>	1	MO
VYNDAMAX	5	QL(30 EA per 30 days); PA
<b>Diuretics, Loop</b>		
<i>bumetanide injection, tablet</i>	2	MO
<i>furosemide injection, oral solution, tablet</i>	1	MO
<i>toremide tablet</i>	1	MO
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tablet</i>	1	MO
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	MO
<i>hydrochlorothiazide capsule, tablet</i>	1	MO
<i>indapamide tablet</i>	1	MO

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<i>metolazone</i>	2	MO
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	MO
<i>fenofibrate capsule 130mg</i>	2	MO
<i>fenofibrate capsule 43mg</i>	3	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	MO
<i>fenofibrin acid dr</i>	2	MO
<i>gemfibrozil tablet</i>	1	MO
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	1	MO
<i>fluvastatin</i>	3	MO
<i>fluvastatin sodium er</i>	4	MO
<i>lovastatin tablet</i>	1	MO
<i>pravastatin sodium</i>	1	MO
<i>rosuvastatin calcium tablet</i>	1	MO
<i>simvastatin tablet</i>	1	MO
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light powder</i>	1	MO
<i>cholestyramine light packet</i>	3	MO
<i>cholestyramine powder</i>	1	MO
<i>cholestyramine packet</i>	3	MO
COLESEVELAM HYDROCHLORIDE	2	MO
<i>colestipol hcl tablet</i>	2	MO
<i>colestipol hcl packet</i>	4	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	2	MO
<i>icosapent ethyl</i>	4	MO
<i>niacin er</i>	3	MO
<i>niacin tablet 500mg</i>	3	MO
<i>niacor</i>	3	MO
OMEGA-3-ACID ETHYL ESTERS	3	MO
PRALUENT	4	QL(2 ML per 28 days); PA; MO
<i>prevalite powder</i>	1	MO
<i>prevalite packet</i>	3	MO
REPATHA	4	QL(3 ML per 28 days); PA; MO
REPATHA PUSHTRONEX SYSTEM	4	QL(7 ML per 28 days); PA; MO
REPATHA SURECLICK	4	QL(3 ML per 28 days); PA; MO
<b>Mineralocorticoid Receptor Antagonists</b>		
<i>eplerenone</i>	3	MO
KERENDIA	4	QL(30 EA per 30 days); PA; MO
<i>spironolactone tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
FARXIGA	3	QL(30 EA per 30 days); MO
JARDIANCE	3	QL(30 EA per 30 days); MO
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin transdermal</i>	2	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	MO
VERQUVO	4	QL(30 EA per 30 days); PA; MO
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tablet 10mg</i>	2	MO
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	MO
<i>minoxidil tablet</i>	4	MO
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	2	QL(60 EA per 30 days); MO
<i>amphetamine/dextroamphetamine tablet</i>	2	QL(90 EA per 30 days); MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	3	QL(120 EA per 30 days); MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	3	QL(180 EA per 30 days); MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	3	QL(60 EA per 30 days); MO
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days); MO
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days); MO
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
ATOMOXETINE HYDROCHLORIDE CAPSULE 25MG	3	QL(30 EA per 30 days); MO
ATOMOXETINE HYDROCHLORIDE CAPSULE 10MG	3	QL(60 EA per 30 days); MO
ATOMOXETINE CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL(30 EA per 30 days); MO
ATOMOXETINE CAPSULE 10MG	3	QL(60 EA per 30 days); MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 30mg</i>	3	QL(30 EA per 30 days); MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	QL(60 EA per 30 days); MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	QL(60 EA per 30 days); MO
<i>guanfacine hydrochloride er</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	4	QL(180 EA per 30 days); MO
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	4	QL(90 EA per 30 days); MO
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days); MO
<i>methylphenidate hydrochloride solution</i>	4	MO
<b>Central Nervous System, Other</b>		
AUSTEDO	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine capsule 325mg; 50mg; 40mg</i>	3	MO
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	MO
<i>butalbital/aspirin/caffeine capsule</i>	3	MO
COBENFY	5	QL(60 EA per 30 days); PA
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	3	MO
<i>tetrabenazine tablet 12.5mg</i>	4	PA; MO
<i>tetrabenazine tablet 25mg</i>	5	PA
VEOZAH	4	QL(30 EA per 30 days); PA; MO
<b>Fibromyalgia Agents</b>		
SAVELLA	3	QL(60 EA per 30 days); MO
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days); MO
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
DALFAMPRIDINE ER	3	QL(60 EA per 30 days); PA; MO
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA; MO
<i>dimethyl fumarate starterpack</i>	5	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA; MO
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
PLEGRIDY	5	QL(1 ML per 28 days); PA
PLEGRIDY STARTER PACK	5	QL(2 ML per 365 days); PA

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REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
<i>teriflunomide</i>	5	QL(30 EA per 30 days); PA
TYSABRI	5	PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA
<b>Dental and Oral Agents</b>		
<b><i>Dental and Oral Agents</i></b>		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate solution</i>	1	MO
<i>doxycycline hyclate tablet 20mg</i>	2	MO
<i>kourzeq</i>	2	MO
<i>lidocaine hydrochloride viscous</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>oralone dental paste</i>	2	MO
<i>periogard</i>	1	MO
<i>pilocarpine hydrochloride</i>	3	MO
<i>triamcinolone acetonide dental paste</i>	2	MO
<b>Dermatological Agents</b>		
<b><i>Acne and Rosacea Agents</i></b>		
<i>accutane</i>	4	MO
<i>acitretin</i>	4	MO
<i>adapalene gel 0.1%</i>	1	MO
<i>adapalene solution</i>	5	
<i>amnesteam</i>	4	MO
AZELAIC ACID	3	QL(100 GM per 30 days); MO
<i>claravis</i>	4	MO
<i>erythromycin/benzoyl peroxide</i>	3	MO
FINACEA FOAM	3	QL(50 GM per 30 days); MO
<i>isotretinoin capsule</i>	4	MO
<i>metronidazole cream 0.75%</i>	2	MO
<i>metronidazole gel 0.75%</i>	2	MO
<i>metronidazole gel 1%</i>	3	MO
<i>metronidazole lotion 0.75%</i>	4	MO
<i>myorisan</i>	4	MO
<i>rosadan</i>	2	MO

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<i>tazarotene cream</i>	3	QL(60 GM per 30 days); MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	3	PA; MO
<i>tretinoin gel 0.01%, 0.025%</i>	3	PA; MO
<i>zenatane</i>	4	MO
<b><i>Dermatitis and Pruritus Agents</i></b>		
<i>alclometasone dipropionate</i>	2	MO
<i>ammonium lactate lotion</i>	1	MO
<i>ammonium lactate cream</i>	2	MO
<i>betamethasone dipropionate augmented cream, lotion</i>	2	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	3	MO
<i>betamethasone dipropionate cream, lotion, ointment</i>	2	MO
<i>betamethasone valerate cream, ointment</i>	2	MO
<i>betamethasone valerate lotion</i>	3	MO
<i>clobetasol propionate e</i>	3	MO
<i>clobetasol propionate cream, gel, ointment, solution</i>	2	MO
<i>clobetasol propionate shampoo</i>	4	MO
<i>desonide cream</i>	2	MO
<i>desonide ointment</i>	2	QL(120 GM per 30 days); MO
<i>desoximetasone cream</i>	4	QL(100 GM per 30 days); MO
<i>fluocinolone acetonide scalp</i>	2	MO
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	MO
<i>fluocinolone acetonide ointment 0.025%</i>	3	MO
<i>fluocinolone acetonide solution 0.01%</i>	2	MO
<i>fluocinonide emulsified base</i>	3	QL(60 GM per 30 days); MO
<i>fluocinonide ointment</i>	2	QL(60 GM per 30 days); MO
<i>fluocinonide solution</i>	2	QL(60 ML per 30 days); MO
<i>fluocinonide gel</i>	3	QL(60 GM per 30 days); MO
<i>fluticasone propionate cream 0.05%</i>	2	MO
<i>fluticasone propionate ointment 0.005%</i>	2	MO
<i>halobetasol propionate cream, ointment</i>	3	MO
<i>hydrocortisone butyrate ointment</i>	2	MO
<i>hydrocortisone valerate ointment</i>	3	MO
<i>hydrocortisone cream 1%, 2.5%</i>	1	MO
<i>hydrocortisone lotion 2.5%</i>	2	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	MO
<i>mometasone furoate cream 0.1%</i>	2	MO
<i>mometasone furoate ointment 0.1%</i>	1	MO
<i>mometasone furoate solution 0.1%</i>	1	MO
<i>pimecrolimus</i>	4	MO
<i>prednicarbate ointment</i>	1	MO
<i>selenium sulfide</i>	1	MO

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<i>tacrolimus ointment 0.03%, 0.1%</i>	4	MO
<i>triamcinolone acetonide cream 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide cream 0.5%</i>	2	MO
<i>triamcinolone acetonide lotion</i>	2	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triderm cream 0.5%</i>	2	MO
<b>Dermatological Agents, Other</b>		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days); MO
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days); MO
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL(90 GM per 30 days); MO
<i>clotrimazole/betamethasone dipropionate lotion</i>	3	QL(60 ML per 30 days); MO
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST; MO
<i>fluorouracil cream 5%</i>	3	QL(40 GM per 30 days); MO
<i>fluorouracil solution</i>	2	MO
<i>imiquimod cream 5%</i>	2	QL(48 EA per 30 days); MO
<i>methoxsalen capsule</i>	5	
<i>nystatin/triamcinolone acetonide ointment</i>	1	MO
<i>nystatin/triamcinolone ointment</i>	1	MO
<i>nystatin/triamcinolone cream</i>	2	MO
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	MO
REGRANEX	5	PA
SANTYL	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<b>Pediculicides/Scabicides</b>		
<i>malathion</i>	4	MO
<i>permethrin cream</i>	2	MO
<b>Topical Anti-infectives</b>		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days); MO
<i>ciclodan solution</i>	2	PA; MO
<i>ciclopirox nail lacquer</i>	2	PA; MO
<i>ciclopirox olamine</i>	1	MO
<i>ciclopirox gel, suspension</i>	2	MO
<i>clindamycin phosphate gel 1%</i>	4	MO
<i>clindamycin phosphate lotion 1%</i>	2	QL(75 ML per 30 days); MO
<i>clindamycin phosphate external solution 1%</i>	1	QL(60 ML per 30 days); MO
<i>ery</i>	3	MO
<i>erythromycin gel 2%</i>	3	MO
<i>erythromycin solution 2%</i>	2	MO
MUPIROCIN CREAM	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days); MO
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
<i>carglumic acid</i>	5	
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D; MO
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D; MO
CLINIMIX 5%/DEXTROSE 15%	4	B/D; MO
CLINIMIX 5%/DEXTROSE 20%	4	B/D; MO
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D; MO
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D; MO
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D; MO
CLINIMIX E 5%/DEXTROSE 15%	4	B/D; MO
CLINIMIX E 5%/DEXTROSE 20%	4	B/D; MO
<i>dextrose 10%</i>	2	MO
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	2	MO
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	2	MO
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	2	MO
<i>dextrose 5%</i>	2	MO
<i>dextrose 5%/sodium chloride 0.2%</i>	2	MO
<i>dextrose 5%/sodium chloride 0.45%</i>	2	MO
<i>dextrose 5%/sodium chloride 0.9%</i>	2	MO
DEXTROSE/SODIUM CHLORIDE	2	MO
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
<i>fluoritab solution 0.125mg/drop</i>	1	MO
ISOLYTE-P/DEXTROSE 5%	4	MO
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	MO
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	2	MO
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	MO
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	2	MO
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	2	MO
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	2	MO
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	1	MO
<i>magnesium sulfate injection 50%</i>	1	MO
<i>multiple electrolytes injection type 1</i>	4	MO
<i>nafrinse</i>	1	MO

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<i>nafrinse drops</i>	1	MO
PLENAMINE	4	B/D; MO
<i>potassium chloride er capsule extended release</i>	2	MO
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride er tablet extended release 15meq</i>	2	MO
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	2	MO
<i>potassium chloride/dextrose/sodium chloride injection 5%; 0.15%; 0.225%, 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>	2	MO
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	2	MO
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	3	MO
<i>potassium chloride oral solution</i>	2	MO
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	2	MO
<i>potassium citrate er tablet extended release 15meq, 540mg</i>	2	MO
<i>potassium citrate er tablet extended release 1080mg</i>	3	MO
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; MO
PROSOL	4	B/D; MO
<i>sodium chloride 0.45% injection</i>	1	MO
<i>sodium chloride injection 0.45%, 0.9%, 3%, 5%</i>	1	MO
<i>sodium fluoride solution 0.5mg/ml</i>	1	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
TPN ELECTROLYTES	3	MO
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; MO

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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; MO
<b>Electrolyte/Mineral/Metal Modifiers</b>		
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA; MO
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA; MO
<i>deferasirox tablet 180mg, 360mg</i>	4	PA; MO
<i>penicillamine tablet</i>	5	
<i>trientine hydrochloride</i>	5	PA
<b>Phosphate Binders</b>		
<i>calcium acetate capsule</i>	2	MO
<i>calcium acetate tablet 667mg</i>	2	MO
<i>sevelamer carbonate</i>	4	MO
VELPHORO	5	
<b>Potassium Binders</b>		
KIONEX SUSPENSION	3	MO
LOKELMA	4	QL(90 EA per 30 days); MO
<i>sodium polystyrene sulfonate powder</i>	3	MO
SPS	3	MO
VELTASSA	4	MO
<b>Vitamins</b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	MO
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	MO
<i>enulose</i>	2	MO
<i>generlac</i>	2	MO
<i>lactulose solution</i>	2	MO
LINZESS	3	QL(30 EA per 30 days); MO
<i>lubiprostone</i>	4	QL(60 EA per 30 days); MO
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST

