

PrimeTime Health Plan
2026 Formulary
(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 26351, Version Number 15

This formulary was updated on 06/23/2026. For more recent information or other questions, please contact PrimeTime Health Plan Customer Service at 1-800-577-5084 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.

H3664_ComprehensiveFormulary9_C

Formulary ID: 26351, Version: 15, Effective: 07/01/2026

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

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

This document includes a Drug List (formulary) for our plan which is current as of July 1, 2026. 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, 2027, and from time to time during the year.

What is the PrimeTime Health Plan formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by PrimeTime Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. PrimeTime Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PrimeTime Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

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

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

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

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

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

section below titled “How do I request an exception to the PrimeTime Health Plan’s Formulary?”

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 July 1, 2026. To get updated information about the drugs covered PrimeTime Health Plan please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, PrimeTime Health Plan will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on our website.

How do I use the Formulary?

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

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 89. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** PrimeTime Health Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from PrimeTime Health Plan before you fill your prescriptions. If you don’t get approval, PrimeTime Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, PrimeTime Health Plan limits the amount of the drug that PrimeTime Health Plan will cover. For example, PrimeTime Health Plan provides 9 tablets per

prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, PrimeTime Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, PrimeTime Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PrimeTime Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask PrimeTime Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the PrimeTime Health Plan’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that PrimeTime Health Plan does not cover your drug, you have two options:

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

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

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

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

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

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

For more information

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

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

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

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

PrimeTime Health Plan Formulary

The formulary below provides coverage information about the drugs covered by PrimeTime Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

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

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

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

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **NM:** Non-Mail. Drugs not available via your mail order benefit.
- **PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 100mg, 200mg, 400mg, 50mg</i>	2	
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg, 75mg; 200mcg</i>	4	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium external solution 1.5%</i>	3	PA
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er tablet extended release 24 hour 400mg, 500mg, 600mg</i>	4	
<i>etodolac tablet 400mg, 500mg</i>	3	
<i>flurbiprofen tablet 100mg, 50mg</i>	2	
<i>ibuprofen suspension 100mg/5ml</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	
<i>meloxicam tablet 15mg, 7.5mg</i>	1	
<i>nabumetone tablet 500mg, 750mg</i>	2	
<i>naproxen dr tablet delayed release 375mg, 500mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>piroxicam capsule 10mg, 20mg</i>	3	
<i>sulindac tablet 150mg, 200mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 12mcg/hr, 25mcg/hr, 50mcg/hr</i>	3	QL(15 EA per 30 days)
<i>fentanyl patch 72 hour 100mcg/hr, 75mcg/hr</i>	4	QL(15 EA per 30 days)
<i>methadone hcl solution 5mg/5ml</i>	4	
<i>methadone hcl tablet 10mg, 5mg</i>	2	
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	2	
<i>methadone hydrochloride concentrate 10mg/ml</i>	2	
<i>methadone hydrochloride solution 10mg/5ml</i>	4	
<i>methadose sugar-free concentrate 10mg/ml</i>	2	
<i>methadose concentrate 10mg/ml</i>	2	
<i>morphine sulfate er tablet extended release 15mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>morphine sulfate er tablet extended release 100mg, 200mg, 60mg</i>	3	QL(120 EA per 30 days)
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	4	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	2	QL(360 EA per 30 days)

Formulary ID: 26351, Version: 15, Effective: 07/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	QL(3240 ML per 30 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	QL(360 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	3	QL(180 EA per 30 days)
<i>butorphanol tartrate solution 10mg/ml</i>	4	QL(10 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 1200MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg</i>	2	QL(180 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 5mg</i>	2	QL(360 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg</i>	3	QL(180 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days)
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hcl liquid 1mg/ml</i>	4	
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	QL(180 EA per 30 days)
<i>hydromorphone hcl tablet 8mg</i>	4	QL(180 EA per 30 days)
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	
<i>morphine sulfate injection 2mg/ml, 4mg/ml, 8mg/ml</i>	4	
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	4	
<i>morphine sulfate tablet 15mg</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate tablet 30mg</i>	3	QL(180 EA per 30 days)
<i>oxycodone hcl capsule 5mg</i>	4	
<i>oxycodone hydrochloride capsule 5mg</i>	4	
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	4	
<i>oxycodone hydrochloride solution 5mg/5ml</i>	4	
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	QL(180 EA per 30 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>oxycodone/acetaminophen tablet 300mg; 2.5mg</i>	5	
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	
<i>tramadol hydrochloride tablet 50mg, 75mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>glydo prefilled syringe 2%</i>	2	
<i>lidocaine hcl jelly prefilled syringe 2%</i>	2	
<i>lidocaine hcl prefilled syringe 2%</i>	2	
<i>lidocaine hydrochloride jelly gel 2%</i>	2	
<i>lidocaine hydrochloride solution 4%</i>	4	
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	2	
<i>lidocaine ointment 5%</i>	2	
<i>lidocaine patch 5%</i>	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg, 500mg</i>	3	
<i>naltrexone hydrochloride tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	4	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml</i>	2	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	3	
OPVEE SOLUTION 2.7MG/0.1ML	3	
REXTOVY LIQUID 4MG/0.25ML	4	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	
NICOTROL INHALER INHALER 10MG	4	
NICOTROL NS SOLUTION 10MG/ML	4	
<i>varenicline starting month tablet therapy pack 0</i>	4	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
ARIKAYCE SUSPENSION 590MG/8.4ML	5	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	
<i>neomycin sulfate tablet 500mg</i>	2	
<i>neomycin/polymyxin b sulfates solution 40mg/ml; 200000unit/ml</i>	2	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm, 2gm</i>	4	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin/sodium chloride injection 300mg/50ml; 0.9%, 600mg/50ml; 0.9%, 900mg/50ml; 0.9%</i>	2	
<i>colistimethate sodium injection 150mg</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
DAPTOMYCIN INJECTION 500MG	5	
<i>fosfomycin tromethamine packet 3gm</i>	1	
IMPAVIDO CAPSULE 50MG	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid injection 600mg/300ml; 0.9%</i>	5	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	
<i>linezolid tablet 600mg</i>	4	
<i>methenamine hippurate tablet 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
<i>tigecycline injection 50mg</i>	4	
<i>tinidazole tablet 250mg, 500mg</i>	4	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 0.9%; 1gm/200ml</i>	2	
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	
VANCOMYCIN HYDROCHLORIDE CAPSULE 125MG, 250MG	4	
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	4	
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
<i>cefaclor er tablet extended release 12 hour 500mg</i>	4	
<i>cefaclor capsule 250mg, 500mg</i>	3	
<i>cefaclor suspension reconstituted 250mg/5ml</i>	3	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%, 3gm; 2%</i>	2	
<i>cefazolin sodium injection 1gm/50ml; 4%</i>	2	
<i>cefazolin sodium injection 100gm, 10gm, 1gm, 300gm, 500mg</i>	4	
<i>cefazolin/dextrose injection 3gm/150ml; 4%</i>	2	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefazolin injection 2gm/100ml; 4%</i>	2	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>cefepime/dextrose injection 1gm/50ml; 5%, 2gm/50ml; 5%</i>	4	
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 1gm; 4%, 2gm; 2.2%</i>	2	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	4	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	
<i>cefprozil tablet 250mg, 500mg</i>	3	
<i>ceftaroline fosamil injection 400mg, 600mg</i>	5	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone in iso-osmotic dextrose injection 20mg/ml; 0, 40mg/ml; 0</i>	2	
<i>ceftriaxone sodium injection 100gm, 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>ceftriaxone/dextrose injection 1gm; 3.74%, 2gm; 2.22%</i>	2	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>TAZICEF INJECTION 1GM, 2GM, 6GM</i>	4	
<i>tazicef injection 1gm</i>	4	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	3	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg, 500mg</i>	1	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>amoxicillin tablet 500mg, 875mg</i>	1	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	4	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	2	
<i>naftillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>naftillin injection 5%; 1gm/50ml, 5%; 2gm/100ml</i>	5	
<i>oxacillin sodium injection 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg, 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	3	
<i>meropenem/sodium chloride injection 1gm/50ml; 0.9%, 500mg; 0.9%</i>	4	
<i>meropenem injection 1gm, 500mg</i>	3	
<i>meropenem injection 2gm</i>	4	
Macrolides		
<i>azithromycin injection 500mg</i>	4	
<i>azithromycin packet 1gm</i>	3	
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	2	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg, 500mg</i>	3	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	ST
<i>erythromycin base tablet 250mg, 500mg</i>	4	
<i>erythromycin dr capsule delayed release particles 250mg</i>	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	
<i>erythromycin ethylsuccinate tablet 400mg</i>	4	
<i>erythromycin lactobionate injection 500mg</i>	5	
<i>fidaxomicin tablet 200mg</i>	5	ST
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg, 400mg</i>	4	
Sulfonamides		
<i>sulfadiazine tablet 500mg</i>	5	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	4	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	
Tetracyclines		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	4	
<i>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	2	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg</i>	2	
<i>doxycycline monohydrate tablet 50mg, 75mg</i>	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>doxycycline suspension reconstituted 25mg/5ml</i>	4	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet 100mg, 75mg</i>	4	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>minocycline hydrochloride tablet 50mg</i>	4	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	4	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
<i>brivaracetam solution 10mg/ml</i>	4	
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	4	
BRIVIACT INJECTION 50MG/5ML	5	
BRIVIACT ORAL SOLUTION 10MG/ML	5	
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG, 1500MG	5	
EPIDIOLEX SOLUTION 100MG/ML	5	PA
<i>felbamate suspension 600mg/5ml</i>	4	
<i>felbamate tablet 400mg, 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA
<i>lamotrigine er tablet extended release 24 hour 50mg</i>	4	
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	4	
<i>lamotrigine tablet chewable 5mg</i>	2	
<i>lamotrigine tablet chewable 25mg</i>	3	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet disintegrating soluble 250mg, 500mg</i>	4	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	
<i>perampanel suspension 0.5mg/ml</i>	5	
<i>perampanel tablet 2mg</i>	4	
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	4	
SUBVENITE SUSPENSION 10MG/ML	4	
<i>topiramate capsule sprinkle 50mg</i>	2	
<i>topiramate capsule sprinkle 25mg</i>	3	
<i>topiramate capsule sprinkle 15mg</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>topiramate solution 25mg/ml</i>	4	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	4	
<i>methsuximide capsule 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	
<i>clobazam tablet 10mg, 20mg</i>	4	
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg</i>	4	
<i>clonazepam tablet 0.5mg, 1mg, 2mg</i>	2	
DIACOMIT CAPSULE 250MG, 500MG	5	PA
DIACOMIT PACKET 250MG, 500MG	5	PA
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	2	
<i>gabapentin capsule 100mg, 300mg, 400mg</i>	2	
<i>gabapentin solution 250mg/5ml</i>	4	
<i>gabapentin tablet 600mg, 800mg</i>	2	
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin capsule 225mg, 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	3	
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	
SYMPAZAN FILM 10MG, 20MG, 5MG	5	
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>vigabatrin packet 500mg</i>	5	
VIGABATRIN TABLET 500MG	5	
<i>vigadrone packet 500mg</i>	5	
<i>vigadrone tablet 500mg</i>	5	
VIGAFYDE SOLUTION 100MG/ML	5	PA
<i>vigpoder packet 500mg</i>	5	
ZTALMY SUSPENSION 50MG/ML	5	PA
Sodium Channel Agents		
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	3	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	3	
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	4	
<i>carbamazepine suspension 100mg/5ml</i>	4	
<i>carbamazepine tablet chewable 200mg</i>	2	
<i>carbamazepine tablet chewable 100mg</i>	3	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg</i>	4	
<i>lacosamide solution 10mg/ml</i>	4	
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	3	
<i>phenytek capsule 200mg, 300mg</i>	3	
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET THERAPY PACK 12.5MG-25MG	4	
XCOPRI TABLET THERAPY PACK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	
ZONISADE SUSPENSION 100MG/5ML	4	
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
Antidementia Agents, Other		
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	3	
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	
GALANTAMINE HYDROBROMIDE SOLUTION 4MG/ML	4	
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	4	
<i>rivastigmine tartrate capsule 3mg, 4.5mg, 6mg</i>	2	
<i>rivastigmine tartrate capsule 1.5mg</i>	3	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	QL(30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak tablet 0</i>	3	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	3	QL(30 EA per 30 days)
<i>memantine hydrochloride solution 2mg/ml</i>	4	
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	QL(60 EA per 30 days)
Antidepressants		
Antidepressants, Other		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	5	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	2	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	ST
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	3	
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
ZURZUVAE CAPSULE 20MG, 25MG, 30MG	5	PA
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	3	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg, 60mg</i>	2	
<i>escitalopram oxalate solution 5mg/5ml</i>	4	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	2	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	
<i>fluoxetine dr capsule delayed release 90mg</i>	4	
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	2	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	2	
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	3	
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg, 37.5mg</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>paroxetine capsule 7.5mg</i>	4	
RALDESY SOLUTION 10MG/ML	5	
<i>sertraline hcl concentrate 20mg/ml</i>	4	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tablet 300mg</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(60 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days)
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	3	
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	2	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	3	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	
<i>desipramine hcl tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 10mg, 25mg, 50mg</i>	2	
<i>doxepin hydrochloride capsule 100mg, 150mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tablet 10mg</i>	2	
<i>imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tablet 12.5mg, 25mg</i>	2	
<i>meclizine hydrochloride tablet 25mg</i>	2	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	3	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hydrochloride suppository 25mg</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine patch 72 hour 1mg/3days</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule therapy pack 0</i>	4	B/D
<i>aprepitant capsule 125mg, 40mg, 80mg</i>	4	B/D
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	B/D
<i>granisetron hydrochloride tablet 1mg</i>	4	B/D
<i>ondansetron hcl solution 4mg/5ml</i>	4	B/D
<i>ondansetron hcl tablet 24mg</i>	2	B/D
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D
ONDANSETRON ODT TABLET DISINTEGRATING 16MG	4	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	4	B/D
AMPHOTERICIN B LIPOSOME INJECTION 50MG	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>casprofungin acetate injection 50mg, 70mg</i>	4	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole solution 1%</i>	2	
<i>clotrimazole troche 10mg</i>	2	
CRESEMBA CAPSULE 186MG, 74.5MG	5	PA
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	4	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine capsule 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	
<i>itraconazole solution 10mg/ml</i>	5	
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	2	
<i>klayesta powder 100000unit/gm</i>	2	
<i>micafungin injection 100mg, 50mg</i>	4	
<i>miconazole 3 suppository 200mg</i>	4	
<i>nyamyc powder 100000unit/gm</i>	2	
<i>nystatin cream 100000unit/gm</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystatin tablet 500000unit</i>	2	
<i>nystop powder 100000unit/gm</i>	2	
ORAVIG TABLET 50MG	5	
<i>posaconazole dr tablet delayed release 100mg</i>	5	
<i>posaconazole injection 300mg/16.7ml</i>	5	
<i>posaconazole suspension 40mg/ml</i>	5	
<i>terbinafine hcl tablet 250mg</i>	2	
<i>terconazole cream 0.4%, 0.8%</i>	3	
<i>terconazole suppository 80mg</i>	3	
<i>voriconazole injection 200mg/20ml, 200mg</i>	5	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	
<i>voriconazole tablet 200mg, 50mg</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 200mg, 300mg</i>	1	
COLCHICINE CAPSULE 0.6MG	3	QL(120 EA per 30 days)
COLCHICINE TABLET 0.6MG	4	QL(120 EA per 30 days)
<i>febuxostat tablet 40mg, 80mg</i>	3	ST
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	3	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 30 days); PA
QULIPTA TABLET 10MG, 30MG, 60MG	5	QL(30 EA per 30 days); PA
UBRELVIY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
DIHYDROERGOTAMINE MESYLATE SOLUTION 4MG/ML	5	QL(24 ML per 30 days)
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	
Prophylactic		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	4	
Serotonin (5-HT) Receptor Agonist		
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(30 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(45 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(45 EA per 30 days)
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	2	QL(5 ML per 30 days)
<i>sumatriptan succinate refill injection 4mg/0.5ml</i>	2	QL(9 ML per 30 days)