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<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA; MO
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	MO
<i>diphenoxylate/atropine liquid</i>	4	MO
<i>loperamide hcl capsule</i>	1	MO
XERMELO	5	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl solution</i>	3	MO
<i>dicyclomine hydrochloride capsule, tablet</i>	2	MO
<i>glycopyrrolate tablet 1mg</i>	2	MO
<i>glycopyrrolate tablet 2mg</i>	3	MO
<i>methscopolamine bromide tablet</i>	4	MO
<b>Gastrointestinal Agents, Other</b>		
GATTEX	5	PA
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n/flavor pack</i>	1	MO
<i>metoclopramide hcl solution</i>	1	MO
<i>metoclopramide hcl tablet 5mg</i>	1	MO
<i>metoclopramide hydrochloride injection</i>	1	MO
<i>metoclopramide hydrochloride tablet 10mg</i>	1	MO
MYALEPT	5	PA
<i>nitroglycerin ointment 0.4%</i>	4	MO
OICALIVA	5	QL(30 EA per 30 days); PA
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
URSODIOL TABLET	3	MO
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA; MO
XIFAXAN TABLET 550MG	5	PA
ZORBTIVE	5	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl solution</i>	1	MO
<i>cimetidine hydrochloride solution 300mg/5ml</i>	1	MO
<i>cimetidine tablet 200mg</i>	2	MO
<i>cimetidine tablet 300mg, 400mg, 800mg</i>	3	MO
<i>famotidine suspension reconstituted</i>	3	MO
<i>famotidine tablet 20mg, 40mg</i>	1	MO
<i>nizatidine capsule</i>	1	MO
<b>Protectants</b>		

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<i>misoprostol</i>	2	MO
<i>sucralfate tablet</i>	2	MO
<i>sucralfate suspension</i>	3	MO
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days); MO
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days); MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days); MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days); MO
<i>pantoprazole sodium tablet delayed release</i>	2	QL(60 EA per 30 days); MO
<i>rabeprazole sodium</i>	2	QL(60 EA per 30 days); MO
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INJECTION 1000MG	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 18000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	MO
CYSTAGON	4	MO
<i>dichlorphenamide</i>	5	QL(120 EA per 30 days); PA
ELAPRASE	5	PA
EVRYSDI SOLUTION RECONSTITUTED	5	QL(240 ML per 30 days); PA
KANUMA	5	PA
<i>l-glutamine</i>	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
OXBRYTA TABLET SOLUBLE	5	QL(240 EA per 30 days); PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCovi	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
STRENSIQ	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
VYONDYS 53	5	PA
WELIREG	5	PA
<i>yargesa</i>	5	PA
ZEMAIRA INJECTION 1000MG	5	PA
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>darifenacin hydrobromide er</i>	4	MO
<i>fesoterodine fumarate er</i>	3	MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	MO
<i>oxybutynin chloride er</i>	2	MO
<i>oxybutynin chloride solution</i>	1	MO
<i>oxybutynin chloride tablet 5mg</i>	2	MO
SOLIFENACIN SUCCINATE	2	MO
<i>tolterodine tartrate</i>	3	MO
<i>tolterodine tartrate er</i>	3	MO
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er</i>	1	MO
<i>doxazosin mesylate</i>	1	MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	MO
<i>dutasteride capsule</i>	2	MO
<i>finasteride tablet</i>	1	MO
SILODOSIN	3	MO
<i>tadalafil tablet 2.5mg, 5mg</i>	4	QL(30 EA per 30 days); PA; MO
<i>tamsulosin hydrochloride</i>	1	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
<b><i>Genitourinary Agents, Other</i></b>		
<i>bethanechol chloride tablet 5mg</i>	2	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg</i>	3	MO
ELMIRON	5	
<i>sildenafil citrate tablet 100mg, 50mg</i>	1	QL(12 EA per 30 days); MO; E
<i>sildenafil tablet 25mg</i>	1	QL(12 EA per 30 days); MO; E
<i>tadalafil tablet 10mg, 20mg</i>	1	QL(10 EA per 30 days); MO; E
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>		
ACTHAR	5	PA
<i>cortisone acetate tablet 25mg</i>	5	
CORTROPHIN	5	PA

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<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone elixir</i>	1	MO
<i>dexamethasone solution</i>	2	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	MO
<i>fludrocortisone acetate tablet</i>	2	MO
<i>hydrocortisone tablet 20mg, 5mg</i>	2	MO
<i>hydrocortisone tablet 10mg</i>	3	MO
<i>methylprednisolone dose pack tablet therapy pack</i>	1	MO
<i>methylprednisolone tablet</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 20mg/5ml</i>	4	MO
<i>prednisolone solution</i>	1	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone tablet therapy pack</i>	2	MO
<i>prednisone solution</i>	3	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i></b>		
<i>desmopressin acetate tablet</i>	3	MO
DESMOPRESSIN ACETATE SOLUTION 1.5MG/ML	4	MO
<i>desmopressin acetate solution 0.01%</i>	3	MO
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA; MO
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	QL(1 EA per 168 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b><i>Androgens</i></b>		
<i>danazol capsule</i>	3	MO
<i>methyltestosterone capsule</i>	5	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	MO
<i>testosterone enanthate injection</i>	3	MO
<i>testosterone pump gel 1.62%</i>	3	PA; MO
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	4	PA; MO
<b><i>Estrogens</i></b>		
<i>afirmelle</i>	2	MO

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<i>altavera</i>	2	MO
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	MO
<i>amabelz</i>	4	MO
<i>amethia</i>	3	QL(91 EA per 91 days); MO
<i>amethyst</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle</i>	2	MO
<i>ashlyna</i>	3	QL(91 EA per 91 days); MO
<i>aubra eq</i>	2	MO
<i>aurovela 1.5/30</i>	2	MO
<i>aurovela 1/20</i>	1	MO
<i>aurovela 24 fe</i>	2	MO
<i>aurovela fe 1.5/30</i>	2	MO
<i>aurovela fe 1/20</i>	2	MO
<i>aviane</i>	2	MO
<i>ayuna</i>	2	MO
<i>azurette</i>	2	MO
<i>balziva</i>	2	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	MO
<i>blisovi fe 1/20</i>	2	MO
<i>briellyn</i>	2	MO
<i>camrese</i>	3	QL(91 EA per 91 days); MO
<i>chateal</i>	2	MO
<i>chateal eq</i>	2	MO
CLIMARA PRO	4	MO
<i>cryselle-28</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35</i>	2	MO
<i>dasetta 7/7/7</i>	2	MO
<i>daysee</i>	3	QL(91 EA per 91 days); MO
DEPO-ESTRADIOL INJECTION 5MG/ML	4	MO
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>dolishale</i>	2	MO
<i>dotti</i>	3	MO
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>elinest</i>	2	MO
<i>eluryng</i>	4	MO
<i>enilloring</i>	4	MO
<i>enpresse-28</i>	2	MO

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<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>estradiol valerate injection 20mg/ml</i>	3	MO
<i>estradiol valerate injection 10mg/ml, 40mg/ml</i>	4	MO
<i>estradiol/norethindrone acetate</i>	4	MO
ESTRADIOL CREAM	3	MO
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	MO
<i>estradiol oral tablet</i>	1	MO
<i>estradiol patch twice weekly, patch weekly</i>	3	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
<i>etonogestrel/ethinyl estradiol</i>	3	MO
<i>falmina</i>	2	MO
<i>fayosim</i>	4	QL(91 EA per 91 days); MO
<i>femynor</i>	2	MO
<i>fyavolv tablet 5mcg; 1mg</i>	3	MO
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	MO
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	2	MO
<i>haloette</i>	4	MO
<i>iclevia</i>	4	QL(91 EA per 91 days); MO
<i>introvale</i>	4	QL(91 EA per 91 days); MO
<i>isibloom</i>	2	MO
<i>jaimiess</i>	3	QL(91 EA per 91 days); MO
<i>jasmiel</i>	2	MO
<i>jinteli</i>	3	MO
<i>jolessa</i>	4	QL(91 EA per 91 days); MO
<i>juleber</i>	2	MO
<i>junel 1.5/30</i>	2	MO
<i>junel 1/20</i>	2	MO
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	MO
<i>kalliga</i>	2	MO
<i>kariva</i>	2	MO
<i>kelnor 1/35</i>	2	MO
<i>kelnor 1/50</i>	2	MO
<i>kurvelo</i>	2	MO
<i>larin 1.5/30</i>	2	MO
<i>larin 1/20</i>	2	MO

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<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30</i>	2	MO
<i>larin fe 1/20</i>	2	MO
<i>leena</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest</i>	2	MO
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	QL(91 EA per 91 days); MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	MO
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	3	QL(91 EA per 91 days); MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>levora 0.15/30-28</i>	2	MO
<i>lo-zumandimine</i>	2	MO
<i>loryna</i>	2	MO
<i>low-ogestrel</i>	2	MO
<i>lutra</i>	2	MO
<i>lyllana</i>	3	MO
<i>marlissa</i>	2	MO
MENEST	4	MO
<i>microgestin 1.5/30</i>	2	MO
<i>microgestin 1/20</i>	2	MO
<i>microgestin 24 fe</i>	2	MO
<i>microgestin fe 1.5/30</i>	2	MO
<i>microgestin fe 1/20</i>	2	MO
<i>mili</i>	2	MO
<i>mimvey</i>	4	MO
<i>mono-linyah</i>	2	MO
<i>necon 0.5/35-28</i>	2	MO
<i>nikki</i>	2	MO
<i>norelgestromin/ethinyl estradiol</i>	4	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 1mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35</i>	2	MO

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<i>nortrel 7/7/7</i>	2	MO
<i>nylia 1/35</i>	2	MO
<i>nylia 7/7/7</i>	2	MO
<i>nymyo</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea</i>	2	MO
<i>portia-28</i>	2	MO
PREMARIN CREAM	3	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMPRO	3	MO
<i>reclipsen</i>	2	MO
<i>rivelsa</i>	4	QL(91 EA per 91 days); MO
<i>setlakin</i>	4	QL(91 EA per 91 days); MO
<i>simliya</i>	2	MO
<i>simpesse</i>	3	QL(91 EA per 91 days); MO
<i>sprintec 28</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1/20 eq</i>	2	MO
<i>taysofy</i>	2	MO
<i>tilia fe</i>	3	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	3	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	MO
<i>tri-nymyo</i>	2	MO
<i>tri-sprintec</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	2	MO
<i>trivora-28</i>	2	MO
<i>turqoz</i>	2	MO
<i>tyblume</i>	3	MO
<i>velivet</i>	2	MO
<i>vestura</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele</i>	2	MO
<i>volnea</i>	2	MO
<i>vyfemla</i>	2	MO

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<i>vylibra</i>	2	MO
<i>wera</i>	2	MO
<i>xulane</i>	3	MO
<i>yuvafem</i>	4	MO
<i>zafemy</i>	4	MO
<i>zovia 1/35</i>	2	MO
<i>zumandimine</i>	2	MO
<b>Progestins</b>		
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days); MO
<i>errin</i>	2	MO
<i>gallifrey</i>	2	MO
<i>heather</i>	2	MO
<i>incassia</i>	2	MO
LILETTA	3	MO
<i>lyleq</i>	2	MO
<i>lyza</i>	2	MO
<i>medroxyprogesterone acetate tablet</i>	1	MO
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days); MO
<i>megestrol acetate suspension 40mg/ml</i>	3	MO
<i>megestrol acetate suspension 625mg/5ml</i>	4	MO
<i>megestrol acetate tablet 20mg</i>	2	MO
<i>megestrol acetate tablet 40mg</i>	3	MO
NEXPLANON	3	MO
<i>norethindrone acetate tablet</i>	2	MO
<i>norethindrone tablet</i>	2	MO
<i>progesterone capsule</i>	3	MO
<i>sharobel</i>	2	MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	4	MO
<i>raloxifene hydrochloride</i>	3	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levo-t</i>	1	MO
LEVOTHYROXINE SODIUM CAPSULE 112MCG, 50MCG	4	MO
<i>levothyroxine sodium tablet</i>	1	MO
<i>liothyronine sodium tablet 25mcg</i>	2	MO
<i>liothyronine sodium tablet 50mcg, 5mcg</i>	3	MO
SYNTHROID TABLET	3	MO

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<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 75mcg, 88mcg</i>	1	MO
<i>unithroid tablet 50mcg</i>	2	MO
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b><i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i></b>		
CABERGOLINE	3	MO
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA; MO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA
LANREOTIDE ACETATE	5	PA
LEUPROLIDE ACETATE INJECTION 22.5MG	4	QL(1 EA per 84 days); PA; MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA; MO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	QL(1 EA per 84 days); PA
<i>mifepristone tablet 200mg</i>	3	MO
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRIPTODUR	5	QL(1 EA per 168 days); PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b><i>Antithyroid Agents</i></b>		
<i>methimazole tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil tablet</i>	3	MO
<b>Immunological Agents</b>		
<b><i>Angioedema Agents</i></b>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<b><i>Immunoglobulins</i></b>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML	5	PA

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GAMASTAN	3	PA; MO
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMMAPLEX INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
HYPERHEP B	5	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D; MO
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 20GM/200ML, 2GM/20ML, 5GM/50ML	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
<b>Immunological Agents, Other</b>		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
ENJAYMO	5	PA
KINERET	5	PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
PALFORZIA INITIAL DOSE ESCALATION	5	PA
PALFORZIA LEVEL 1	5	PA
PALFORZIA LEVEL 10	5	PA
PALFORZIA LEVEL 11 (MAINTENANCE)	5	PA
PALFORZIA LEVEL 11 (TITRATION)	5	PA
PALFORZIA LEVEL 2	5	PA
PALFORZIA LEVEL 3	5	PA
PALFORZIA LEVEL 4	5	PA
PALFORZIA LEVEL 5	5	PA
PALFORZIA LEVEL 6	5	PA
PALFORZIA LEVEL 7	5	PA
PALFORZIA LEVEL 8	5	PA
PALFORZIA LEVEL 9	5	PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA

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SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SOLIRIS	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1.5 ML per 84 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 INJECTION 150MG/ML, 300MG/2ML, 75MG/0.5ML	4	PA; MO
XOLAIR INJECTION 150MG/ML, 150MG, 75MG/0.5ML	5	PA
<b>Immunostimulants</b>		
ACTIMMUNE	5	PA
BESREMI	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
<b>Immunosuppressants</b>		
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(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ASTAGRAF XL	4	B/D; MO
<i>azathioprine tablet 75mg</i>	2	B/D; MO
<i>azathioprine tablet 50mg</i>	3	B/D; MO
<i>cyclosporine modified</i>	3	B/D; MO
<i>cyclosporine capsule</i>	3	B/D; MO
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA

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CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D; MO
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	3	B/D; MO
<i>gengraf solution</i>	3	B/D; MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	5	PA
<i>leflunomide</i>	3	MO
<i>methotrexate sodium tablet</i>	2	MO
<i>methotrexate sodium injection 1gm/40ml, 50mg/2ml</i>	1	MO
<i>methotrexate injection 50mg/2ml</i>	1	MO
<i>mycophenolate mofetil tablet</i>	2	B/D; MO
<i>mycophenolate mofetil capsule</i>	3	B/D; MO
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D; MO
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET	4	B/D; MO

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REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D; MO
<i>sirolimus tablet</i>	4	B/D; MO
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg</i>	2	B/D; MO
<i>tacrolimus capsule 1mg, 5mg</i>	3	B/D; MO
TREXALL	4	MO
XATMEP	4	PA; MO
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(3 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
<b>Vaccines</b>		
ABRYVVO	3	QL(1 EA per 252 days); MO
ACTHIB INJECTION 0	3	MO
ADACEL	3	MO
AREXVY	3	QL(1 EA per 999 days); MO
BCG VACCINE INJECTION 50MG	4	MO
BEXSERO	3	MO
BOOSTRIX	3	MO
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	MO
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	MO
ENGERIX-B	3	B/D; MO
GARDASIL 9	3	MO
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	MO
HEPLISAV-B	3	B/D; MO
HIBERIX	3	MO
IMOVAX RABIES (H.D.C.V.)	4	B/D; MO
INFANRIX	3	MO
IPOL INACTIVATED IPV	3	MO
IXCHIQ	3	MO
IXIARO	3	MO
JYNNEOS	3	MO
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	MO
M-M-R II	3	MO
MENACTRA	3	MO
MENQUADFI	3	MO
MENVEO	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MRESVIA	3	QL(0.5 ML per 999 days); MO
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	MO
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	MO
PENBRAYA	3	MO
PENTACEL	3	MO
PREHEVBRIO	3	B/D; MO
PRIORIX	3	MO
PROQUAD	3	MO
QUADRACEL	3	MO
RABAVERT	4	B/D; MO
RECOMBIVAX HB	3	B/D; MO
ROTARIX	3	MO
ROTATEQ SOLUTION	3	MO
SHINGRIX	3	MO
TDVAX	3	MO
TENIVAC	3	MO
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	MO
TICOVAC	4	MO
TRUMENBA	3	MO
TWINRIX	3	MO
TYPHIM VI	3	MO
VAQTA	3	MO
VARIVAX	3	MO
VAXCHORA	3	MO
YF-VAX	3	MO
<b>Inflammatory Bowel Disease Agents</b>		
<b><i>Aminosalicylates</i></b>		
<i>balsalazide disodium</i>	3	MO
MESALAMINE DR CAPSULE DELAYED RELEASE	3	MO
MESALAMINE DR TABLET DELAYED RELEASE 1.2GM	3	MO
MESALAMINE ER CAPSULE EXTENDED RELEASE 24 HOUR	4	MO
<i>mesalamine enema, suppository</i>	4	MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	MO
<i>sulfasalazine tablet</i>	1	MO
<i>sulfasalazine tablet delayed release</i>	3	MO
<b><i>Glucocorticoids</i></b>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	MO
CORTIFOAM FOAM	3	MO
<i>hydrocortisone cream 1%</i>	1	MO

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<i>hydrocortisone cream 2.5%</i>	2	MO
<i>hydrocortisone enema 100mg/60ml</i>	3	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc</i>	2	MO
<i>proctozone-hc</i>	2	MO
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium solution</i>	2	MO
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	MO
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days); MO
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days); MO
<i>calcitriol capsule</i>	2	MO
<i>calcitriol solution</i>	4	MO
<i>cinacalcet hydrochloride</i>	4	MO
<i>doxercalciferol capsule</i>	4	MO
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days); MO
<i>paricalcitol capsule</i>	3	MO
PROLIA	3	QL(2 ML per 365 days); MO
<i>risedronate sodium dr</i>	4	QL(4 EA per 28 days); MO
<i>risedronate sodium tablet 30mg, 5mg</i>	3	MO
<i>risedronate sodium tablet 150mg</i>	3	QL(1 EA per 28 days); MO
<i>risedronate sodium tablet 35mg</i>	3	QL(4 EA per 28 days); MO
<i>teriparatide injection 600mcg/2.4ml</i>	5	PA
XGEVA	5	PA
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol prep pads</i>	1	MO
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	1	QL(200 EA per 30 days); MO
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	QL(200 EA per 30 days); MO
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	1	QL(200 EA per 30 days); MO
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	1	QL(200 EA per 30 days); MO
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	1	QL(200 EA per 30 days); MO
CLINOLIPID	3	B/D; MO
<i>curity gauze pads 2"x2" 12 ply</i>	1	MO
GIVLAARI	5	PA
INTRALIPID INJECTION 20GM/100ML	4	B/D; MO
<i>levocarnitine solution, tablet</i>	2	MO
NUTRILIPID	4	B/D; MO
OXLUMO	5	PA
SKYCLARYS	5	QL(90 EA per 30 days); PA

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<i>sodium chloride 0.9%</i>	2	MO
VISTOGARD	5	
ZOKINVY	5	QL(120 EA per 30 days); PA
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Agents, Other</i></b>		
ATROPINE SULFATE SOLUTION 1%	2	MO
<i>bacitracin/polymyxin b</i>	2	MO
BEOVU SOLUTION	5	PA
BLEPHAMIDE S.O.P.	3	MO
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	3	MO
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>neo-polycin</i>	2	MO
<i>neo-polycin hc</i>	2	MO
<i>neomycin/bacitracin/polymyxin</i>	2	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	MO
<i>neomycin/polymyxin/dexamethasone ointment</i>	1	MO
<i>neomycin/polymyxin/dexamethasone suspension</i>	2	MO
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	3	MO
RESTASIS MULTIDOSE	3	MO
ROCKLATAN	4	QL(2.5 ML per 25 days); MO
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	MO
TOBRADEX ST	4	MO
TOBRADEX OINTMENT	3	MO
<i>tobramycin/dexamethasone</i>	2	MO
XIIDRA	4	QL(60 EA per 30 days); MO
ZYLET	4	MO
<b><i>Ophthalmic Anti-allergy Agents</i></b>		
ALOCRIIL	3	MO
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	MO
<i>cromolyn sodium solution 4%</i>	1	MO
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	MO
<i>olopatadine hydrochloride solution 0.2%</i>	2	MO
<b><i>Ophthalmic Anti-Infectives</i></b>		

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AZASITE	4	MO
<i>bacitracin</i>	2	MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	MO
<i>erythromycin ointment 5mg/gm</i>	1	MO
<i>gatifloxacin</i>	3	MO
<i>gentak ointment</i>	1	MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	MO
KLARITY-A	4	MO
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	MO
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	MO
NATACYN	4	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	2	MO
<i>sulfacetamide sodium ointment 10%</i>	2	MO
<i>sulfacetamide sodium solution 10%</i>	2	MO
<i>tobramycin solution 0.3%</i>	1	MO
<i>trifluridine</i>	3	MO
XDEMVY	5	QL(10 ML per 42 days)
ZIRGAN	4	MO
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac sodium solution 0.07%</i>	2	QL(12 ML per 365 days); MO
<i>dexamethasone sodium phosphate solution</i>	2	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	MO
DIFLUPREDNATE	4	MO
FLAREX	3	MO
<i>fluorometholone</i>	3	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	QL(4 ML per 30 days); MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	2	MO
<i>loteprednol etabonate gel</i>	4	QL(20 GM per 365 days); MO
<i>loteprednol etabonate suspension 0.2%</i>	2	MO
NEVANAC	3	QL(4 ML per 30 days); MO
PREDNISOLONE ACETATE	2	MO
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	3	MO
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl solution 0.5%</i>	2	MO
BETIMOL	3	MO
BETOPTIC-S	4	MO
<i>carteolol hcl</i>	1	MO
<i>levobunolol hcl solution 0.5%</i>	1	MO
<i>timolol hemihydrate</i>	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	3	MO

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<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
<i>timolol maleate solution 0.5%</i>	3	MO
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide</i>	2	MO
<i>acetazolamide er</i>	3	MO
ALPHAGAN P SOLUTION 0.1%	3	MO
<i>apraclonidine</i>	3	MO
<i>brimonidine tartrate solution 0.15%, 0.2%</i>	2	MO
<i>brimonidine tartrate solution 0.1%</i>	3	MO
<i>brinzolamide</i>	3	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>methazolamide tablet 50mg</i>	3	MO
<i>methazolamide tablet 25mg</i>	4	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	MO
RHOPRESSA	4	QL(2.5 ML per 25 days); MO
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
<i>latanoprost solution</i>	1	MO
LUMIGAN	3	QL(2.5 ML per 25 days); MO
<i>travoprost</i>	3	QL(2.5 ML per 25 days); MO
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid</i>	2	MO
CIPRO HC	4	MO
<i>ciprofloxacin/dexamethasone</i>	4	MO
<i>flac</i>	2	MO
<i>fluocinolone acetonide oil 0.01%</i>	2	MO
<i>hydrocortisone/acetic acid</i>	3	MO
<i>neomycin/polymyxin/hc</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>ofloxacin otic solution 0.3%</i>	2	MO
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days); MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D; MO
<i>flunisolide solution 0.025%</i>	2	QL(50 ML per 30 days); MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	MO
<i>mometasone furoate suspension 50mcg/act</i>	3	QL(34 GM per 30 days); MO
QVAR REDHALER	3	QL(21.2 GM per 30 days); MO
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days); MO

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<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days); MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	1	MO
<i>cyproheptadine hcl syrup</i>	2	MO
<i>cyproheptadine hydrochloride tablet</i>	1	MO
<i>desloratadine</i>	2	MO
DIPHENHYDRAMINE HCL INJECTION 50MG/ML	2	MO
<i>hydroxyzine hcl tablet 50mg</i>	1	MO
<i>hydroxyzine hydrochloride syrup</i>	2	MO
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	MO
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	1	MO
<i>hydroxyzine pamoate capsule 100mg</i>	3	MO
<i>levocetirizine dihydrochloride solution, tablet</i>	1	MO
<i>olopatadine hcl nasal solution 0.6%</i>	4	QL(30.5 GM per 30 days); MO
<b>Antileukotrienes</b>		
<i>montelukast sodium tablet chewable, tablet</i>	1	MO
<i>montelukast sodium packet</i>	4	MO
<i>zafirlukast</i>	2	MO
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL(25.8 GM per 30 days); MO
<i>ipratropium bromide nasal solution</i>	2	MO
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D; MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days); MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days); MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days); MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days); MO
<i>albuterol sulfate syrup, tablet</i>	4	MO
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL(525 ML per 30 days); B/D; MO
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D; MO
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	QL(375 ML per 30 days); B/D; MO
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA; MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	MO
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	3	QL(270 ML per 30 days); B/D; MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	3	QL(540 ML per 30 days); B/D; MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	3	QL(540 ML per 30 days); B/D; MO
<i>levalbuterol tartrate hfa</i>	2	QL(30 GM per 30 days); MO
<i>levalbuterol nebulization solution</i>	3	QL(90 EA per 30 days); B/D; MO
PROAIR RESPICLICK	3	QL(2 EA per 30 days); MO