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(9 ML per 30 days)
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er tablet extended release 24 hour 105mg</i>	4	
<i>pyridostigmine bromide er tablet extended release 180mg</i>	4	
<i>pyridostigmine bromide tablet 30mg, 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
Antituberculars		
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	4	
<i>isoniazid syrup 50mg/5ml</i>	4	
<i>isoniazid tablet 100mg, 300mg</i>	2	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	4	
<i>rifampin capsule 150mg, 300mg</i>	3	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	
TRECTOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	4	
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D
<i>cyclophosphamide tablet 25mg, 50mg</i>	3	B/D
<i>dacarbazine injection 100mg, 200mg</i>	2	
<i>ifosfamide injection 1gm/20ml, 1gm, 3gm/60ml, 3gm</i>	4	
KEMOPLAT INJECTION 50MG/50ML	4	
LEUKERAN TABLET 2MG	5	
<i>lomustine capsule 10mg, 40mg</i>	4	
<i>lomustine capsule 100mg</i>	5	
MATULANE CAPSULE 50MG	5	
<i>oxaliplatin injection 50mg/10ml</i>	4	
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	5	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>paraplatin injection 1000mg/100ml</i>	4	
VALCHLOR GEL 0.016%	5	PA
Antiandrogens		
ABIRATERONE ACETATE TABLET 250MG	4	QL(120 EA per 30 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(60 EA per 30 days); PA
<i>abirtega tablet 250mg</i>	4	QL(120 EA per 30 days); PA
<i>bicalutamide tablet 50mg</i>	2	
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA
ERLEADA TABLET 240MG	5	QL(30 EA per 30 days); PA
EULEXIN CAPSULE 125MG	4	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	QL(120 EA per 30 days); PA
XTANDI CAPSULE 40MG	5	QL(120 EA per 30 days); PA
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA
YONSA TABLET 125MG	5	PA
Antiangiogenic Agents		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	QL(28 EA per 28 days); PA
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	5	PA
THALOMID CAPSULE 100MG, 50MG	5	PA
THALOMID CAPSULE 150MG, 200MG	5	QL(56 EA per 28 days); PA
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	
<i>fulvestrant injection 250mg/5ml</i>	5	
INLURIYO TABLET 200MG	5	PA
ORSERDU TABLET 345MG, 86MG	5	PA
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	
TOREMIFENE CITRATE TABLET 60MG	5	
Antimetabolites		
<i>cytarabine aqueous injection 20mg/ml</i>	4	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	4	B/D
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>gemcitabine hcl injection 1gm, 200mg, 2gm</i>	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine suspension 2000mg/100ml</i>	5	
<i>mercaptopurine tablet 50mg</i>	3	
TABLOID TABLET 40MG	5	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
Antineoplastics, Other		
<i>adriamycin injection 50mg</i>	4	B/D
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA
<i>azacitidine injection 100mg</i>	5	
<i>bleomycin sulfate injection 15unit, 30unit</i>	4	B/D
<i>bortezomib injection 3.5mg/1.4ml</i>	4	
<i>bortezomib injection 3.5mg</i>	5	
<i>docetaxel injection 160mg/16ml, 20mg/ml, 80mg/4ml</i>	4	
<i>docetaxel injection 160mg/8ml, 20mg/2ml, 80mg/8ml</i>	5	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	4	B/D
<i>doxorubicin hydrochloride liposomal injection 2mg/ml</i>	5	
<i>doxorubicin hydrochloride injection 10mg</i>	4	B/D
<i>doxorubicin hydrochloride injection 2mg/ml</i>	5	
EPKINLY INJECTION 48MG/0.8ML, 4MG/0.8ML	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
<i>idarubicin hcl injection 10mg/10ml, 20mg/20ml, 5mg/5ml</i>	4	
<i>idarubicin hydrochloride injection 10mg/10ml, 20mg/20ml, 5mg/5ml</i>	4	
INREBIC CAPSULE 100MG	5	QL(120 EA per 30 days); PA
ITOVEBI TABLET 3MG, 9MG	5	PA
IWILFIN TABLET 192MG	5	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KOMZIFTI CAPSULE 200MG	5	PA
LAZCLUZE TABLET 240MG	5	PA
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	4	
<i>leucovorin calcium tablet 5mg</i>	2	
<i>leucovorin calcium tablet 10mg, 15mg</i>	3	
<i>leucovorin calcium tablet 25mg</i>	4	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA
OJEMDA TABLET 100MG	5	PA
ONUREG TABLET 200MG, 300MG	5	QL(14 EA per 28 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml, 6mg/ml</i>	4	
PROLEUKIN INJECTION 22000000UNIT	5	
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA
<i>vinblastine sulfate injection 1mg/ml</i>	4	B/D
<i>vincristine sulfate injection 1mg/ml</i>	4	B/D
<i>vinorelbine tartrate injection 10mg/ml, 50mg/5ml</i>	4	
VONJO CAPSULE 100MG	5	QL(120 EA per 30 days); PA
ZOLINZA CAPSULE 100MG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	2	QL(30 EA per 30 days)
<i>exemestane tablet 25mg</i>	3	
<i>letrozole tablet 2.5mg</i>	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<i>irinotecan hydrochloride injection 300mg/15ml</i>	4	
<i>irinotecan hydrochloride injection 100mg/5ml, 40mg/2ml</i>	5	
<i>irinotecan injection 500mg/25ml</i>	5	
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	QL(240 EA per 30 days); PA
ALUNBRIG TABLET THERAPY PACK 0	5	PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABLET 30MG	5	QL(60 EA per 30 days); PA
AUGTYRO CAPSULE 160MG, 40MG	5	PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF CAPSULE 100MG	5	QL(180 EA per 30 days); PA
BOSULIF CAPSULE 50MG	5	QL(360 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA CAPSULE 80MG	5	PA
BRUKINSA TABLET 160MG	5	PA
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA
CALQUENCE CAPSULE 100MG	5	QL(60 EA per 30 days); PA
CALQUENCE TABLET 100MG	5	QL(60 EA per 30 days); PA
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ KIT 0, 20MG	5	PA
COPIKTRA CAPSULE 15MG, 25MG	5	QL(60 EA per 30 days); PA
COTELLIC TABLET 20MG	5	PA
DANZITEN TABLET 71MG, 95MG	5	PA
<i>dasatinib tablet 100mg, 140mg, 50mg, 80mg</i>	5	QL(30 EA per 30 days); PA
<i>dasatinib tablet 20mg, 70mg</i>	5	QL(60 EA per 30 days); PA
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA
ENSACOVE CAPSULE 100MG, 25MG	5	PA
ERIVEDGE CAPSULE 150MG	5	QL(30 EA per 30 days); PA
ERLOTINIB HYDROCHLORIDE TABLET 100MG, 150MG	5	PA
<i>erlotinib hydrochloride tablet 25mg</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY CAPSULE 40MG	5	QL(120 EA per 30 days); PA
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG, 5MG	5	PA
GAVRETO CAPSULE 100MG	5	QL(120 EA per 30 days); PA
<i>gefitinib tablet 250mg</i>	5	PA
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA
GOMEKLI CAPSULE 1MG, 2MG	5	PA
GOMEKLI TABLET SOLUBLE 1MG	5	PA
HERNEXEOS TABLET 60MG	5	PA
HYRNUO TABLET 10MG	5	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
IBTROZI CAPSULE 200MG	5	PA
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA
IMBRUVICA SUSPENSION 70MG/ML	5	QL(324 ML per 30 days); PA
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL(30 EA per 30 days); PA
IMKELDI SOLUTION 80MG/ML	5	PA
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA
INQOVI TABLET 100MG; 35MG	5	QL(5 EA per 28 days); PA
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); PA
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	QL(60 EA per 30 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
JAYPIRCA TABLET 100MG, 50MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA
KOSELUGO CAPSULE 10MG, 25MG	5	PA
KRAZATI TABLET 200MG	5	PA
<i>lapatinib ditosylate tablet 250mg</i>	5	QL(180 EA per 30 days); PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LIFYORLI CAPSULE THERAPY PACK 0	5	PA
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA
LYNPARZA TABLET 100MG, 150MG	5	QL(120 EA per 30 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA
MEKTOVI TABLET 15MG	5	QL(180 EA per 30 days); PA
NERLYNX TABLET 40MG	5	PA
<i>nilotinib d-tartrate capsule 150mg, 200mg, 50mg</i>	5	QL(112 EA per 28 days); PA
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	5	QL(112 EA per 28 days); PA
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL(120 EA per 30 days); PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	QL(3 EA per 28 days); PA
ODOMZO CAPSULE 200MG	5	QL(30 EA per 30 days); PA
OJJAARA TABLET 100MG, 150MG, 200MG	5	PA
<i>pazopanib hydrochloride tablet 400mg</i>	5	PA
<i>pazopanib hydrochloride tablet 200mg</i>	5	QL(120 EA per 30 days); PA
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA
QINLOCK TABLET 50MG	5	QL(90 EA per 30 days); PA
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA
RETEVMO TABLET 120MG, 160MG	5	PA
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA
REZLIDHIA CAPSULE 150MG	5	PA
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA
ROZLYTREK CAPSULE 100MG	5	QL(180 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
ROZLYTREK PACKET 50MG	5	PA
RUBRACA TABLET 200MG, 250MG, 300MG	5	QL(120 EA per 30 days); PA
RYDAPT CAPSULE 25MG	5	PA
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(600 EA per 30 days); PA
<i>sorafenib tosylate tablet 200mg</i>	5	QL(120 EA per 30 days); PA
<i>sorafenib tablet 200mg</i>	5	QL(120 EA per 30 days); PA
STIVARGA TABLET 40MG	5	QL(84 EA per 28 days); PA
SUNITINIB MALATE CAPSULE 12.5MG, 25MG, 37.5MG, 50MG	5	QL(30 EA per 30 days); PA
TABRECTA TABLET 150MG, 200MG	5	PA
TAFINLAR CAPSULE 50MG, 75MG	5	QL(120 EA per 30 days); PA
TAFINLAR TABLET SOLUBLE 10MG	5	PA
TAGRISSE TABLET 40MG, 80MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA
TAZVERIK TABLET 200MG	5	PA
TEPMETKO TABLET 225MG	5	PA
TIBSOVO TABLET 250MG	5	PA
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA
TRUQAP TABLET 160MG, 200MG	5	PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
TURALIO CAPSULE 125MG	5	QL(120 EA per 30 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA
VENCLEXTA TABLET 10MG	4	QL(60 EA per 30 days); PA
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	QL(60 EA per 30 days); PA
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION 20MG/ML	5	PA
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 50MG	5	QL(120 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(180 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 20MG	5	QL(240 EA per 30 days); PA
XALKORI CAPSULE 200MG, 250MG	5	QL(60 EA per 30 days); PA
XOSPATA TABLET 40MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA
YULITHIRA TABLET 10MG, 2.5MG, 5MG, 7.5MG	4	PA
ZEJULA TABLET 100MG, 200MG, 300MG	5	PA
ZELBORAF TABLET 240MG	5	QL(240 EA per 30 days); PA
ZYDELIG TABLET 100MG, 150MG	5	QL(60 EA per 30 days); PA
ZYKADIA TABLET 150MG	5	QL(90 EA per 30 days); PA
Monoclonal Antibodies/Antibody-Drug Conjugates		
LOQTORZI INJECTION 240MG/6ML	5	PA
Retinoids		
BEXAROTENE CAPSULE 75MG	5	PA
<i>bexarotene gel 1%</i>	5	PA
PANRETIN GEL 0.1%	5	
TRETINOIN CAPSULE 10MG	5	
Treatment Adjuncts		
<i>mesna tablet 400mg</i>	5	
VORANIGO TABLET 40MG	5	PA
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg, 6mg</i>	3	PA
<i>praziquantel tablet 600mg</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
Antiprotozoals		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	
<i>chloroquine phosphate tablet 250mg, 500mg</i>	4	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hydrochloride tablet 250mg</i>	2	
<i>nitazoxanide tablet 500mg</i>	5	
<i>pentamidine isethionate injection 300mg</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	4	B/D
<i>primaquine phosphate tablet 26.3mg</i>	4	
<i>pyrimethamine tablet 25mg</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	4	
<i>entacapone tablet 200mg</i>	3	
Dopamine Agonists		
<i>apomorphine hydrochloride injection 30mg/3ml</i>	5	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 2mg</i>	3	
<i>ropinirole er tablet extended release 24 hour 12mg, 4mg, 6mg, 8mg</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	2	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
1st Generation/Typical		
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE 100MG/ML, 30MG/ML	4	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	4	
<i>haloperidol lactate injection 5mg/ml</i>	4	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	2	
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	2	
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	4	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	4	
<i>pimozide tablet 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	QL(1 EA per 28 days)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG	5	
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>aripiprazole tablet 30mg</i>	3	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	4	QL(16 EA per 365 days)
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL(24 EA per 365 days)
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL(16 EA per 365 days)
BYSANTI TABLET 1MG	5	QL(180 EA per 30 days)
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	PA
FANAPT TITRATION PACK A TABLET 0	4	
FANAPT TITRATION PACK B TABLET 0	4	
FANAPT TITRATION PACK C TABLET 0	4	
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	PA
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	PA
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg, 80mg</i>	4	
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	
NUPLAZID CAPSULE 34MG	5	QL(30 EA per 30 days); PA
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	4	
<i>olanzapine injection 10mg</i>	4	
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 6mg, 9mg</i>	4	
PERSERIS INJECTION 120MG, 90MG	5	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 300mg, 400mg, 50mg</i>	2	
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	
<i>risperidone solution 1mg/ml</i>	3	
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	5	
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	
<i>ziprasidone mesylate injection 20mg</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 150mg, 200mg, 25mg</i>	4	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ SUSPENSION 50MG/ML	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	2	
<i>baclofen tablet 15mg</i>	4	
<i>dantrolene sodium capsule 100mg, 25mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg, 4mg, 8mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY TABLET 200MG	5	
PREVYMIS PACKET 120MG, 20MG	5	
PREVYMIS TABLET 240MG, 480MG	5	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
VALGANCICLOVIR HYDROCHLORIDE SOLUTION RECONSTITUTED 50MG/ML	5	
<i>valganciclovir tablet 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	5	
ENTECAVIR TABLET 0.5MG, 1MG	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY TABLET 25MG	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	5	PA
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	5	QL(28 EA per 28 days); PA
HARVONI PACKET 33.75MG; 150MG, 45MG; 200MG	5	PA
HARVONI TABLET 45MG; 200MG, 90MG; 400MG	5	PA
MAVYRET PACKET 50MG; 20MG	5	PA
MAVYRET TABLET 100MG; 40MG	5	QL(84 EA per 28 days); PA
<i>ribavirin capsule 200mg</i>	3	
<i>ribavirin tablet 200mg</i>	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(28 EA per 28 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	
ISENTRESS HD TABLET 600MG	5	
ISENTRESS PACKET 100MG	5	
ISENTRESS TABLET CHEWABLE 25MG	4	
ISENTRESS TABLET CHEWABLE 100MG	5	
ISENTRESS TABLET 400MG	5	
JULUCA TABLET 50MG; 25MG	5	
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	
TIVICAY PD TABLET SOLUBLE 5MG	5	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA TABLET 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	
EDURANT PED TABLET SOLUBLE 2.5MG	5	QL(180 EA per 30 days)
EDURANT TABLET 25MG	5	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	
<i>efavirenz capsule 200mg, 50mg</i>	4	
<i>efavirenz tablet 600mg</i>	4	
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	
<i>etravirine tablet 100mg, 200mg</i>	5	
IDVYNZO TABLET 100MG; 0.25MG	5	QL(30 EA per 30 days)
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
<i>nevirapine suspension 50mg/5ml</i>	4	
<i>nevirapine tablet 200mg</i>	3	
PIFELTRO TABLET 100MG	5	
<i>rilpivirine hydrochloride tablet 25mg</i>	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	
<i>abacavir solution 20mg/ml</i>	4	
<i>abacavir tablet 300mg</i>	4	
CIMDUO TABLET 300MG; 300MG	5	
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	
<i>emtricitabine capsule 200mg</i>	4	
EMTRIVA SOLUTION 10MG/ML	4	
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY TABLET 200MG; 25MG; 25MG	5	
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	
VIREAD POWDER 40MG/GM	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine capsule 100mg</i>	3	
<i>zidovudine syrup 50mg/5ml</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>zidovudine tablet 300mg</i>	3	
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 150mg, 300mg</i>	5	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG X 5 TABLETS	5	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG X 4 TABLETS	5	QL(8 EA per 365 days)
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days)
TYBOST TABLET 150MG	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>atazanavir capsule 150mg, 200mg</i>	4	
<i>darunavir tablet 600mg</i>	4	
<i>darunavir tablet 800mg</i>	5	
EVOTAZ TABLET 300MG; 150MG	5	
<i>fosamprenavir calcium tablet 700mg</i>	5	
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	
LEXIVA SUSPENSION 50MG/ML	4	
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	
NORVIR PACKET 100MG	4	
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	
PREZISTA SUSPENSION 100MG/ML	5	
PREZISTA TABLET 75MG	4	
PREZISTA TABLET 150MG	5	
REYATAZ PACKET 50MG	5	
<i>ritonavir tablet 100mg</i>	3	
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	
VIRACEPT TABLET 250MG, 625MG	5	
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	3	
<i>amantadine hcl solution 50mg/5ml</i>	3	
<i>amantadine hcl tablet 100mg</i>	3	
<i>amantadine hydrochloride tablet 100mg</i>	3	
<i>oseltamivir phosphate capsule 30mg, 45mg, 75mg</i>	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	4	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	4	
<i>rimantadine hydrochloride tablet 100mg</i>	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	3	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet 125mg</i>	2	
<i>famciclovir tablet 250mg, 500mg</i>	3	
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	2	
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK (300MG-100MG DAY 1; 150MG-100MG DAYS 2-5)	3	QL(11 EA per 5 days)
PAXLOVID TABLET THERAPY PACK (150MG-100MG)	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK (300MG-100MG)	3	QL(30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	2	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg, 2mg</i>	2	
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	4	
<i>diazepam concentrate 5mg/ml</i>	4	
<i>diazepam solution 5mg/5ml</i>	4	
<i>diazepam tablet 10mg, 2mg, 5mg</i>	2	QL(120 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	2	
<i>lorazepam tablet 0.5mg, 1mg, 2mg</i>	2	
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	
<i>lithium carbonate tablet 300mg</i>	2	
<i>lithium solution 8meq/5ml</i>	3	
Blood Glucose Regulators		
Antidiabetic Agents		