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SEREVENT DISKUS	3	QL(60 EA per 30 days); MO
<i>terbutaline sulfate tablet</i>	4	MO
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	PA
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA THERAPY PACK	5	QL(56 EA per 28 days); PA
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D; MO
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>elixophyllin</i>	1	MO
<i>roflumilast</i>	4	PA; MO
<i>theophylline er tablet extended release 24 hour</i>	2	MO
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 300MG	2	MO
<i>theophylline er tablet extended release 12 hour 100mg, 200mg</i>	2	MO
<i>theophylline elixir</i>	1	MO
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA; MO
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA; MO
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA; MO
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA; MO
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
UPTRAVI TABLET	5	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV	5	PA

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<i>pirfenidone</i>	5	PA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 10%</i>	2	B/D; MO
<i>acetylcysteine solution 20%</i>	3	B/D; MO
ANORO ELLIPTA	3	QL(60 EA per 30 days); MO
BREO ELLIPTA	3	QL(60 EA per 30 days); MO
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days); MO
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); MO
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA; MO
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days); MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days); MO
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D; MO
STIOLTO RESPIMAT	3	QL(24 GM per 30 days); MO
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL(12 GM per 30 days); MO
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL(13.8 GM per 30 days); MO
TRELEGY ELLIPTA	3	QL(60 EA per 30 days); MO
<i>wixela inhub</i>	1	QL(60 EA per 30 days); MO
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>chlorzoxazone tablet 500mg</i>	1	MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>methocarbamol tablet 500mg, 750mg</i>	1	MO
<b>Sleep Disorder Agents</b>		
<b>Sleep Promoting Agents</b>		
<i>eszopiclone</i>	2	QL(30 EA per 30 days); MO
<i>tasimelteon</i>	5	QL(30 EA per 30 days); PA
<i>temazepam capsule 15mg, 30mg</i>	1	QL(30 EA per 30 days); MO
<i>temazepam capsule 7.5mg</i>	2	QL(30 EA per 30 days); MO
<i>zaleplon capsule 5mg</i>	2	QL(30 EA per 30 days); MO
<i>zaleplon capsule 10mg</i>	2	QL(60 EA per 30 days); MO
<i>zolpidem tartrate tablet</i>	1	QL(30 EA per 30 days); MO
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL(30 EA per 30 days); PA; MO
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA; MO

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<i>modafinil tablet 100mg</i>	2	QL(30 EA per 30 days); PA; MO
<i>modafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA; MO
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

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	<i>acetic acid</i>	63		
	<i>acetylcysteine</i>	66		
	<i>acitretin</i>	39		
	ACTHAR	47		
	ACTHIB	58		
	ACTIMMUNE	56		
	<i>acyclovir</i>	27		
	<i>acyclovir</i>	41		
	<i>acyclovir sodium</i>	27		
	ADACEL	58		
	ADAKVEO	31		
	ADALIMUMAB-AATY 1-PEN KIT	56		
	ADALIMUMAB-AATY 2-PEN KIT	56		
	ADALIMUMAB-AATY 2-SYRINGE KIT	56		
	ADALIMUMAB-ADBM	56		
	ADALIMUMAB-ADBM CROHNS/UC/HS	56		
	STARTER			
	ADALIMUMAB-ADBM PSORIASIS/UEITIS	56		
	STARTER			
	ADALIMUMAB-ADBM STARTER PACKAGE	56		
	FOR CROHNS DISEASE/UC/HS			
	ADALIMUMAB-ADBM STARTER PACKAGE	56		
	FOR PSORIASIS/UEITIS			
	<i>adapalene</i>	39		
	<i>adefovir dipivoxil</i>	24		
	ADEMPAS	65		
	<i>afirmelle</i>	48		

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<i>amoxicillin/clavulanate potassium</i>	6	<i>atorvastatin calcium</i>	36
AMOXICILLIN/CLAVULANATE POTASSIUM	5	<i>atovaquone</i>	20
ER		<i>atovaquone/proguanil hcl</i>	21
<i>amphetamine/dextroamphetamine</i>	37	ATROPINE SULFATE	61
<i>amphotericin b</i>	13	ATROVENT HFA	64
<i>amphotericin b liposome</i>	13	<i>aubra eq</i>	49
<i>ampicillin</i>	6	AUGMENTIN	6
<i>ampicillin sodium</i>	6	AUGTYRO	17
<i>ampicillin/sulbactam</i>	6	<i>aurovela 1.5/30</i>	49
<i>ampicillin-sulbactam</i>	6	<i>aurovela 1/20</i>	49
<i>anagrelide hydrochloride</i>	31	<i>aurovela 24 fe</i>	49
<i>anastrozole</i>	17	<i>aurovela fe 1.5/30</i>	49
ANORO ELLIPTA	66	<i>aurovela fe 1/20</i>	49
<i>apomorphine hydrochloride</i>	21	AUSTEDO	38
<i>apraclonidine</i>	63	AUVELITY	11
<i>aprepitant</i>	13	AVASTIN	20
<i>apri</i>	49	<i>aviane</i>	49
APTIOM	9	<i>avidoxy</i>	7
APTIVUS	26	AVONEX	38
ARALAST NP	46	AVONEX PEN	38
<i>aranelle</i>	49	AVYCAZ	5
ARANESP ALBUMIN FREE	31	<i>ayuna</i>	49
ARCALYST	55	AYVAKIT	17
AREXVY	58	AZASITE	62
<i>arformoterol tartrate</i>	64	<i>azathioprine</i>	56
ARIKAYCE	4	AZELAIC ACID	39
<i>aripiprazole</i>	22	<i>azelastine hcl</i>	61
<i>aripiprazole odt</i>	22	<i>azelastine hcl</i>	63
ARISTADA	22	<i>azelastine hydrochloride</i>	64
ARISTADA INITIO	22	<i>azithromycin</i>	6
<i>armodafinil</i>	66	<i>aztreonam</i>	4
ARNUITY ELLIPTA	63	<i>azurette</i>	49
<i>asenapine maleate sl</i>	22	<i>bacitracin</i>	62
<i>ashlyna</i>	49	<i>bacitracin/polymyxin b</i>	61
ASPARLAS	16	<i>baclofen</i>	24
ASPIRIN/DIPYRIDAMOLE ER	31	<i>balsalazide disodium</i>	59
ASTAGRAF XL	56	BALVERSA	17
ATAZANAVIR	26	<i>balziva</i>	49
<i>atazanavir sulfate</i>	26	BAQSIMI ONE PACK	29
<i>atenolol</i>	33	BAQSIMI TWO PACK	29
<i>atenolol/chlorthalidone</i>	35	BARACLUDGE	24
ATOMOXETINE	37	BCG VACCINE	58
ATOMOXETINE HYDROCHLORIDE	37		

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<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	60	BRAFTOVI	17
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	60	BREO ELLIPTA	66
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	60	<i>briellyn</i>	49
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	60	BRILINTA	31
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	60	<i>brimonidine tartrate</i>	63
<i>benazepril hcl</i>	32	BRIMONIDINE TARTRATE/TIMOLOL	61
<i>benazepril hydrochloride</i>	32	MALEATE	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	35	<i>brinzolamide</i>	63
BENLYSTA	55	BRIVIACT	8
BENZNIDAZOLE	21	<i>bromfenac sodium</i>	62
<i>benztropine mesylate</i>	21	BROMOCRIPTINE MESYLATE	21
BEOVU	61	BRONCHITOL	66
BESREMI	56	BRUKINSA	17
<i>betaine anhydrous</i>	46	<i>budesonide</i>	59
<i>betamethasone dipropionate</i>	40	<i>budesonide</i>	63
<i>betamethasone dipropionate augmented</i>	40	<i>budesonide er</i>	59
<i>betamethasone valerate</i>	40	<i>bumetanide</i>	35
BETASERON	38	<i>buprenorphine</i>	1
<i>betaxolol hcl</i>	33	<i>buprenorphine hcl</i>	3
<i>betaxolol hcl</i>	62	<i>buprenorphine hcl/naloxone hcl</i>	3
<i>bethanechol chloride</i>	47	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3
BETIMOL	62	<i>bupropion hcl</i>	11
BETOPTIC-S	62	<i>bupropion hydrochloride</i>	11
<i>bexarotene</i>	20	<i>bupropion hydrochloride er (sr)</i>	3
BEXSERO	58	<i>bupropion hydrochloride er (sr)</i>	11
<i>bicalutamide</i>	16	<i>bupropion hydrochloride er (xl)</i>	11
BICILLIN C-R	6	<i>bupirone hcl</i>	27
BICILLIN L-A	6	<i>bupirone hydrochloride</i>	27
BIKTARVY	24	<i>butalbital/acetaminophen/caffeine</i>	38
<i>bisoprolol fumarate</i>	33	<i>butalbital/aspirin/caffeine</i>	38
<i>bisoprolol fumarate/hydrochlorothiazide</i>	35	CABERGOLINE	54
BIVIGAM	54	CABLIVI	31
BLEPHAMIDE S.O.P.	61	CABOMETYX	17
<i>blisovi 24 fe</i>	49	<i>calcipotriene</i>	41
<i>blisovi fe 1.5/30</i>	49	<i>calcitonin-salmon</i>	60
<i>blisovi fe 1/20</i>	49	<i>calcitriol</i>	60
BOOSTRIX	58	<i>calcium acetate</i>	44
BOSULIF	17	CALQUENCE	17
		<i>camila</i>	53
		<i>camrese</i>	49
		<i>candesartan cilexetil</i>	32
		<i>candesartan cilexetil/hydrochlorothiazide</i>	35

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CAPLYTA	22	chloroquine phosphate	21
CAPRELSA	17	chlorpromazine hcl	22
<i>captopril</i>	32	chlorpromazine hydrochloride	22
<i>captopril/hydrochlorothiazide</i>	35	chlorthalidone	35
<i>carbamazepine</i>	9	chlorzoxazone	66
<i>carbamazepine er</i>	9	CHOLBAM	46
<i>carbidopa</i>	22	cholestyramine	36
<i>carbidopa/levodopa</i>	21	cholestyramine light	36
<i>carbidopa/levodopa er</i>	21	<i>ciclodan</i>	41
<i>carbidopa/levodopa odt</i>	21	<i>ciclopirox</i>	41
CARBIDOPA/LEVODOPA/ENTACAPONE	21	<i>ciclopirox nail lacquer</i>	41
<i>carglumic acid</i>	42	<i>ciclopirox olamine</i>	41
<i>carteolol hcl</i>	62	<i>cidofovir</i>	24
<i>cartia xt</i>	34	<i>cilostazol</i>	31
<i>carvedilol</i>	33	CIMDUO	25
<i>casprofungin acetate</i>	13	<i>cimetidine</i>	45
CAYSTON	65	<i>cimetidine hcl</i>	45
<i>cefaclor</i>	5	<i>cimetidine hydrochloride</i>	45
<i>cefaclor er</i>	5	<i>cinacalcet hydrochloride</i>	60
<i>cefadroxil</i>	5	CINRYZE	54
<i>cefazolin sodium</i>	5	CIPRO	7
<i>cefdinir</i>	5	CIPRO HC	63
<i>cefepime</i>	5	<i>ciprofloxacin hcl</i>	7
CEFIXIME	5	<i>ciprofloxacin hydrochloride</i>	7
<i>cefotaxime sodium</i>	5	<i>ciprofloxacin hydrochloride</i>	62
<i>cefotetan</i>	5	<i>ciprofloxacin i.v.-in d5w</i>	7
<i>cefoxitin sodium</i>	5	<i>ciprofloxacin/dexamethasone</i>	63
<i>cefpodoxime proxetil</i>	5	<i>citalopram hydrobromide</i>	11
<i>cefprozil</i>	5	<i>claravis</i>	39
<i>ceftazidime</i>	5	<i>clarithromycin</i>	6
<i>ceftriaxone sodium</i>	5	<i>clarithromycin er</i>	6
<i>cefuroxime axetil</i>	5	CLIMARA PRO	49
<i>cefuroxime sodium</i>	5	<i>clindamycin hcl</i>	4
<i>celecoxib</i>	1	<i>clindamycin hydrochloride</i>	4
<i>cephalexin</i>	5	<i>clindamycin palmitate hydrochloride</i>	4
CERDELGA	46	<i>clindamycin phosphate</i>	4
<i>cetirizine hydrochloride</i>	64	<i>clindamycin phosphate</i>	41
<i>cevimeline hydrochloride</i>	39	<i>clindamycin phosphate/dextrose</i>	4
<i>chateal</i>	49	CLINIMIX 4.25%/DEXTROSE 10%	42
<i>chateal eq</i>	49	CLINIMIX 4.25%/DEXTROSE 5%	42
<i>chlordiazepoxide hcl</i>	27	CLINIMIX 5%/DEXTROSE 15%	42
<i>chlordiazepoxide hydrochloride</i>	28	CLINIMIX 5%/DEXTROSE 20%	42
<i>chlorhexidine gluconate</i>	39	CLINIMIX E 2.75%/DEXTROSE 5%	42