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>acarbose tablet 25mg, 50mg</i>	1	
<i>acarbose tablet 100mg</i>	2	
BYDUREON BCISE INJECTION 2MG/0.85ML	4	QL(4 ML per 28 days); PA
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(240 EA per 30 days)
<i>glipizide tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL(240 EA per 30 days)
<i>glyburide micronized tablet 1.5mg</i>	2	QL(60 EA per 30 days); PA
<i>glyburide micronized tablet 3mg, 6mg</i>	3	QL(60 EA per 30 days); PA
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	2	PA
<i>glyburide tablet 5mg</i>	2	QL(120 EA per 30 days); PA
<i>glyburide tablet 1.25mg, 2.5mg</i>	2	QL(60 EA per 30 days); PA
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(60 EA per 30 days)
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	QL(60 EA per 30 days)
<i>liraglutide injection 6mg/ml</i>	3	QL(9 ML per 30 days); PA
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 750mg</i>	5	PA
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg, 60mg</i>	2	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC TABLET 4MG, 9MG	3	QL(30 EA per 30 days); PA
OZEMPIC TABLET 1.5MG	3	QL(60 EA per 365 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	3	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	2	
RYBELSUS TABLET 14MG, 3MG, 7MG	3	QL(30 EA per 30 days); PA
<i>saxagliptin hydrochloride tablet 2.5mg, 5mg</i>	4	QL(30 EA per 30 days); ST
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL(90 ML per 30 days)
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	QL(6 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(120 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(30 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>dextrose 30% injection 30%</i>	4	
<i>diazoxide suspension 50mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION 1MG	4	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GLUCAGON EMERGENCY KIT INJECTION 1MG	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
GVOKE HYOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	
FIASP PENFILL INJECTION 100UNIT/ML	3	
FIASP INJECTION 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
<i>insulin aspart flexpen injection 100unit/ml</i>	3	
<i>insulin aspart penfill injection 100unit/ml</i>	3	
<i>insulin aspart injection 100unit/ml</i>	3	
INSULIN LISPRO INJECTION 100UNIT/ML	3	vial
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	4	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL(84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(140 EA per 28 days)
ELIQUIS TABLET SOLUBLE PACK 3 X 0.5 MG (1.5 MG)	3	QL(420 EA per 28 days)
ELIQUIS TABLET SOLUBLE PACK 4 X 0.5 MG (2 MG)	3	QL(560 EA per 28 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
FONDAPARINUX SODIUM INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
FRAGMIN INJECTION 10000UNIT/4ML	4	
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	4	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>rivaroxaban suspension reconstituted 1mg/ml</i>	3	
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	
XARELTO TABLET 10MG, 15MG, 2.5MG, 20MG	3	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	5	PA
<i>eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg</i>	5	PA
FULPHILA INJECTION 6MG/0.6ML	5	
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	5	
NIVESTYM INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	
UDENYCA INJECTION 6MG/0.6ML	5	
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	3	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	3	
<i>cilostazol tablet 100mg, 50mg</i>	2	
<i>clopidogrel tablet 300mg, 75mg</i>	2	
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	3	
<i>ticagrelor tablet 60mg, 90mg</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	4	
<i>droxidopa capsule 100mg</i>	4	PA
<i>droxidopa capsule 200mg, 300mg</i>	5	PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>methyldopa tablet 250mg, 500mg</i>	2	
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	3	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	2	
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	1	
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	1	
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	2	
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	2	
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	2	
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	2	
<i>digoxin tablet 250mcg</i>	2	PA
<i>digoxin tablet 125mcg</i>	2	QL(30 EA per 30 days)
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	3	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	2	
<i>mexiletine hydrochloride capsule 150mg, 200mg, 250mg</i>	4	
MULTAQ TABLET 400MG	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 100MG, 400MG	2	
<i>propafenone hcl tablet 150mg</i>	2	
<i>propafenone hcl tablet 225mg</i>	3	
<i>propafenone hcl tablet 300mg</i>	4	
<i>propafenone hydrochloride tablet 150mg</i>	2	
<i>propafenone hydrochloride tablet 225mg</i>	3	
<i>propafenone hydrochloride tablet 300mg</i>	4	
<i>quinidine sulfate tablet 200mg, 300mg</i>	4	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tablet 80mg</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	2	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	2	
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL(60 EA per 30 days)
<i>nebivolol hydrochloride tablet 10mg, 2.5mg</i>	3	QL(30 EA per 30 days)
<i>pindolol tablet 10mg, 5mg</i>	3	
<i>propranolol hcl solution 40mg/5ml</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 60mg, 80mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 160mg</i>	3	
<i>propranolol hydrochloride solution 20mg/5ml</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	
<i>nicardipine hcl capsule 20mg, 30mg</i>	4	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	2	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	360mg
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	120mg, 180mg, 240mg, 420mg
<i>diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg</i>	2	240mg, 300mg, 360mg, 420mg