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CLINIMIX E 4.25%/DEXTROSE 10%	42	<i>cromolyn sodium</i>	61
CLINIMIX E 4.25%/DEXTROSE 5%	42	<i>cromolyn sodium</i>	65
CLINIMIX E 5%/DEXTROSE 15%	42	<i>cryselle-28</i>	49
CLINIMIX E 5%/DEXTROSE 20%	42	<i>curity gauze pads 2"x2" 12 ply</i>	60
CLINOLIPID	60	<i>cyclobenzaprine hydrochloride</i>	66
<i>clobazam</i>	9	CYCLOPHOSPHAMIDE	15
<i>clobetasol propionate</i>	40	<i>cycloserine</i>	15
<i>clobetasol propionate e</i>	40	<i>cyclosporine</i>	56
<i>clomipramine hydrochloride</i>	12	<i>cyclosporine modified</i>	56
<i>clonazepam</i>	9	CYLTEZO	56
<i>clonazepam odt</i>	9	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	56
<i>clonidine</i>	32	CYLTEZO STARTER PACKAGE FOR PSORIASIS	56
<i>clonidine hydrochloride</i>	32	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	56
<i>clopidogrel</i>	32	<i>cyproheptadine hcl</i>	64
<i>clorazepate dipotassium</i>	28	<i>cyproheptadine hydrochloride</i>	64
<i>clotrimazole</i>	13	<i>cyred eq</i>	49
<i>clotrimazole/betamethasone dipropionate</i>	41	CYSTAGON	46
<i>clozapine</i>	24	CYSTARAN	61
<i>clozapine odt</i>	24	<i>dabigatran etexilate</i>	30
COARTEM	21	DALFAMPRIDINE ER	38
COBENFY	38	<i>danazol</i>	48
COBENFY STARTER PACK	38	<i>dantrolene sodium</i>	24
<i>codeine sulfate</i>	2	DANYELZA	20
COLCHICINE	14	DANZITEN	17
COLESEVELAM HYDROCHLORIDE	36	<i>dapsone</i>	15
<i>colestipol hcl</i>	36	DAPTACEL	58
<i>colistimethate sodium</i>	4	<i>daptomycin</i>	4
COMBIVENT RESPIMAT	66	<i>darifenacin hydrobromide er</i>	47
COMETRIQ	17	<i>darunavir</i>	26
COMPLERA	25	<i>dasatinib</i>	17
<i>compro</i>	13	<i>dasetta 1/35</i>	49
<i>constulose</i>	44	<i>dasetta 7/7/7</i>	49
COPIKTRA	17	DAURISMO	17
CORLANOR	35	<i>daysee</i>	49
CORTIFOAM	59	<i>deblitane</i>	53
<i>cortisone acetate</i>	47	<i>deferasirox</i>	44
CORTROPHIN	47	DELSTRIGO	25
COSENTYX	55	<i>demeclocycline hcl</i>	7
COSENTYX SENSOREADY PEN	55	DEPO-ESTRADIOL	49
COSENTYX UNOREADY	55	DEPO-SUBQ PROVERA 104	53
COTELLIC	17	DESCOVY	25
CREON	46		
<i>cromolyn sodium</i>	46		

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<i>desipramine hydrochloride</i>	12	<i>digitek</i>	32
<i>desloratadine</i>	64	DIGOXIN	32
<i>desmopressin acetate</i>	48	<i>dihydroergotamine mesylate</i>	14
<i>desogestrel/ethinyl estradiol</i>	49	DILANTIN	9
<i>desonide</i>	40	<i>diltiazem hcl</i>	34
<i>desoximetasone</i>	40	<i>diltiazem hcl er</i>	34
<i>desvenlafaxine er</i>	11	<i>diltiazem hydrochloride</i>	34
<i>dexamethasone</i>	48	<i>diltiazem hydrochloride er</i>	34
<i>dexamethasone intensol</i>	48	<i>dilt-xr</i>	34
<i>dexamethasone sodium phosphate</i>	62	<i>dimethyl fumarate</i>	38
<i>dexmethylphenidate hcl</i>	37	<i>dimethyl fumarate starterpack</i>	38
<i>dexmethylphenidate hcl er</i>	37	DIPHENHYDRAMINE HCL	64
<i>dexmethylphenidate hydrochloride</i>	37	<i>diphenoxylate hydrochloride/atropine</i>	45
<i>dextroamphetamine sulfate</i>	37	<i>sulfate</i>	
<i>dextroamphetamine sulfate er</i>	37	<i>diphenoxylate/atropine</i>	45
<i>dextrose 10%</i>	42	DIPHThERIA/TETANUS TOXOIDS ADSORBED	58
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	42	PEDIATRIC	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	42	<i>dipyridamole</i>	32
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	42	<i>disopyramide phosphate</i>	33
<i>dextrose 5%</i>	42	<i>disulfiram</i>	3
<i>dextrose 5%/sodium chloride 0.2%</i>	42	<i>divalproex sodium dr</i>	9
<i>dextrose 5%/sodium chloride 0.45%</i>	42	<i>divalproex sodium er</i>	9
<i>dextrose 5%/sodium chloride 0.9%</i>	42	DOFETILIDE	33
DEXTROSE/SODIUM CHLORIDE	42	<i>dolishale</i>	49
DIACOMIT	9	<i>donepezil hcl</i>	10
<i>diazepam</i>	28	<i>donepezil hydrochloride</i>	10
<i>diazepam intensol</i>	28	<i>dorzolamide hcl/timolol maleate</i>	61
<i>diazepam rectal gel</i>	9	<i>dorzolamide hydrochloride</i>	63
<i>diazoxide</i>	29	<i>dotti</i>	49
<i>dichlorphenamide</i>	46	DOVATO	25
<i>diclofenac potassium</i>	1	<i>doxazosin mesylate</i>	47
<i>diclofenac sodium</i>	1	<i>doxepin hcl</i>	12
<i>diclofenac sodium</i>	41	<i>doxepin hydrochloride</i>	12
<i>diclofenac sodium</i>	62	<i>doxercalciferol</i>	60
<i>diclofenac sodium dr</i>	1	<i>doxy 100</i>	7
<i>diclofenac sodium er</i>	1	<i>doxycycline</i>	7
<i>diclofenac sodium/misoprostol</i>	1	<i>doxycycline hyclate</i>	7
<i>dicloxacillin sodium</i>	6	<i>doxycycline hyclate</i>	39
<i>dicyclomine hcl</i>	45	<i>doxycycline monohydrate</i>	7
<i>dicyclomine hydrochloride</i>	45	DRIZALMA SPRINKLE	11
DIFICID	6	<i>dronabinol</i>	13
<i>diflunisal</i>	1	<i>drospirenone/ethinyl estradiol</i>	49
DIFLUPREDNATE	62	<i>droxidopa</i>	32

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DUAVEE	53	<i>enskyce</i>	50
DULERA	66	<i>entacapone</i>	21
<i>duloxetine hcl</i>	11	<i>entecavir</i>	24
<i>duloxetine hydrochloride</i>	11	ENTRESTO	35
DUPIXENT	55	<i>enulose</i>	44
<i>duramorph</i>	2	ENVARUSUS XR	57
<i>dutasteride</i>	47	EPIDIOLEX	8
<i>dutasteride/tamsulosin hydrochloride</i>	47	<i>epinephrine</i>	64
<i>ec-naproxen</i>	1	<i>epitol</i>	10
<i>econazole nitrate</i>	13	EPIVIR HBV	24
EDURANT	25	<i>eplerenone</i>	36
<i>efavirenz</i>	25	EPRONTIA	8
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	25	ERAXIS	13
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	25	<i>ergotamine tartrate/caffeine</i>	14
ELAPRASE	46	ERIVEDGE	17
<i>elinest</i>	49	ERLEADA	16
ELIQUIS	30	<i>erlotinib hydrochloride</i>	17
ELIQUIS STARTER PACK	30	<i>errin</i>	53
ELITEK	20	<i>ertapenem</i>	6
<i>elixophyllin</i>	65	<i>ertapenem sodium</i>	6
ELMIRON	47	<i>ery</i>	41
<i>eluryng</i>	49	ERYTHROCIN LACTOBIONATE	6
EMCYT	16	<i>erythrocin stearate</i>	7
EMGALITY	14	<i>erythromycin</i>	41
EMSAM	11	<i>erythromycin</i>	62
<i>emtricitabine</i>	25	<i>erythromycin base</i>	7
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	25	<i>erythromycin dr</i>	7
<i>emtricitabine/tenofovir disoproxil fumarate</i>	25	<i>erythromycin ethylsuccinate</i>	7
EMTRIVA	26	<i>erythromycin lactobionate</i>	7
<i>enalapril maleate</i>	32	<i>erythromycin/benzoyl peroxide</i>	39
<i>enalapril maleate/hydrochlorothiazide</i>	35	<i>escitalopram oxalate</i>	11
ENBREL	57	<i>esomeprazole magnesium</i>	46
ENBREL MINI	57	<i>estarylla</i>	50
ENBREL SURECLICK	57	ESTRADIOL	50
<i>endocet</i>	2	<i>estradiol valerate</i>	50
ENGERIX-B	58	<i>estradiol/norethindrone acetate</i>	50
<i>enilloring</i>	49	<i>eszopiclone</i>	66
ENJAYMO	55	<i>ethambutol hydrochloride</i>	15
ENOXAPARIN SODIUM	30	<i>ethosuximide</i>	8
<i>enpresse-28</i>	49	<i>ethynodiol diacetate/ethinyl estradiol</i>	50
		<i>etodolac</i>	1
		<i>etodolac er</i>	1
		<i>etonogestrel/ethinyl estradiol</i>	50

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<i>etravirine</i>	25	<i>flunisolide</i>	63
<i>everolimus</i>	18	<i>fluocinolone acetonide</i>	40
<i>everolimus</i>	57	<i>fluocinolone acetonide</i>	63
EVOTAZ	26	<i>fluocinolone acetonide scalp</i>	40
EVRYSDI	46	<i>fluocinonide</i>	40
<i>exemestane</i>	17	<i>fluocinonide emulsified base</i>	40
EXKIVITY	18	<i>fluoride</i>	42
<i>ezetimibe</i>	36	<i>fluoritab</i>	42
<i>ezetimibe/simvastatin</i>	36	<i>fluorometholone</i>	62
<i>falmina</i>	50	<i>fluorouracil</i>	41
<i>famciclovir</i>	27	<i>fluoxetine dr</i>	12
<i>famotidine</i>	45	<i>fluoxetine hydrochloride</i>	12
FANAPT	22	<i>fluphenazine decanoate</i>	22
FANAPT TITRATION PACK	22	<i>fluphenazine hcl</i>	22
FARXIGA	37	<i>fluphenazine hydrochloride</i>	22
FASENRA	66	<i>flurbiprofen</i>	1
FASENRA PEN	66	<i>flurbiprofen sodium</i>	62
<i>fayosim</i>	50	<i>flutamide</i>	16
FEBUXOSTAT	14	<i>fluticasone propionate</i>	40
<i>felbamate</i>	8	<i>fluticasone propionate</i>	63
<i>felodipine er</i>	34	<i>fluticasone propionate/salmeterol</i>	66
<i>femynor</i>	50	<i>fluticasone propionate/salmeterol diskus</i>	66
<i>fenofibrate</i>	36	<i>fluvastatin</i>	36
<i>fenofibrate micronized</i>	36	<i>fluvastatin sodium er</i>	36
<i>fenofibric acid dr</i>	36	<i>fluvoxamine maleate</i>	12
FENTANYL	1	<i>fondaparinux sodium</i>	30
<i>fentanyl citrate oral transmucosal</i>	2	FORTEO	60
<i>fesoterodine fumarate er</i>	47	<i>fosamprenavir calcium</i>	26
FETZIMA	11	<i>fosinopril sodium</i>	32
FETZIMA TITRATION PACK	12	<i>fosinopril sodium/hydrochlorothiazide</i>	35
FINACEA	39	FOTIVDA	18
<i>finasteride</i>	47	FRAGMIN	30
<i>fingolimod hydrochloride</i>	38	FRUZAQLA	18
FINTEPLA	8	FULPHILA	31
FIRMAGON	54	<i>furosemide</i>	35
<i>flac</i>	63	FUZEON	26
FLAREX	62	<i>fyavolv</i>	50
FLEBOGAMMA DIF	54	FYCOMPA	8
<i>flecainide acetate</i>	33	<i>gabapentin</i>	9
<i>fluconazole</i>	13	<i>galantamine hydrobromide</i>	10
<i>fluconazole in sodium chloride</i>	13	<i>galantamine hydrobromide er</i>	10
<i>flucytosine</i>	14	<i>gallifrey</i>	53
<i>fludrocortisone acetate</i>	48	GAMASTAN	55