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg, 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	120mg, 180mg, 240mg, 300mg, 360mg
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	4	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	4	
<i>verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	4	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	4	
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren tablet 150mg, 300mg</i>	4	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	3	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	2	
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	2	
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	2	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	QL(240 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	1	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	4	
IVABRADINE HYDROCHLORIDE TABLET 5MG, 7.5MG	4	
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	2	
<i>metyrosine capsule 250mg</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	4	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	2	
<i>pentoxifylline er tablet extended release 400mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	2	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	3	QL(60 EA per 30 days)
<i>ranolazine er tablet extended release 12 hour 500mg</i>	3	QL(90 EA per 30 days)
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	3	QL(60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	4	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	4	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	4	
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	2	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	2	
<i>triamterene capsule 100mg, 50mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tablet 1.25mg, 2.5mg</i>	1	
<i>metolazone tablet 2.5mg, 5mg</i>	2	
<i>metolazone tablet 10mg</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate capsule 134mg, 43mg</i>	2	
<i>fenofibrate capsule 130mg</i>	3	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 45mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	
<i>fenofibric acid tablet 35mg</i>	2	
FIBRICOR TABLET 35MG	2	
<i>gemfibrozil tablet 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	4	
<i>fluvastatin capsule 20mg, 40mg</i>	4	
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
Dyslipidemics, Other		

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light packet 4gm</i>	3	
<i>cholestyramine light powder 4gm/dose</i>	2	
<i>cholestyramine packet 4gm</i>	3	
<i>cholestyramine powder 4gm/dose</i>	2	
<i>colesevelam hydrochloride packet 3.75gm</i>	3	
<i>colesevelam hydrochloride tablet 625mg</i>	3	
<i>colestipol hydrochloride granules 5gm</i>	2	
<i>colestipol hydrochloride tablet 1gm</i>	3	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	2	QL(30 EA per 30 days)
<i>ezetimibe tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	4	
NEXLETOL TABLET 180MG	4	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	4	QL(30 EA per 30 days); PA
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	4	
<i>niacin tablet 500mg</i>	4	
NIACOR TABLET 500MG	4	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	4	
<i>prevalite packet 4gm</i>	3	
<i>prevalite powder 4gm/dose</i>	2	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	PA
REPATHA SURECLICK INJECTION 140MG/ML	3	PA
REPATHA INJECTION 140MG/ML	3	PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tablet 25mg, 50mg</i>	3	
KERENDIA TABLET 10MG, 20MG	4	PA
KERENDIA TABLET 40MG	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin tablet 10mg, 5mg</i>	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(60 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 30mg, 5mg</i>	2	
<i>isosorbide dinitrate tablet 20mg</i>	3	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	2	
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABLET 10MG, 2.5MG, 5MG	4	PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet 10mg, 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL(90 EA per 30 days); Tablet 10mg
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg</i>	2	QL(90 EA per 30 days); Tablet 12.5mg
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg</i>	2	QL(90 EA per 30 days); Tablet 15mg
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	QL(90 EA per 30 days); Tablet 20mg
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(90 EA per 30 days); Tablet 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg</i>	2	QL(90 EA per 30 days); Tablet 5mg
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg</i>	2	QL(90 EA per 30 days); Tablet 7.5mg
<i>dextroamphetamine sulfate tablet 10mg</i>	2	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	3	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg</i>	3	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	3	QL(60 EA per 30 days)

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>atomoxetine capsule 80mg</i>	4	QL(30 EA per 30 days)
<i>clonidine hydrochloride er tablet extended release 12 hour 0.1mg</i>	4	
<i>dexmethylphenidate hcl tablet 5mg</i>	2	
<i>dexmethylphenidate hcl tablet 10mg</i>	3	
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	4	
<i>methylphenidate hydrochloride solution 10mg/5ml, 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABLET 12MG, 6MG, 9MG	5	PA
<i>butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg, 325mg; 50mg; 40mg</i>	3	
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine capsule 325mg; 50mg; 40mg</i>	3	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG, 60MG, 80MG	5	PA
INGREZZA CAPSULE THERAPY PACK 0	5	PA
INGREZZA CAPSULE 40MG, 60MG, 80MG	5	PA
NUDEXTA CAPSULE 20MG; 10MG	5	PA
<i>riluzole tablet 50mg</i>	4	
TETRABENAZINE TABLET 12.5MG	4	QL(240 EA per 30 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(120 EA per 30 days); PA
VEOZAH TABLET 45MG	4	ST
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	5	PA
AVONEX INJECTION 30MCG/0.5ML	5	PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	4	PA
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	4	PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>fingolimod hydrochloride capsule 0.5mg</i>	5	PA
<i>glatiramer acetate injection 20mg/ml, 40mg/ml</i>	5	
<i>glatopa injection 20mg/ml, 40mg/ml</i>	5	
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG X 7 TABLETS	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG X 12 TABLETS	5	PA
MAYZENT TABLET 0.25MG, 1MG, 2MG	5	PA
PLEGRIDY STARTER PACK INJECTION 0	5	
PLEGRIDY INJECTION 125MCG/0.5ML	5	
<i>teriflunomide tablet 14mg, 7mg</i>	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride capsule 30mg</i>	4	
<i>chlorhexidine gluconate solution 0.12%</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>kourzeq paste 0.1%</i>	2	
<i>lidocaine hcl solution 4%</i>	2	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>oralone dental paste paste 0.1%</i>	2	
<i>periogard solution 0.12%</i>	2	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	4	
ACITRETIN CAPSULE 10MG, 17.5MG, 25MG	4	
<i>adapalene gel 0.1%</i>	3	
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
CLARAVIS CAPSULE 10MG, 20MG, 30MG, 40MG	4	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin capsule 25mg, 35mg</i>	5	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	4	
<i>tazarotene cream 0.05%, 0.1%</i>	4	
<i>tazarotene gel 0.05%, 0.1%</i>	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>Dermatitis and Pruritus Agents</i>		
<i>ala-cort cream 1%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>ammonium lactate cream 12%</i>	2	
<i>ammonium lactate lotion 12%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	2	
<i>clobetasol propionate e cream 0.05%</i>	2	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate ointment 0.05%</i>	4	
<i>clobetasol propionate shampoo 0.05%</i>	4	
<i>clobetasol propionate solution 0.05%</i>	2	
<i>clodan shampoo 0.05%</i>	4	
<i>desoximetasone cream 0.05%</i>	4	
<i>desoximetasone cream 0.25%</i>	4	QL(100 GM per 30 days)
<i>EUCRISA OINTMENT 2%</i>	4	
<i>fluocinolone acetonide body oil 0.01%</i>	4	
<i>fluocinolone acetonide scalp oil 0.01%</i>	4	
<i>fluocinolone acetonide topical oil 0.01%</i>	4	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	4	
<i>fluocinonide emulsified base cream 0.05%</i>	3	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide ointment 0.05%</i>	2	
<i>fluocinonide solution 0.05%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	3	
<i>hydrocortisone butyrate (lipid) cream 0.1%</i>	2	
<i>hydrocortisone butyrate (lipophilic) cream 0.1%</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>hydrocortisone butyrate ointment 0.1%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	4	
<i>hydrocortisone valerate ointment 0.2%</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus cream 1%</i>	4	
<i>selenium sulfide lotion 2.5%</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)
<i>calcitriol ointment 3mcg/gm</i>	4	
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	
<i>clotrimazole/betamethasone dipropionate lotion 0.05%; 1%</i>	4	
DICLOFENAC SODIUM GEL 3%	4	QL(300 GM per 30 days); PA
EPIFOAM FOAM 1%; 1%	4	
<i>fluorouracil cream 0.5%</i>	4	
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	4	
<i>imiquimod cream 5%</i>	2	
METHOXSALEN CAPSULE 10MG	5	
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	4	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	4	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	4	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	4	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution 0.5%</i>	4	
REGRANEX GEL 0.01%	5	PA
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>ssd cream 1%</i>	2	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	
<i>ciclodan solution 8%</i>	2	
<i>ciclopirox nail lacquer solution 8%</i>	2	
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	4	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate (once-daily) gel 1%</i>	3	
<i>clindamycin phosphate (twice-daily) gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin cream 2%</i>	4	
<i>mupirocin ointment 2%</i>	2	
<i>penciclovir cream 1%</i>	4	
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
CARGLUMIC ACID TABLET SOLUBLE 200MG	5	
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	4	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJECTION 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
CLINIMIX E 5%/DEXTROSE 15% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX E 5%/DEXTROSE 20% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX E 8/10 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
<i>dextrose 10%/sodium chloride 0.2% injection 10%; 0.2%</i>	4	
<i>dextrose 10%/sodium chloride 0.45% injection 10%; 0.45%</i>	4	
<i>dextrose 10% injection 10%</i>	4	
<i>dextrose 2.5%/sodium chloride 0.45% injection 2.5%; 0.45%</i>	4	
<i>dextrose 25% injection 250mg/ml</i>	4	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>dextrose 5%/sodium chloride 0.2% injection 5%; 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	4	
<i>dextrose 5%/sodium chloride 0.33% injection 5%; 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	4	
<i>dextrose 5% injection 5%</i>	4	
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	4	
<i>dextrose injection 20%, 40%</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>ionosol-mb/dextrose 5% injection 22meq/l; 5%; 23meq/l; 3meq/l; 3mmole/l; 20meq/l; 25meq/l</i>	4	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	2	
NORMOSOL -R INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
NORMOSOL-M/D5W INJECTION 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	4	
NORMOSOL-R INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE 148 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>plenamine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	4	B/D
<i>potassium chloride cr tablet extended release 10meq</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>potassium chloride er capsule extended release 10meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	4	
<i>potassium chloride oral solution 10%</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	3	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
<i>sodium chloride 0.45% injection 0.45%</i>	2	
<i>sodium chloride injection 0.45%, 0.9%, 3%, 5%</i>	2	
<i>sodium chloride injection 2.5meq/ml, 4meq/ml</i>	4	
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

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	3	PA
<i>deferasirox tablet 360mg, 90mg</i>	4	PA
<i>deferiprone tablet 1000mg, 500mg</i>	5	PA
JYNARQUE TABLET 15MG, 30MG	5	QL(120 EA per 30 days); PA
<i>penicillamine tablet 250mg</i>	5	
<i>tolvaptan tablet 15mg, 30mg</i>	5	QL(120 EA per 30 days); PA
TRIENTINE HYDROCHLORIDE CAPSULE 250MG, 500MG	5	
Phosphate Binders		
AURYXIA TABLET 210MG	5	PA
<i>calcium acetate tablet 667mg</i>	3	
<i>ferric citrate tablet 210mg</i>	5	PA
<i>sevelamer carbonate tablet 800mg</i>	3	
VELPHORO TABLET CHEWABLE 500MG	5	
Potassium Binders		
<i>kionex suspension 15gm/60ml</i>	4	
LOKELMA PACKET 10GM, 5GM	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	2	
<i>sps suspension 15gm/60ml</i>	2	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	3	QL(180 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	3	QL(60 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	3	QL(30 EA per 30 days)