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GAMMAKED	55	<i>hailey 1.5/30</i>	50
GAMMAPLEX	55	<i>hailey 24 fe</i>	50
GAMUNEX-C	55	<i>halobetasol propionate</i>	40
<i>ganciclovir</i>	24	<i>haloette</i>	50
GARDASIL 9	58	<i>haloperidol</i>	22
<i>gatifloxacin</i>	62	<i>haloperidol decanoate</i>	22
GATTEX	45	<i>haloperidol lactate</i>	22
<i>gavilyte-c</i>	45	HAVRIX	58
<i>gavilyte-g</i>	45	<i>heather</i>	53
<i>gavilyte-n/flavor pack</i>	45	<i>heparin sodium</i>	31
GAVRETO	18	HEPLISAV-B	58
<i>gefitinib</i>	18	HIBERIX	58
<i>gemfibrozil</i>	36	HUMALOG	29
<i>generlac</i>	44	HUMALOG JUNIOR KWIKPEN	29
<i>engraf</i>	57	HUMALOG KWIKPEN	29
GENOTROPIN	48	HUMALOG MIX 50/50	29
GENOTROPIN MINIQUICK	48	HUMALOG MIX 50/50 KWIKPEN	29
<i>gentak</i>	62	HUMALOG MIX 75/25	29
<i>gentamicin sulfate</i>	4	HUMALOG MIX 75/25 KWIKPEN	29
<i>gentamicin sulfate</i>	62	HUMATIN	4
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	HUMIRA	57
GENVOYA	25	HUMIRA PEDIATRIC CROHNS DISEASE	57
GILOTRIF	18	STARTER PACK	
GIVLAARI	60	HUMIRA PEN	57
<i>glatiramer acetate</i>	38	HUMIRA PEN-CD/UC/HS STARTER	57
<i>glatopa</i>	38	HUMIRA PEN-PEDIATRIC UC STARTER PACK	57
GLEOSTINE	15	HUMIRA PEN-PS/UV STARTER	57
<i>glimepiride</i>	28	HUMULIN 70/30	29
<i>glipizide</i>	28	HUMULIN 70/30 KWIKPEN	29
<i>glipizide er</i>	28	HUMULIN N	29
<i>glipizide/metformin hydrochloride</i>	28	HUMULIN N KWIKPEN	29
GLUCAGON EMERGENCY KIT	29	HUMULIN R	29
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	29	HUMULIN R U-500 (CONCENTRATED)	29
<i>glyburide</i>	28	HUMULIN R U-500 KWIKPEN	29
<i>glyburide micronized</i>	28	<i>hydralazine hcl</i>	37
<i>glycopyrrolate</i>	45	<i>hydralazine hydrochloride</i>	37
<i>glydo</i>	3	<i>hydrochlorothiazide</i>	35
<i>granisetron hydrochloride</i>	13	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>griseofulvin microsize</i>	14	<i>hydrocodone/acetaminophen</i>	2
<i>griseofulvin ultramicrosize</i>	14	<i>hydrocodone/ibuprofen</i>	2
<i>guanfacine hydrochloride</i>	32	<i>hydrocortisone</i>	40
<i>guanfacine hydrochloride er</i>	37	<i>hydrocortisone</i>	48
		<i>hydrocortisone</i>	59

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<i>hydrocortisone butyrate</i>	40	INSULIN LISPRO KWIKPEN	29
<i>hydrocortisone valerate</i>	40	INSULIN LISPRO PROTAMINE/INSULIN	29
<i>hydrocortisone/acetic acid</i>	63	LISPRO KWIKPEN	
<i>hydromorphone hcl</i>	2	INTELENCE	25
<i>hydromorphone hydrochloride</i>	2	INTRALIPID	60
<i>hydroxychloroquine sulfate</i>	21	<i>introvale</i>	50
<i>hydroxyurea</i>	16	INVEGA HAFYERA	22
<i>hydroxyzine hcl</i>	64	INVEGA SUSTENNA	23
<i>hydroxyzine hydrochloride</i>	64	INVEGA TRINZA	23
<i>hydroxyzine pamoate</i>	64	IPOL INACTIVATED IPV	58
HYPERHEP B	55	<i>ipratropium bromide</i>	64
<i>ibandronate sodium</i>	60	<i>ipratropium bromide/albuterol sulfate</i>	66
IBRANCE	16	<i>irbesartan</i>	32
IBRANCE	18	<i>irbesartan/hydrochlorothiazide</i>	35
<i>ibu</i>	1	ISENTRESS	25
<i>ibuprofen</i>	1	ISENTRESS HD	25
<i>icatibant acetate</i>	54	<i>isibloom</i>	50
<i>iclevia</i>	50	ISOLYTE-P/DEXTROSE 5%	42
ICLUSIG	18	ISOLYTE-S	42
<i>icosapent ethyl</i>	36	ISONIAZID	15
IDHIFA	18	<i>isosorbide dinitrate</i>	37
ILEVRO	62	<i>isosorbide dinitrate/hydralazine</i>	35
<i>imatinib mesylate</i>	18	<i>hydrochloride</i>	
IMBRUVICA	18	<i>isosorbide mononitrate</i>	37
<i>imipenem/cilastatin</i>	6	<i>isosorbide mononitrate er</i>	37
<i>imipramine hcl</i>	12	<i>isotonic gentamicin</i>	4
<i>imipramine hydrochloride</i>	12	<i>isotretinoin</i>	39
<i>imipramine pamoate</i>	12	<i>isradipine</i>	34
<i>imiquimod</i>	41	ITOVEBI	16
IMKELDI	18	<i>itraconazole</i>	14
IMOVAX RABIES (H.D.C.V.)	58	<i>ivabradine hydrochloride</i>	35
IMPAVIDO	4	<i>ivermectin</i>	20
<i>incassia</i>	53	IWILFIN	16
INCRELEX	48	IXCHIQ	58
<i>indapamide</i>	35	IXIARO	58
<i>indomethacin</i>	1	<i>jaimiess</i>	50
INFANRIX	58	JAKAFI	18
INLYTA	18	<i>jantoven</i>	31
INQOVI	18	JANUMET	28
INREBIC	16	JANUMET XR	28
INSULIN ASPART	29	JANUVIA	28
INSULIN LISPRO	29	JARDIANCE	37
INSULIN LISPRO JUNIOR KWIKPEN	29	<i>jasmiel</i>	50

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JAYPIRCA	18	<i>klor-con m15</i>	42
JEMPERLI	20	<i>klor-con m20</i>	42
JENTADUETO	28	KOSELUGO	18
JENTADUETO XR	28	<i>kourzeq</i>	39
<i>jinteli</i>	50	KRAZATI	18
<i>jolessa</i>	50	<i>kurvelo</i>	50
<i>juleber</i>	50	<i>labetalol hydrochloride</i>	33
JULUCA	25	LACOSAMIDE	10
<i>junel 1.5/30</i>	50	<i>lactulose</i>	44
<i>junel 1/20</i>	50	<i>lamivudine</i>	24
<i>junel fe 1.5/30</i>	50	<i>lamivudine</i>	26
<i>junel fe 1/20</i>	50	<i>lamivudine/zidovudine</i>	26
<i>junel fe 24</i>	50	<i>lamotrigine</i>	8
JYLAMVO	57	LAMOTRIGINE ER	8
JYNNEOS	58	<i>lamotrigine odt</i>	8
<i>kalliga</i>	50	<i>lamotrigine starter kit/blue</i>	8
KALYDECO	65	<i>lamotrigine starter kit/green</i>	8
KANUMA	46	<i>lamotrigine starter kit/orange</i>	8
<i>kariva</i>	50	LANREOTIDE ACETATE	54
<i>kcl 0.075%/d5w/nacl 0.45%</i>	42	<i>lansoprazole</i>	46
<i>kcl 0.15%/d5w/nacl 0.2%</i>	42	LANTUS	29
<i>kcl 0.15%/d5w/nacl 0.45%</i>	42	LANTUS SOLOSTAR	30
<i>kcl 0.15%/d5w/nacl 0.9%</i>	42	<i>lapatinib ditosylate</i>	18
<i>kcl 0.3%/d5w/nacl 0.45%</i>	42	<i>larin 1.5/30</i>	50
<i>kcl 0.3%/d5w/nacl 0.9%</i>	42	<i>larin 1/20</i>	50
<i>kelnor 1/35</i>	50	<i>larin 24 fe</i>	51
<i>kelnor 1/50</i>	50	<i>larin fe 1.5/30</i>	51
KERENDIA	36	<i>larin fe 1/20</i>	51
<i>ketoconazole</i>	14	<i>latanoprost</i>	63
<i>ketorolac tromethamine</i>	1	LAZCLUZE	16
<i>ketorolac tromethamine</i>	62	<i>ledipasvir/sofosbuvir</i>	24
KINERET	55	<i>leena</i>	51
KINRIX	58	<i>leflunomide</i>	57
KIONEX	44	<i>lenalidomide</i>	16
KISQALI	18	LENVIMA 10 MG DAILY DOSE	18
KISQALI FEMARA 200 DOSE	16	LENVIMA 12MG DAILY DOSE	18
KISQALI FEMARA 400 DOSE	16	LENVIMA 14 MG DAILY DOSE	18
KISQALI FEMARA 600 DOSE	16	LENVIMA 18 MG DAILY DOSE	18
KLARITY-A	62	LENVIMA 20 MG DAILY DOSE	18
<i>klayesta</i>	14	LENVIMA 24 MG DAILY DOSE	18
<i>klor-con 10</i>	42	LENVIMA 4 MG DAILY DOSE	18
<i>klor-con 8</i>	42	LENVIMA 8 MG DAILY DOSE	18
<i>klor-con m10</i>	42	<i>lessina</i>	51

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<i>letrozole</i>	17	<i>loperamide hcl</i>	45
<i>leucovorin calcium</i>	17	<i>lopinavir/ritonavir</i>	26
LEUKERAN	15	<i>lorazepam</i>	28
LEUPROLIDE ACETATE	54	<i>lorazepam intensol</i>	28
<i>levalbuterol</i>	64	LORBRENA	18
<i>levalbuterol hcl</i>	64	<i>loryna</i>	51
<i>levalbuterol hydrochloride</i>	64	<i>losartan potassium</i>	32
<i>levalbuterol tartrate hfa</i>	64	<i>losartan potassium/hydrochlorothiazide</i>	35
LEVETIRACETAM	8	<i>loteprednol etabonate</i>	62
<i>levetiracetam er</i>	8	<i>lovastatin</i>	36
<i>levobunolol hcl</i>	62	<i>low-ogestrel</i>	51
<i>levocarnitine</i>	60	<i>loxapine</i>	22
<i>levocetirizine dihydrochloride</i>	64	<i>lo-zumandimine</i>	51
<i>levofloxacin</i>	7	<i>lubiprostone</i>	44
<i>levofloxacin in d5w</i>	7	LUMAKRAS	18
<i>levonest</i>	51	LUMIGAN	63
<i>levonorgestrel and ethinyl estradiol</i>	51	LUMIZYME	46
<i>levonorgestrel/ethinyl estradiol</i>	51	LUPRON DEPOT (1-MONTH)	54
<i>levora 0.15/30-28</i>	51	LUPRON DEPOT (3-MONTH)	54
<i>levo-t</i>	53	LUPRON DEPOT (4-MONTH)	54
LEVOTHYROXINE SODIUM	53	LUPRON DEPOT (6-MONTH)	54
LEXIVA	26	LUPRON DEPOT-PED (1-MONTH)	54
<i>l-glutamine</i>	46	LUPRON DEPOT-PED (3-MONTH)	54
LIBERVANT	9	LUPRON DEPOT-PED (6-MONTH)	48
LIDOCAINE	3	<i>lurasidone hydrochloride</i>	23
<i>lidocaine hcl</i>	3	<i>lutura</i>	51
<i>lidocaine hcl jelly</i>	3	LYBALVI	23
<i>lidocaine hydrochloride</i>	3	<i>lyleq</i>	53
<i>lidocaine hydrochloride viscous</i>	39	<i>lyllana</i>	51
<i>lidocaine viscous</i>	39	LYNPARZA	18
<i>lidocaine/prilocaine</i>	3	LYSODREN	17
LILETTA	53	LYTGOBI	18
<i>linezolid</i>	4	<i>lyza</i>	53
LINZESS	44	<i>magnesium sulfate</i>	42
<i>liothyronine sodium</i>	53	<i>malathion</i>	41
<i>lisinopril</i>	32	<i>maraviroc</i>	26
<i>lisinopril/hydrochlorothiazide</i>	35	<i>marlissa</i>	51
<i>lithium</i>	28	MARPLAN	11
<i>lithium carbonate</i>	28	MATULANE	16
<i>lithium carbonate er</i>	28	<i>matzim la</i>	34
LIVTENCITY	24	MAVYRET	24
LOKELMA	44	MAYZENT	38
LONSURF	17	MAYZENT STARTER PACK	38