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
RELISTOR INJECTION 12MG/0.6ML, 8MG/0.4ML	5	PA
RELISTOR TABLET 150MG	5	PA
TRULANCE TABLET 3MG	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	
<i>alosetron hydrochloride tablet 1mg</i>	5	
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	2	
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	4	
<i>loperamide hydrochloride capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride injection 10mg/ml</i>	4	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	4	
Gastrointestinal Agents, Other		
CTEXLI TABLET 250MG	5	PA
GATTEX INJECTION 5MG	5	PA
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
URSODIOL CAPSULE 300MG	3	
<i>ursodiol tablet 250mg, 500mg</i>	4	
VOQUEZNA TABLET 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPSULE 0	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hydrochloride solution 300mg/5ml</i>	3	
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	3	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine capsule 150mg, 300mg</i>	3	
Protectants		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<i>sucralfate suspension 1gm/10ml</i>	4	
<i>sucralfate tablet 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL(30 EA per 30 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(30 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(90 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(90 EA per 30 days)
<i>omeprazole capsule delayed release 40mg</i>	1	QL(30 EA per 30 days)
<i>omeprazole capsule delayed release 20mg</i>	1	QL(90 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL(30 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL(90 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	2	QL(30 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INJECTION 500MG	5	PA
<i>betaine anhydrous powder 0</i>	5	
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
<i>dichlorphenamide tablet 50mg</i>	5	
L-GLUTAMINE PACKET 5GM	5	PA
MIGLUSTAT CAPSULE 100MG	5	PA
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
WELIREG TABLET 40MG	5	PA
YARGESA CAPSULE 100MG	5	PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>zelvysia packet 100mg, 500mg</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	3	QL(30 EA per 30 days)
GEMTESA TABLET 75MG	4	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 2.5mg, 5mg</i>	2	
<i>solifenacin succinate tablet 10mg, 5mg</i>	4	QL(30 EA per 30 days)
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	3	QL(30 EA per 30 days)
<i>tolterodine tartrate tablet 1mg, 2mg</i>	3	QL(60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	2	
<i>finasteride tablet 5mg</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride tablet 10mg, 5mg</i>	2	
<i>bethanechol chloride tablet 25mg</i>	3	
<i>bethanechol chloride tablet 50mg</i>	4	
ELMIRON CAPSULE 100MG	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tablet 25mg</i>	5	
<i>dexamethasone intensol concentrate 1mg/ml</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>dexamethasone sodium phosphate +rfid injection 4mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elixir 0.5mg/5ml</i>	4	
<i>dexamethasone solution 0.5mg/5ml</i>	4	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone sodium succinate injection 1000mg, 125mg, 500mg</i>	2	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	2	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone intensol concentrate 5mg/ml</i>	4	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	3	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	
INCRELEX INJECTION 40MG/4ML	5	PA
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	5	
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate injection 200mg/ml</i>	3	
<i>testosterone pump gel 1%, 1.62%</i>	4	
<i>testosterone gel 1.62%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	
<i>testosterone solution 30mg/act</i>	4	
Estrogens		

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>abigale lo tablet 0.5mg; 0.1mg</i>	4	
<i>abigale tablet 1mg; 0.5mg</i>	4	
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>amethia tablet 0; 0</i>	3	
<i>apri tablet 0.15mg; 30mcg</i>	3	
<i>aranelle tablet 0; 0</i>	3	
<i>ashlyna tablet 0; 0</i>	3	
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aviane tablet 20mcg; 0.1mg</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	4	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	4	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	4	
<i>cryselle tablet 30mcg; 0.3mg</i>	4	
<i>cyred eq tablet 0.15mg; 30mcg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale tablet 20mcg; 90mcg</i>	4	
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	3	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tablet 0; 0</i>	3	
<i>enskyce tablet 0.15mg; 0.03mg</i>	3	
<i>estradiol valerate injection 20mg/ml, 40mg/ml</i>	4	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	3	
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	3	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	1	
<i>estradiol vaginal tablet 10mcg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>fyavolv tablet 5mcg; 1mg</i>	3	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	4	
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	3	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tablet 0.03mg; 0.15mg</i>	3	
<i>introvale tablet 0.03mg; 0.15mg</i>	3	
<i>isibloom tablet 0.15mg; 30mcg</i>	3	
<i>jaimiess tablet 0; 0</i>	4	
<i>jasmiel tablet 3mg; 0.02mg</i>	3	
<i>jinteli tablet 5mcg; 1mg</i>	3	
<i>juleber tablet 0.15mg; 30mcg</i>	3	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	3	
<i>kariva tablet 0; 0</i>	3	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	4	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	4	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>lessina tablet 20mcg; 0.1mg</i>	3	
<i>levonest tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate tablet 0.02mg; 36.5mg; 0.1mg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	
<i>lojaimiess tablet 0; 0</i>	4	
<i>loryna tablet 3mg; 0.02mg</i>	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>low-ogestrel tablet 30mcg; 0.3mg</i>	4	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	4	
<i>luteria tablet 20mcg; 0.1mg</i>	3	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	3	
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	3	
<i>mimvey tablet 1mg; 0.5mg</i>	4	
<i>minzoya tablet 0.02mg; 36.5mg; 0.1mg</i>	4	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	4	
<i>nikki tablet 3mg; 0.02mg</i>	3	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 5mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	4	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	4	
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	4	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 35mcg; 0</i>	2	
<i>ocella tablet 3mg; 0.03mg</i>	4	
<i>pimtrea tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>reclipsen tablet 0.15mg; 0.03mg</i>	3	
<i>rosyrah tablet 0; 0</i>	4	
<i>setlakin tablet 0.03mg; 0.15mg</i>	3	
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>syeda tablet 3mg; 0.03mg</i>	3	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	4	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>taysofy capsule 20mcg; 75mg; 1mg</i>	2	
<i>tilia fe tablet 0; 75mg; 1mg</i>	4	
<i>tri-legest fe tablet 0; 75mg; 1mg</i>	4	
<i>tri-lo-estarylla tablet 0; 0</i>	3	
<i>tri-lo-sprintec tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	
<i>tri-nymyo tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra lo tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>trivora-28 tablet 0; 0</i>	3	
<i>turqoz tablet 30mcg; 0.3mg</i>	4	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	4	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	4	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	4	
<i>velivet tablet 0; 0</i>	3	
<i>vestura tablet 3mg; 0.02mg</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>viorele tablet 0; 0</i>	4	
<i>vyfemla tablet 35mcg; 0.4mg</i>	4	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	
<i>xarah fe tablet 0; 75mg; 1mg</i>	4	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	4	
<i>yuvaferm tablet 10mcg</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	4	
Progestins		
<i>camila tablet 0.35mg</i>	4	
<i>deblitane tablet 0.35mg</i>	4	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	
<i>errin tablet 0.35mg</i>	4	
<i>gallifrey tablet 5mg</i>	2	
<i>heather tablet 0.35mg</i>	4	
<i>incassia tablet 0.35mg</i>	4	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>lyleq tablet 0.35mg</i>	4	
<i>lyza tablet 0.35mg</i>	4	
<i>medroxyprogesterone acetate injection 150mg/ml (vial)</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml (syringe)</i>	4	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	2	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate tablet 20mg, 40mg</i>	3	
<i>meleya tablet 0.35mg</i>	4	
NEXPLANON INJECTION 68MG	3	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	1	
ORQUIDEA TABLET 0.35MG	4	
<i>progesterone capsule 100mg, 200mg</i>	2	
<i>sharobel tablet 0.35mg</i>	4	
Selective Estrogen Receptor Modifying Agents		
DUAVEE TABLET 20MG; 0.45MG	4	
<i>raloxifene hydrochloride tablet 60mg</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>levothyroxine sodium injection 100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>	5	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOXYL TABLET 125MCG, 88MCG	2	
LEVOXYL TABLET 100MCG, 112MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG	3	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	2	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
<i>unithroid tablet 100mcg, 150mcg</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>unithroid tablet 112mcg, 125mcg, 137mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
CAMCEVI INJECTION 42MG	4	
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	4	
FIRMAGON INJECTION 80MG	4	PA
FIRMAGON INJECTION 120MG/VIAL	5	PA
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA
LEUPROLIDE ACETATE INJECTION 22.5MG	4	
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	5	
MIFEPRISTONE TABLET 300MG	5	PA
OCTREOTIDE ACETATE INJECTION 500MCG/ML	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate injection 1000mcg/ml, 20mg, 30mg</i>	5	
ORGOVYX TABLET 120MG	5	PA
SIGNIFOR LAR INJECTION 10MG, 20MG, 30MG, 40MG, 60MG	5	QL(1 EA per 28 days); PA
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
SYNAREL SOLUTION 2MG/ML	5	
TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG, 3.75MG	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet 50mg</i>	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
Immunological Agents		
Angioedema Agents		
CINRYZE INJECTION 500UNIT	5	PA
icatibant acetate injection 30mg/3ml	5	PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML	5	PA
GAMMAGARD LIQUID ERC INJECTION 10GM/100ML, 5GM/50ML	5	PA
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA
GAMMAKED INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	PA
GAMMAPLEX INJECTION 20GM/400ML, 5GM/100ML	5	PA
GAMUNEX-C INJECTION 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	5	
Immunological Agents, Other		
ACTEMRA ACTPEN INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST INJECTION 220MG	5	
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	PA
COSENTYX INJECTION 125MG/5ML, 150MG/ML, 75MG/0.5ML	5	PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KINERET INJECTION 100MG/0.67ML	5	PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 10MG-20MG-30MG	5	PA
OTEZLA TABLET THERAPY PACK 10MG-20MG	5	QL(110 EA per 365 days); PA
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
SKYRIZI PEN INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 45MG/0.5ML	3	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS CAPSULE 10MG	5	PA
<i>ustekinumab injection 130mg/26ml</i>	5	QL(104 ML per 365 days); PA
<i>ustekinumab injection 45mg/0.5ml, 90mg/ml</i>	5	QL(3 ML per 84 days); PA
WEZLANA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG, 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	
BESREMI INJECTION 500MCG/ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
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 INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
<i>adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml</i>	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

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

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA 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 SOLUTION 2MG/ML	4	
<i>leflunomide tablet 10mg, 20mg</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tablet 500mg</i>	3	B/D
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	B/D
MYHIBBIN SUSPENSION 200MG/ML	5	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET 0.2MG, 1MG	4	B/D
REZUROCK TABLET 200MG	5	QL(30 EA per 30 days); PA
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	3	
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	
BCG VACCINE INJECTION 50MG	4	
BEXSERO INJECTION 0.5ML	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0.5ML	4	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	4	
IXCHIQ INJECTION 0	3	
IXIARO INJECTION 0	4	
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	4	
MENACTRA INJECTION 0	3	
MENQUADFI INJECTION 0.5ML	3	
MENVEO INJECTION 0	3	
MRESVIA INJECTION 50MCG/0.5ML	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	3	
PENMENVY INJECTION 0; 0	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	3	B/D
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	4	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION 0	4	
ROTATEQ SOLUTION 0	4	
SHINGRIX INJECTION 50MCG/0.5ML	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
TENIVAC INJECTION 2LFU; 5LFU	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0.5ML	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	4	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXCHORA SUSPENSION RECONSTITUTED 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VIMKUNYA INJECTION 40MCG/0.8ML	3	
VIVOTIF CAPSULE DELAYED RELEASE 0	4	
YF-VAX INJECTION 0	4	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr capsule delayed release 400mg</i>	3	
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	3	
<i>mesalamine er capsule extended release 500mg</i>	4	
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	2	
<i>mesalamine suppository 1000mg</i>	3	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
Glucocorticoids		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	
BONSITY INJECTION 560MCG/2.24ML	5	
<i>calcitonin-salmon solution 200unit/act</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg</i>	4	
<i>ibandronate sodium injection 3mg/3ml</i>	2	
<i>ibandronate sodium tablet 150mg</i>	2	
JUBBONTI INJECTION 60MG/ML	4	QL(2 ML per 365 days)
OSENVELT INJECTION 120MG/1.7ML	5	PA
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	4	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	4	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	
<i>risedronate sodium tablet 150mg, 35mg</i>	3	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
STOBOCLO INJECTION 60MG/ML	4	QL(2 ML per 365 days)
TERIPARATIDE INJECTION 560MCG/2.24ML	5	
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
WYOST INJECTION 120MG/1.7ML	5	PA
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads pad 70%</i>	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	3	
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	4	B/D
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
<i>easy comfort insulin syringe/0.3ml/31g x 1/2" miscellaneous</i>	3	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
<i>levocarnitine injection 200mg/ml</i>	4	
<i>levocarnitine oral solution 1gm/10ml</i>	4	
<i>levocarnitine tablet 330mg</i>	4	
NUTRILIPID INJECTION 20GM/100ML	4	B/D
<i>sodium chloride 0.9% solution 0.9%</i>	3	
Ophthalmic Agents		

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents, Other		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE SOLUTION 0.2%; 0.5%	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN SOLUTION 0.44%	5	
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	2	
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	
<i>proparacaine hcl solution 0.5%</i>	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
XIIDRA SOLUTION 5%	4	
Ophthalmic Anti-allergy Agents		
ALOCRIAL SOLUTION 2%	4	
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl solution 0.05%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	2	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin sulfate ophthalmic solution 0.3%</i>	2	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine solution 1%</i>	3	
XDEMZY SOLUTION 0.25%	5	
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%, 0.075%</i>	4	
<i>bromfenac solution 0.09%</i>	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
<i>difluprednate emulsion 0.05%</i>	3	
<i>fluorometholone suspension 0.1%</i>	3	
<i>flurbiprofen sodium solution 0.03%</i>	2	
ILEVRO SUSPENSION 0.3%	3	
<i>ketorolac tromethamine solution 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	4	
<i>loteprednol etabonate gel 0.5%</i>	3	
<i>loteprednol etabonate suspension 0.2%, 0.5%</i>	3	
<i>prednisolone acetate suspension 1%</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	4	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol hemihydrate solution 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	4	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	
<i>acetazolamide tablet 125mg, 250mg</i>	3	
<i>apraclonidine solution 0.5%</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%</i>	3	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	2	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
<i>RHOPRESSA SOLUTION 0.02%</i>	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution 0.005%</i>	1	
<i>LUMIGAN SOLUTION 0.01%</i>	3	
<i>travoprost solution 0.004%</i>	3	ST
<i>VYZULTA SOLUTION 0.024%</i>	4	
Otic Agents		
Otic Agents		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
<i>ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT</i>	3	QL(30 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(60 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	3	
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	4	
<i>QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT</i>	3	QL(10.6 GM per 30 days)
<i>QVAR REDHALER AEROSOL BREATH ACTIVATED 80MCG/ACT</i>	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>azelastine hydrochloride solution 0.1%</i>	2	
<i>carbinoxamine maleate tablet 6mg</i>	2	
<i>cyproheptadine hcl syrup 2mg/5ml</i>	4	
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>desloratadine tablet 5mg</i>	2	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	2	
<i>hydroxyzine pamoate capsule 100mg</i>	3	
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	4	
<i>levocetirizine dihydrochloride tablet 5mg</i>	1	
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	3	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	2	
<i>zafirlukast tablet 10mg, 20mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03%, 0.06%</i>	2	
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL(90 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(4 GM per 30 days)
<i>tiotropium bromide capsule 18mcg</i>	4	QL(90 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	B/D
<i>albuterol sulfate syrup 2mg/5ml</i>	3	
<i>albuterol sulfate tablet 2mg, 4mg</i>	4	
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	4	B/D
<i>levalbuterol hcl nebulization solution 0.63mg/3ml</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	4	QL(4 GM per 30 days)
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA
KALYDECO TABLET 150MG	5	QL(60 EA per 30 days); PA
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	B/D
TOBI PODHALER CAPSULE 28MG	5	
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	5	QL(90 EA per 30 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast tablet 250mcg, 500mcg</i>	4	QL(30 EA per 30 days)
<i>theophylline er tablet extended release 12 hour 300mg</i>	2	
<i>theophylline er tablet extended release 12 hour 100mg, 200mg, 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	2	
<i>theophylline solution 80mg/15ml</i>	3	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA
ALYQ TABLET 20MG	4	QL(60 EA per 30 days); PA
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL(30 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(90 EA per 30 days); PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK TABLET THERAPY PACK 0	5	PA
UPTRAVI INJECTION 1800MCG	5	PA
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
OFEV CAPSULE 100MG, 150MG	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL(90 EA per 30 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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
Respiratory Tract Agents, Other		
<i>acetylcysteine injection 200mg/ml</i>	2	
<i>acetylcysteine inhalation solution 10%, 20%</i>	3	B/D
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	4	
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREYNA AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	4	QL(10.3 GM per 30 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	4	
FASENRA PEN INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(4 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	3	QL(10.2 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone tablet 500mg</i>	3	PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	2	QL(30 EA per 30 days)
<i>tasimelteon capsule 20mg</i>	5	QL(30 EA per 30 days); PA
<i>temazepam capsule 15mg, 30mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	4	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg</i>	3	QL(30 EA per 30 days); PA
<i>modafinil tablet 200mg</i>	3	QL(60 EA per 30 days); PA
SODIUM OXYBATE SOLUTION 500MG/ML	5	QL(540 ML per 30 days); PA

Formulary ID: 26351, Version: 15, Effective Date: 07/01/2026

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

Index of Drugs

Drug Name	Page #
<i>abacavir</i>	37
<i>abacavir sulfate/lamivudine</i>	37
ABELCET	22
<i>abigale</i>	67
<i>abigale lo</i>	67
ABILIFY MAINTENA	33
ABILIFY MYCITE MAINTENANCE KIT	33
ABILIFY MYCITE STARTER KIT	33
ABIRATERONE ACETATE	25
<i>abirtega</i>	25
ABRYSVO	76
<i>acamprosate calcium dr</i>	10
<i>acarbose</i>	40
<i>accutane</i>	53
<i>acebutolol hydrochloride</i>	46
<i>acetaminophen/codeine</i>	9
<i>acetaminophen/codeine phosphate</i>	8
<i>acetazolamide</i>	82
<i>acetazolamide er</i>	82
<i>acetic acid</i>	82
<i>acetylcysteine</i>	85
ACITRETIN	53
ACTEMRA	73
ACTEMRA ACTPEN	73
ACTHIB	76
ACTIMMUNE	74
<i>acyclovir</i>	39
<i>acyclovir</i>	56
<i>acyclovir sodium</i>	39
ADACEL	76
ADALIMUMAB-AATY 1-PEN KIT	74
ADALIMUMAB-AATY 2-PEN KIT	74
ADALIMUMAB-AATY 2-SYRINGE	74
<i>adalimumab-aaty cd/uc/hs starter</i>	74
ADALIMUMAB-ADBM	75
ADALIMUMAB-ADBM CROHNS/UC/HS	74
STARTER	
ADALIMUMAB-ADBM	74
PSORIASIS/UEITIS STARTER	
ADALIMUMAB-ADBM STARTER	75
PACKAGE FOR CROHNS	
DISEASE/UC/HS	
ADALIMUMAB-ADBM STARTER	75
PACKAGE FOR PSORIASIS/UEITIS	
<i>adapalene</i>	53
<i>adefovir dipivoxil</i>	36

Drug Name	Page #
ADEMPAS	84
adriamycin	26
AIMOVIG	23
AKEEGA	26
ala-cort	54
albendazole	31
albuterol sulfate	83
albuterol sulfate hfa	83
alclometasone dipropionate	54
alcohol prep pads	79
ALECENSA	27
alendronate sodium	78
alfuzosin hcl er	65
aliskiren	47
allopurinol	23
ALOCRIL	80
alosetron hydrochloride	63
alprazolam	39
altavera	67
ALUNBRIG	27
alyacen 1/35	67
ALYQ	84
amantadine hcl	38
amantadine hydrochloride	38
ambrisentan	84
amethia	67
amikacin sulfate	10
amiloride hcl	49
amiloride/hydrochlorothiazide	47
AMINOSYN II	56
AMINOSYN-PF	57
AMINOSYN-PF 7%	57
amiodarone hydrochloride	45
amitriptyline hcl	21
amitriptyline hydrochloride	21
amlodipine besylate	46
amlodipine besylate/atorvastatin	47
calcium	
amlodipine besylate/benazepril	47
hydrochloride	
amlodipine besylate/valsartan	47
amlodipine/olmesartan medoxomil	47
ammonium lactate	54
amnesteem	53
amoxapine	21
amoxicillin	13
amoxicillin/clavulanate potassium	13
amoxicillin/clavulanate potassium er	13
amphetamine/dextroamphetamine	51