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<i>meclizine hcl</i>	13	<i>methyltestosterone</i>	48
<i>medroxyprogesterone acetate</i>	53	<i>metoclopramide hcl</i>	45
<i>mefloquine hydrochloride</i>	21	<i>metoclopramide hydrochloride</i>	45
<i>megestrol acetate</i>	53	<i>metolazone</i>	36
MEKINIST	18	<i>metoprolol succinate er</i>	33
MEKTOVI	18	<i>metoprolol tartrate</i>	33
<i>meloxicam</i>	1	<i>metoprolol/hydrochlorothiazide</i>	35
<i>memantine hcl titration pak</i>	10	<i>metronidazole</i>	4
<i>memantine hydrochloride</i>	10	<i>metronidazole</i>	39
MEMANTINE HYDROCHLORIDE ER	10	<i>metronidazole vaginal</i>	4
<i>memantine/donepezil hydrochloride er</i>	10	<i>metryrosine</i>	35
MENACTRA	58	MEXILETINE HCL	33
MENEST	51	<i>micafungin</i>	14
MENQUADFI	58	<i>miconazole 3</i>	14
MENVEO	58	<i>microgestin 1.5/30</i>	51
<i>mercaptapurine</i>	16	<i>microgestin 1/20</i>	51
<i>meropenem</i>	6	<i>microgestin 24 fe</i>	51
<i>mesalamine</i>	59	<i>microgestin fe 1.5/30</i>	51
MESALAMINE DR	59	<i>microgestin fe 1/20</i>	51
MESALAMINE ER	59	<i>midodrine hcl</i>	32
<i>mesna</i>	20	<i>mifepristone</i>	54
MESNEX	20	<i>miglustat</i>	46
<i>metformin hydrochloride</i>	28	<i>mili</i>	51
<i>metformin hydrochloride er</i>	28	<i>mimvey</i>	51
<i>methadone hcl</i>	2	MINOCIN	7
<i>methadone hydrochloride</i>	2	<i>minocycline hcl</i>	7
<i>methadone hydrochloride intensol</i>	2	<i>minocycline hydrochloride</i>	8
<i>methadose</i>	2	<i>minoxidil</i>	37
<i>methadose sugar-free</i>	2	<i>mirtazapine</i>	11
<i>methazolamide</i>	63	<i>mirtazapine odt</i>	11
<i>methenamine hippurate</i>	4	<i>misoprostol</i>	46
<i>methimazole</i>	54	<i>mitigo</i>	2
<i>methocarbamol</i>	66	M-M-R II	58
<i>methotrexate</i>	57	<i>modafinil</i>	67
<i>methotrexate sodium</i>	57	<i>moexipril hcl</i>	32
<i>methoxsalen</i>	41	<i>molindone hydrochloride</i>	22
<i>methscopolamine bromide</i>	45	<i>mometasone furoate</i>	40
<i>methsuximide</i>	8	<i>mometasone furoate</i>	63
<i>methyl dopa</i>	32	<i>mondoxyne nl</i>	8
<i>methylphenidate hydrochloride</i>	38	<i>mono-lynyah</i>	51
<i>methylphenidate hydrochloride er</i>	38	<i>montelukast sodium</i>	64
<i>methylprednisolone</i>	48	<i>morphine sulfate</i>	2
<i>methylprednisolone dose pack</i>	48	<i>morphine sulfate er</i>	2

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<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	7	<i>neomycin/polymyxin/hydrocortisone</i>	63
<i>moxifloxacin hydrochloride</i>	7	<i>neo-polycin</i>	61
MOXIFLOXACIN HYDROCHLORIDE	62	<i>neo-polycin hc</i>	61
MRESVIA	59	NERLYNX	18
MULTAQ	33	NEULASTA	31
<i>multiple electrolytes injection type 1</i>	42	NEUPRO	21
MUPIROCIN	41	NEVANAC	62
MYALEPT	45	<i>nevirapine</i>	25
<i>mycophenolate mofetil</i>	57	<i>nevirapine er</i>	25
<i>mycophenolic acid dr</i>	57	NEXPLANON	53
<i>myorisan</i>	39	<i>niacin</i>	36
MYRBETRIQ	47	<i>niacin er</i>	36
NABI-HB	55	<i>niacor</i>	36
<i>nabumetone</i>	1	<i>nicardipine hcl</i>	34
<i>nadolol</i>	33	NICOTROL INHALER	4
<i>nafcillin sodium</i>	6	NICOTROL NS	4
<i>nafrinse</i>	42	<i>nifedipine er</i>	34
<i>nafrinse drops</i>	43	<i>nikki</i>	51
NAGLAZYME	46	<i>nilutamide</i>	16
<i>naloxone hcl</i>	3	<i>nimodipine</i>	34
NALOXONE HYDROCHLORIDE	3	NINLARO	19
<i>naltrexone hcl</i>	3	<i>nisoldipine er</i>	34
NAMZARIC	10	<i>nitazoxanide</i>	21
<i>naproxen</i>	1	<i>nitisinone</i>	46
<i>naproxen dr</i>	1	<i>nitro-bid</i>	37
<i>naproxen sodium</i>	1	<i>nitrofurantoin macrocrystals</i>	4
<i>naratriptan hcl</i>	15	<i>nitrofurantoin monohydrate/macrocrystals</i>	5
NATACYN	62	<i>nitroglycerin</i>	37
<i>nateglinide</i>	28	<i>nitroglycerin</i>	45
NAYZILAM	8	<i>nitroglycerin transdermal</i>	37
<i>nebivolol hydrochloride</i>	33	NIVESTYM	31
<i>necon 0.5/35-28</i>	51	<i>nizatidine</i>	45
<i>nefazodone hydrochloride</i>	12	<i>norelgestromin/ethinyl estradiol</i>	51
<i>nelarabine</i>	16	<i>norethindrone</i>	53
<i>neomycin sulfate</i>	4	<i>norethindrone acetate</i>	53
<i>neomycin/bacitracin/polymyxin</i>	61	<i>norethindrone acetate/ethinyl estradiol</i>	51
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	61	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	51
<i>neomycin/polymyxin/dexamethasone</i>	61	<i>norgestimate/ethinyl estradiol</i>	51
NEOMYCIN/POLYMYXIN/GRAMICIDIN	61	<i>nortrel 0.5/35 (28)</i>	51
<i>neomycin/polymyxin/hc</i>	63	<i>nortrel 1/35</i>	51
<i>neomycin/polymyxin/hydrocortisone</i>	61	<i>nortrel 7/7/7</i>	52
		<i>nortriptyline hcl</i>	12

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NORVIR	27	OGSIVEO	17
NOVOLIN 70/30	30	OJEMDA	17
NOVOLIN 70/30 FLEXPEN	30	OJJAARA	19
<i>novolin 70/30 flexpen relion</i>	30	<i>olanzapine</i>	23
<i>novolin 70/30 relion</i>	30	<i>olanzapine odt</i>	23
NOVOLIN N	30	<i>olmesartan medoxomil</i>	32
NOVOLIN N FLEXPEN	30	<i>olmesartan</i>	35
<i>novolin n flexpen relion</i>	30	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>novolin n relion</i>	30	<i>olmesartan medoxomil/hydrochlorothiazide</i>	35
NOVOLIN R	30	<i>olopatadine hcl</i>	61
NOVOLIN R FLEXPEN	30	<i>olopatadine hcl</i>	64
<i>novolin r flexpen relion</i>	30	<i>olopatadine hydrochloride</i>	61
<i>novolin r relion</i>	30	OMEGA-3-ACID ETHYL ESTERS	36
NOVOLOG	30	<i>omeprazole</i>	46
NOVOLOG FLEXPEN	30	<i>omeprazole dr</i>	46
<i>novolog flexpen relion</i>	30	<i>ondansetron hcl</i>	13
NOVOLOG MIX 70/30	30	<i>ondansetron hydrochloride</i>	13
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	30	<i>ondansetron odt</i>	13
<i>novolog mix 70/30 prefilled flexpen relion</i>	30	ONUREG	17
<i>novolog mix 70/30 relion</i>	30	OPSUMIT	65
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<i>novolog relion</i>	30	<i>oralone dental paste</i>	39
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NUTRILIPID	60	ORENITRAM TITRATION KIT MONTH 3	65
<i>nyamyc</i>	14	ORGOVYX	54
<i>nylia 1/35</i>	52	ORKAMBI	65
<i>nylia 7/7/7</i>	52	ORSERDU	16
<i>nymyo</i>	52	<i>oseltamivir phosphate</i>	27
<i>nystatin</i>	14	OTEZLA	41
<i>nystatin/triamcinolone</i>	41	OTEZLA	55
<i>nystatin/triamcinolone acetamide</i>	41	OXACILLIN SODIUM	6
<i>nystop</i>	14	<i>oxaprozin</i>	1
OALIVA	45	<i>oxazepam</i>	28
OCTAGAM	55	OXBRYTA	46
<i>octreotide acetate</i>	54	<i>oxcarbazepine</i>	10
ODEFSEY	26	OXLUMO	60
ODOMZO	19	<i>oxybutynin chloride</i>	47
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<i>ofloxacin</i>	62	<i>oxycodone/acetaminophen</i>	3

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<i>pacerone</i>	33	<i>perphenazine</i>	22
PADCEV	20	<i>perphenazine/amitriptyline</i>	11
PALFORZIA INITIAL DOSE ESCALATION	55	PERSERIS	23
PALFORZIA LEVEL 1	55	<i>pfizerpen</i>	6
PALFORZIA LEVEL 10	55	<i>phenelzine sulfate</i>	11
PALFORZIA LEVEL 11 (MAINTENANCE)	55	<i>phenobarbital</i>	9
PALFORZIA LEVEL 11 (TITRATION)	55	<i>phenytek</i>	10
PALFORZIA LEVEL 2	55	<i>phenytoin</i>	10
PALFORZIA LEVEL 3	55	<i>phenytoin sodium extended</i>	10
PALFORZIA LEVEL 4	55	<i>philith</i>	52
PALFORZIA LEVEL 5	55	PIFELTRO	25
PALFORZIA LEVEL 6	55	<i>pilocarpine hcl</i>	63
PALFORZIA LEVEL 7	55	<i>pilocarpine hydrochloride</i>	39
PALFORZIA LEVEL 8	55	<i>pimecrolimus</i>	40
PALFORZIA LEVEL 9	55	<i>pimozide</i>	22
<i>paliperidone er</i>	23	<i>pimtrea</i>	52
PANRETIN	20	<i>pindolol</i>	33
<i>pantoprazole sodium</i>	46	<i>pioglitazone hcl</i>	29
<i>paricalcitol</i>	60	<i>pioglitazone hcl/metformin hcl</i>	28
<i>paroxetine hcl</i>	12	<i>pioglitazone hydrochloride</i>	29
<i>paroxetine hcl er</i>	12	<i>piperacillin sodium/tazobactam sodium</i>	6
<i>paroxetine hydrochloride</i>	12	PIQRAY 200MG DAILY DOSE	19
PAXLOVID TABLET THERAPY PACK	27	PIQRAY 250MG DAILY DOSE	19
PAZOPANIB HYDROCHLORIDE	19	PIQRAY 300MG DAILY DOSE	19
PEDIARIX	59	<i>pirfenidone</i>	66
PEDVAX HIB	59	<i>piroxicam</i>	1
<i>peg-3350/electrolytes</i>	45	PLEGRIDY	38
<i>peg-3350/nacl/na bicarbonate/kcl</i>	45	PLEGRIDY STARTER PACK	38
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PEGASYS	57	<i>podofilox</i>	41
PEMAZYRE	19	POLIVY	20
PENBRAYA	59	<i>polycin</i>	61
<i>penicillamine</i>	44	<i>polymyxin b sulfate</i>	5
<i>penicillin g potassium</i>	6	<i>polymyxin b sulfate/trimethoprim sulfate</i>	61
<i>penicillin g sodium</i>	6	POMALYST	16
<i>penicillin v potassium</i>	6	<i>portia-28</i>	52
PENTACEL	59	<i>posaconazole</i>	14
<i>pentamidine isethionate</i>	21	<i>posaconazole dr</i>	14
PENTASA	59	<i>potassium chloride</i>	43
<i>pentoxifylline er</i>	35	<i>potassium chloride er</i>	43
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<i>potassium chloride/dextrose/sodium chloride</i>	43	<i>progesterone</i>	53
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<i>potassium citrate er</i>	43	PROLIA	60
PRALUENT	36	PROMACTA	31
<i>pramipexole dihydrochloride</i>	21	<i>promethazine hcl</i>	13
PRASUGREL HYDROCHLORIDE	32	<i>promethazine hydrochloride</i>	13
<i>pravastatin sodium</i>	36	<i>promethazine hydrochloride plain</i>	13
PRAZIQUANTEL	20	<i>promethegan</i>	13
<i>prazosin hydrochloride</i>	32	<i>propafenone hcl</i>	33
<i>prednicarbate</i>	40	<i>propafenone hydrochloride</i>	33
<i>prednisolone</i>	48	<i>propafenone hydrochloride er</i>	33
PREDNISOLONE ACETATE	62	<i>proparacaine hcl</i>	61
<i>prednisolone sodium phosphate</i>	48	<i>propranolol hcl</i>	33
<i>prednisolone sodium phosphate</i>	62	<i>propranolol hcl er</i>	33
<i>prednisone</i>	48	<i>propranolol hydrochloride</i>	33
<i>prednisone intensol</i>	48	<i>propylthiouracil</i>	54
<i>pregabalin</i>	9	PROQUAD	59
PREHEVBRIO	59	PROSOL	43
PREMARIN	52	<i>protriptyline hcl</i>	12
PREMASOL	43	PULMOZYME	65
PREMPRO	52	PURIXAN	16
<i>prenatal</i>	44	<i>pyrazinamide</i>	15
<i>prevalite</i>	36	<i>pyridostigmine bromide</i>	15
PREVYMIS	24	<i>pyrimethamine</i>	21
PREZCOBIX	27	PYRUKYND	46
PREZISTA	27	PYRUKYND TAPER PACK	46
PRIFTIN	15	QINLOCK	19
<i>primaquine phosphate</i>	21	QUADRACEL	59
<i>primidone</i>	9	<i>quetiapine fumarate</i>	23
PRIORIX	59	<i>quetiapine fumarate er</i>	23
PRIVIGEN	55	<i>quinapril hydrochloride</i>	32
PROAIR RESPICLICK	64	<i>quinapril/hydrochlorothiazide</i>	35
<i>probenecid</i>	14	<i>quinidine sulfate</i>	33
<i>probenecid/colchicine</i>	14	<i>quinine sulfate</i>	21
<i>prochlorperazine</i>	13	QVAR REDIHALER	63
PROCHLORPERAZINE EDISYLATE	13	RABAVERT	59
<i>prochlorperazine maleate</i>	13	<i>rabeprazole sodium</i>	46
PROCRIPT	31	<i>raloxifene hydrochloride</i>	53
<i>procto-med hc</i>	60	<i>ramipril</i>	32
<i>proctosol hc</i>	60	RANOLAZINE ER	35
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<i>reclipsen</i>	52	<i>ropinirole er</i>	21
RECOMBIVAX HB	59	<i>ropinirole hcl</i>	21
REGRANEX	41	<i>ropinirole hydrochloride</i>	21
RELENZA DISKHALER	27	<i>rosadan</i>	39
RELISTOR	44	<i>rosuvastatin calcium</i>	36
<i>repaglinide</i>	29	ROTARIX	59
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RESTASIS MULTIDOSE	61	<i>rufinamide</i>	10
RETACRIT	31	RUKOBIA	26
RETEVMO	19	RUXIENCE	20
RETROVIR IV INFUSION	26	RYBELSUS	29
REVCOVI	46	RYDAPT	19
REVUFORJ	17	RYTARY	22
REXULTI	23	<i>sajazir</i>	54
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REYVOW	15	SANDIMMUNE	58
REZLIDHIA	19	SANTYL	41
REZUROCK	58	<i>sapropterin dihydrochloride</i>	46
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<i>ribavirin</i>	24	SAVELLA	38
<i>rifabutin</i>	15	SAVELLA TITRATION PACK	38
<i>rifampin</i>	15	SCEMBLIX	19
<i>riluzole</i>	38	<i>scopolamine</i>	13
<i>rimantadine hydrochloride</i>	27	SECUADO	23
RINVOQ	55	<i>selegiline hcl</i>	22
RINVOQ LQ	55	<i>selenium sulfide</i>	40
<i>risedronate sodium</i>	60	SELZENTRY	26
<i>risedronate sodium dr</i>	60	SEREVENT DISKUS	65
RISPERDAL CONSTA	23	<i>sertraline hcl</i>	12
<i>risperidone</i>	23	<i>sertraline hydrochloride</i>	12
<i>risperidone er</i>	23	<i>setlakin</i>	52
<i>risperidone odt</i>	23	<i>sevelamer carbonate</i>	44
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<i>sildenafil citrate</i>	65	STRENSIQ	46
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<i>silver sulfadiazine</i>	41	STRIBILD	25
<i>simliya</i>	52	<i>subvenite</i>	8
<i>simpesse</i>	52	<i>subvenite starter kit/blue</i>	8
<i>simvastatin</i>	36	<i>subvenite starter kit/green</i>	8
<i>sirolimus</i>	58	<i>subvenite starter kit/orange</i>	8
SIRTURO	15	SUCRAID	47
SKYCLARYS	60	<i>sucrafate</i>	46
SKYRIZI	56	<i>sulfacetamide sodium</i>	7
SKYRIZI PEN	56	<i>sulfacetamide sodium</i>	62
<i>sodium chloride</i>	43	SULFACETAMIDE SODIUM/PREDNISOLONE	61
<i>sodium chloride 0.45%</i>	43	SODIUM PHOSPHATE	
<i>sodium chloride 0.9%</i>	61	<i>sulfadiazine</i>	7
<i>sodium fluoride</i>	43	<i>sulfamethoxazole/trimethoprim</i>	7
<i>sodium oxybate</i>	67	<i>sulfamethoxazole/trimethoprim ds</i>	7
<i>sodium phenylbutyrate</i>	46	<i>sulfasalazine</i>	59
<i>sodium polystyrene sulfonate</i>	44	<i>sulindac</i>	1
<i>sofosbuvir/velpatasvir</i>	24	<i>sumatriptan</i>	15
SOLIFENACIN SUCCINATE	47	<i>sumatriptan succinate</i>	15
SOLIRIS	56	<i>sumatriptan succinate refill</i>	15
SOLTAMOX	16	<i>sunitinib malate</i>	19
SOMATULINE DEPOT	54	SUNLENCA	26
SOMAVERT	54	<i>syeda</i>	52
<i>sorafenib</i>	19	SYMBICORT	66
<i>sorafenib tosylate</i>	19	SYMLINPEN 120	29
<i>sorine</i>	33	SYMLINPEN 60	29
<i>sotalol hcl</i>	33	SYMPAZAN	9
<i>sotalol hcl (af)</i>	33	SYMTUZA	27
<i>sotalol hcl af</i>	33	SYNAGIS	55
<i>sotalol hydrochloride (af)</i>	33	SYNAREL	54
SPIRIVA RESPIMAT	64	SYNJARDY	29
<i>spironolactone</i>	36	SYNJARDY XR	29
<i>spironolactone/hydrochlorothiazide</i>	35	SYNRIBO	17
<i>sprintec 28</i>	52	SYNTHROID	53
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TALZENNA	19	<i>tiadylt er</i>	34
<i>tamoxifen citrate</i>	16	<i>tiagabine hydrochloride</i>	9
<i>tamsulosin hydrochloride</i>	47	TIBSOVO	19
<i>tarina 24 fe</i>	52	TICE BCG	17
<i>tarina fe 1/20 eq</i>	52	TICOVAC	59
TASIGNA	19	<i>tigecycline</i>	5
<i>tasimelteon</i>	66	<i>tilia fe</i>	52
TAVNEOS	56	<i>timolol hemihydrate</i>	62
<i>taysofy</i>	52	<i>timolol maleate</i>	15
<i>tazarotene</i>	40	<i>timolol maleate</i>	63
<i>tazicef</i>	5	TIMOLOL MALEATE OPHTHALMIC GEL	62
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TAZVERIK	19	<i>tinidazole</i>	5
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TEGSEDI	47	<i>tizanidine hcl</i>	24
<i>telmisartan</i>	32	<i>tizanidine hydrochloride</i>	24
<i>telmisartan/amlodipine</i>	35	TOBI PODHALER	65
<i>telmisartan/hydrochlorothiazide</i>	35	TOBRADEX	61
<i>temazepam</i>	66	TOBRADEX ST	61
TENIVAC	59	<i>tobramycin</i>	62
<i>tenofovir disoproxil fumarate</i>	26	<i>tobramycin</i>	65
TEPMETKO	19	<i>tobramycin sulfate</i>	4
<i>terazosin hcl</i>	47	<i>tobramycin/dexamethasone</i>	61
<i>terazosin hydrochloride</i>	47	<i>tolcapone</i>	21
<i>terbinafine hcl</i>	14	<i>tolmetin sodium</i>	1
<i>terbutaline sulfate</i>	65	<i>tolterodine tartrate</i>	47
<i>terconazole</i>	14	<i>tolterodine tartrate er</i>	47
<i>teriflunomide</i>	39	<i>topiramate</i>	8
<i>teriparatide</i>	60	<i>toremifene citrate</i>	16
<i>testosterone</i>	48	<i>toremide</i>	35
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<i>tetracycline hydrochloride</i>	8	<i>tramadol hydrochloride/acetaminophen</i>	3
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<i>trazodone hydrochloride</i>	12	TRUXIMA	20
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TRELEGY ELLIPTA	66	TURALIO	19
TRESIBA	30	<i>turqoz</i>	52
TRESIBA FLEXTOUCH	30	TWINRIX	59
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<i>tretinoin</i>	40	TYBOST	26
TREXALL	58	TYPHIM VI	59
<i>triamcinolone acetonide</i>	41	TYSABRI	39
<i>triamcinolone acetonide dental paste</i>	39	UBRELVY	14
<i>triamterene/hydrochlorothiazide</i>	35	UDENYCA	31
<i>triderm</i>	41	<i>unithroid</i>	54
<i>trientine hydrochloride</i>	44	UPTRAVI	65
<i>tri-estarylla</i>	52	UPTRAVI TITRATION PACK	65
<i>trifluoperazine hcl</i>	22	URSODIOL	45
<i>trifluoperazine hydrochloride</i>	22	<i>valacyclovir hydrochloride</i>	27
<i>trifluridine</i>	62	VALCHLOR	16
<i>trihexyphenidyl hcl</i>	21	<i>valganciclovir tablet 450mg</i>	24
<i>trihexyphenidyl hydrochloride</i>	21	<i>valganciclovir hydrochloride solution</i>	24
TRIKAFTA	65	<i>50mg/ml</i>	
<i>tri-legest fe</i>	52	<i>valproic acid</i>	8
<i>tri-lo-estarylla</i>	52	<i>valsartan</i>	32
<i>tri-lo-sprintec</i>	52	<i>valsartan/hydrochlorothiazide</i>	35
<i>trimethobenzamide hydrochloride</i>	13	VALTOCO 10 MG DOSE	9
<i>trimethoprim</i>	5	VALTOCO 15 MG DOSE	9
<i>tri-mili</i>	52	VALTOCO 20 MG DOSE	9
<i>trimipramine maleate</i>	12	VALTOCO 5 MG DOSE	9
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<i>venlafaxine hydrochloride er</i>	12	<i>wixela inhub</i>	66
VENTAVIS	65	XALKORI	20
VEOZAH	38	XARELTO	31
<i>verapamil hcl</i>	34	XARELTO STARTER PACK	31
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<i>verapamil hcl sr</i>	34	XCOPRI	10
<i>verapamil hydrochloride</i>	34	XDEMVI	62
<i>verapamil hydrochloride er</i>	34	XELJANZ	56
VERQUVO	37	XELJANZ XR	56
VERSACLOZ	24	XERMELO	45
VERZENIO	20	XGEVA	60
<i>vestura</i>	52	XIFAXAN	45
VICTOZA	29	XIGDUO XR	29
<i>vienva</i>	52	XIIDRA	61
<i>vigabatrin</i>	9	XOFLUZA	27
<i>vigadrone</i>	9	XOLAIR	56
VIGAFYDE	9	XOLREMDI	31
<i>vigpoder</i>	9	XOSPATA	20
VIIIBRYD STARTER PACK	12	XPOVIO	20
<i>vilazodone hydrochloride</i>	12	XPOVIO 60 MG TWICE WEEKLY	20
VIMIZIM	47	XPOVIO 80 MG TWICE WEEKLY	20
<i>viorele</i>	52	XTAMPZA ER	2
VIRACEPT	27	XTANDI	16
VIREAD	26	<i>xulane</i>	53
VISTOGARD	61	<i>yargesa</i>	47
VITRAKVI	20	YF-VAX	59
VIVITROL	3	YUFLYMA 1-PEN KIT	58
VIZIMPRO	20	YUFLYMA 2-PEN KIT	58
<i>volnea</i>	52	YUFLYMA 2-SYRINGE KIT	58
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VORANIGO	20	<i>yuvafem</i>	53
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VRAYLAR	23	<i>zaleplon</i>	66
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<i>vyfemla</i>	52	ZEJULA	20
<i>vylibra</i>	53	ZELBORAF	20
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VYONDYS 53	47	<i>zenatane</i>	40
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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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<i>ziprasidone hcl</i>	23
ZIPRASIDONE MESYLATE	23
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ZOKINVY	61
ZOLINZA	17
ZOLMITRIPTAN	15
<i>zolpidem tartrate</i>	66
ZONISADE	10
<i>zonisamide</i>	10
ZORBTIVE	45
<i>zovia 1/35</i>	53
ZTALMY	9
<i>zumandimine</i>	53
ZURZUVAE	11
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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-657-4170 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-657-4170 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-888-657-4170 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-888-657-4170 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-888-657-4170 (TTY: 711)]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-657-4170 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-657-4170 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-657-4170 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-657-4170 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-657-4170 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوريليس عليك سوى الاتصال بنا على 1-888-657-4170 (TTY: 711). سيقوم شخص ما بتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-657-4170 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-657-4170 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-657-4170 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-657-4170 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-657-4170 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-657-4170 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



To learn more, call

**1-855-858-7526 (TTY 711)**

October 1 - March 31: Monday - Sunday, 8:00 am - 8:00 pm

April 1 - September 30: Monday - Friday, 8:00 am - 8:00 pm

Para obtener mas información, llame

**1-855-858-7526 (TTY 711)**

Octubre 1 - Marzo 31: Lunes - Domingo 8:00 am - 8:00 pm

Abril 1 - Septiembre 30: Lunes - Viernes 8:00 am - 8:00 pm

Visit our website at [www.ChooseUltimate.com](http://www.ChooseUltimate.com)  
or stop into one of our local offices.

Visite nuestro sitio web en [www.ChooseUltimate.com](http://www.ChooseUltimate.com)  
o pasa por una de nuestras oficinas locales.

Community Outreach Offices  
Oficina de Extensión Comunitaria

2713 Forest Rd  
Spring Hill, FL 34606

303 SE 17th St, STE 305  
Ocala, FL 34471

4058 Tampa Rd, STE 7  
Oldsmar, FL 34677

600 N US Highway 1, STE A  
Fort Pierce, FL 34950



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

This formulary was updated on 03/01/2025. For more recent information or other questions, please contact Ultimate Health Plans Member Services at 1-888-657-4170 (TTY: 711), 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm or visit [www.ChooseUltimate.com](http://www.ChooseUltimate.com).



**LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN.**

Esta lista de medicamentos cubiertos se actualizó el 03/01/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Ultimate Health Plans Servicios para Miembros al 1-888-657-4170 (TTY:711) de 8:00 am a 8:00 pm, de lunes a viernes. Entre el 1 de octubre y el 31 de marzo, estamos disponibles de lunes a domingo de 8:00 am a 8:00 pm o visite [www.ChooseUltimate.com](http://www.ChooseUltimate.com).