Drug Name	Page #	Drug Name	Page #
<i>amphotericin b</i>	22	AVMAPKI FAKZYNJA CO-PACK	27
AMPHOTERICIN B LIPOSOME	22	AVONEX	52
<i>ampicillin</i>	14	AVONEX PEN	52
<i>ampicillin sodium</i>	14	AYVAKIT	27
<i>ampicillin/sulbactam</i>	14	<i>azacitidine</i>	26
<i>ampicillin-sulbactam</i>	14	<i>azathioprine</i>	75
<i>anagrelide hydrochloride</i>	44	<i>azelaic acid</i>	53
<i>anastrozole</i>	27	<i>azelastine hcl</i>	80
ANORO ELLIPTA	85	<i>azelastine hcl</i>	82
<i>apomorphine hydrochloride</i>	32	<i>azelastine hydrochloride</i>	83
<i>apraclonidine</i>	82	<i>azithromycin</i>	14
<i>aprepitant</i>	22	<i>aztreonam</i>	11
<i>apri</i>	67	<i>bacitracin</i>	81
APTIVUS	38	<i>bacitracin/polymyxin b</i>	80
ARALAST NP	64	<i>baclofen</i>	35
<i>aranelle</i>	67	<i>balsalazide disodium</i>	78
ARCALYST	73	BALVERSA	27
AREXVY	76	<i>balziva</i>	67
<i>arformoterol tartrate</i>	83	BAQSIMI ONE PACK	41
ARIKAYCE	11	BAQSIMI TWO PACK	41
<i>aripiprazole</i>	33	BARACLUDE	36
<i>aripiprazole odt</i>	33	BCG VACCINE	76
ARISTADA	34	BD INSULIN SYRINGE	79
ARISTADA INITIO	33	SAFETYGLIDE/1ML/29G X 1/2"	
<i>armodafinil</i>	86	B-D INSULIN SYRINGE ULTRAFINE	79
ARNUITY ELLIPTA	82	II/0.3ML/31G X 5/16"	
<i>asenapine maleate sl</i>	34	BD INSULIN SYRINGE ULTRA-	79
<i>ashlyna</i>	67	FINE/0.5ML/30G X 12.7MM	
<i>aspirin/dipyridamole</i>	44	BD INSULIN SYRINGE ULTRA-	79
<i>aspirin/dipyridamole er</i>	44	FINE/1ML/31G X 8MM	
ASTAGRAF XL	75	BD PEN NEEDLE/ORIGINAL/ULTRA-	79
<i>atazanavir</i>	38	FINE/29G X 12.7MM	
<i>atazanavir sulfate</i>	38	BELSOMRA	86
<i>atenolol</i>	46	<i>benazepril hydrochloride</i>	45
<i>atenolol/chlorthalidone</i>	47	<i>benazepril</i>	47
<i>atomoxetine</i>	51	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atomoxetine hydrochloride</i>	51	BENLYSTA	73
<i>atorvastatin calcium</i>	49	BENLYSTA	75
<i>atovaquone</i>	32	<i>benztropine mesylate</i>	32
<i>atovaquone/proguanil hcl</i>	32	BESREMI	74
<i>atovaquone/proguanil hydrochloride</i>	32	<i>betaine anhydrous</i>	64
<i>atropine sulfate</i>	80	<i>betamethasone dipropionate</i>	54
ATROVENT HFA	83	<i>betamethasone dipropionate</i>	54
<i>aubra eq</i>	67	<i>augmented</i>	
AUGTYRO	27	<i>betamethasone valerate</i>	54
AURYXIA	62	<i>betaxolol hcl</i>	81
AUSTEDO	52	<i>bethanechol chloride</i>	65
AUVELITY	19	BEVESPI AEROSPHERE	85
<i>aviane</i>	67	BEXAROTENE	31

Drug Name	Page #
BEXSERO	76
<i>bicalutamide</i>	25
BICILLIN C-R	14
BICILLIN L-A	14
BIKTARVY	36
<i>bisoprolol fumarate</i>	46
<i>bisoprolol fumarate/hydrochlorothiazide</i>	48
BIVIGAM	73
<i>bleomycin sulfate</i>	26
<i>blisovi 24 fe</i>	67
<i>blisovi fe 1.5/30</i>	67
BONSITY	78
BOOSTRIX	77
<i>bortezomib</i>	26
<i>bosentan</i>	84
BOSULIF	27
BRAFTOVI	27
BREO ELLIPTA	85
BREYNA	85
<i>briellyn</i>	67
<i>brimonidine tartrate</i>	82
BRIMONIDINE TARTRATE/TIMOLOL	80
MALEATE	
<i>brinzolamide</i>	82
<i>brivaracetam</i>	16
BRIVIACT	16
<i>bromfenac</i>	81
<i>bromfenac sodium</i>	81
<i>bromocriptine mesylate</i>	32
BRONCHITOL	85
BRUKINSA	27
<i>budesonide</i>	78
<i>budesonide</i>	82
<i>budesonide er</i>	78
<i>bumetanide</i>	49
<i>buprenorphine</i>	8
<i>buprenorphine hcl</i>	10
<i>buprenorphine hcl/naloxone hcl</i>	10
<i>buprenorphine hydrochloride/naloxone</i>	10
<i>hydrochloride</i>	
<i>bupropion hydrochloride</i>	19
<i>bupropion hydrochloride er (sr)</i>	10
<i>bupropion hydrochloride er (sr)</i>	19
<i>bupropion hydrochloride er (xl)</i>	19
<i>buspirone hcl</i>	39
<i>buspirone hydrochloride</i>	39
<i>butalbital/acetaminophen/caffeine</i>	52
<i>butalbital/acetaminophen/caffeine/codei</i>	9
<i>ne</i>	

Drug Name	Page #
<i>butalbital/aspirin/caffeine</i>	52
<i>butorphanol tartrate</i>	9
BYDUREON BCISE	40
BYSANTI	34
BYSANTI TITRATION PACK A	34
BYSANTI TITRATION PACK B	34
BYSANTI TITRATION PACK C	34
CABENUVA	36
<i>cabergoline</i>	72
CABOMETYX	27
<i>calcipotriene</i>	55
<i>calcitonin-salmon</i>	78
<i>calcitriol</i>	55
<i>calcitriol</i>	78
<i>calcium acetate</i>	62
CALQUENCE	27
CAMCEVI	72
<i>camila</i>	70
<i>candesartan cilexetil</i>	45
<i>candesartan</i>	48
<i>cilexetil/hydrochlorothiazide</i>	
CAPLYTA	34
CAPRELSA	27
<i>captopril</i>	45
<i>captopril/hydrochlorothiazide</i>	48
<i>carbamazepine</i>	18
<i>carbamazepine er</i>	18
<i>carbidopa</i>	33
<i>carbidopa/levodopa</i>	33
<i>carbidopa/levodopa er</i>	32
<i>carbidopa/levodopa odt</i>	32
<i>carbidopa/levodopa/entacapone</i>	32
<i>carbinoxamine maleate</i>	83
<i>carboplatin</i>	24
CARGLUMIC ACID	57
<i>carteolol hcl</i>	81
<i>cartia xt</i>	46
<i>carvedilol</i>	46
<i>caspofungin acetate</i>	22
CAYSTON	84
<i>cefaclor</i>	12
<i>cefaclor er</i>	12
<i>cefadroxil</i>	12
CEFAZOLIN	12
<i>cefazolin sodium</i>	12
<i>cefazolin sodium/dextrose</i>	12
<i>cefazolin/dextrose</i>	12
<i>cefdinir</i>	12
<i>cefepime</i>	13

Drug Name	Page #	Drug Name	Page #
<i>cefepime hydrochloride</i>	12	<i>clindamycin palmitate hydrochloride</i>	11
<i>cefepime/dextrose</i>	13	<i>clindamycin phosphate</i>	11
<i>cefixime</i>	13	<i>clindamycin phosphate</i>	56
<i>cefotaxime sodium</i>	13	<i>clindamycin phosphate (once-daily)</i>	56
<i>cefotetan</i>	13	<i>clindamycin phosphate (twice-daily)</i>	56
<i>cefoxitin sodium</i>	13	<i>clindamycin phosphate/dextrose</i>	11
<i>cefpodoxime proxetil</i>	13	<i>clindamycin/sodium chloride</i>	11
<i>cefprozil</i>	13	CLINIMIX 4.25%/DEXTROSE 10%	57
<i>ceftaroline fosamil</i>	13	CLINIMIX 4.25%/DEXTROSE 5%	57
<i>ceftazidime</i>	13	CLINIMIX 5%/DEXTROSE 15%	57
<i>ceftriaxone in iso-osmotic dextrose</i>	13	CLINIMIX 5%/DEXTROSE 20%	57
<i>ceftriaxone sodium</i>	13	CLINIMIX 6/5	58
<i>ceftriaxone/dextrose</i>	13	CLINIMIX 8/10	58
<i>cefuroxime axetil</i>	13	CLINIMIX E 2.75%/DEXTROSE 5%	58
<i>cefuroxime sodium</i>	13	CLINIMIX E 4.25%/DEXTROSE 10%	58
<i>celecoxib</i>	8	CLINIMIX E 4.25%/DEXTROSE 5%	58
<i>cephalexin</i>	13	CLINIMIX E 5%/DEXTROSE 15%	59
<i>cevimeline hydrochloride</i>	53	CLINIMIX E 5%/DEXTROSE 20%	59
CHEMET	62	CLINIMIX E 8/10	59
<i>chlorhexidine gluconate</i>	53	CLINOLIPID	79
<i>chloroquine phosphate</i>	32	<i>clobazam</i>	17
CHLORPROMAZINE	33	<i>clobetasol propionate</i>	54
HYDROCHLORIDE		<i>clobetasol propionate e</i>	54
<i>chlorthalidone</i>	49	<i>clodan</i>	54
<i>chlorzoxazone</i>	85	<i>clomipramine hydrochloride</i>	21
<i>cholestyramine</i>	50	<i>clonazepam</i>	17
<i>cholestyramine light</i>	50	<i>clonazepam odt</i>	17
<i>ciclodan</i>	56	<i>clonidine</i>	44
<i>ciclopirox</i>	56	<i>clonidine hydrochloride</i>	44
<i>ciclopirox nail lacquer</i>	56	<i>clonidine hydrochloride er</i>	52
<i>ciclopirox olamine</i>	56	<i>clopidogrel</i>	44
<i>cilostazol</i>	44	<i>clorazepate dipotassium</i>	39
CIMDUO	37	<i>clotrimazole</i>	22
<i>cimetidine</i>	64	<i>clotrimazole/betamethasone</i>	55
<i>cimetidine hydrochloride</i>	64	<i>dipropionate</i>	
<i>cinacalcet hydrochloride</i>	78	<i>clozapine</i>	35
CINRYZE	73	<i>clozapine odt</i>	35
<i>ciprofloxacin hcl</i>	15	COARTEM	32
<i>ciprofloxacin hydrochloride</i>	15	COBENFY	52
<i>ciprofloxacin hydrochloride</i>	81	COBENFY STARTER PACK	52
<i>ciprofloxacin i.v.-in d5w</i>	15	COLCHICINE	23
<i>ciprofloxacin/dexamethasone</i>	82	<i>colesevelam hydrochloride</i>	50
<i>cisplatin</i>	24	<i>colestipol hydrochloride</i>	50
<i>citalopram hydrobromide</i>	20	<i>colistimethate sodium</i>	11
CLARAVIS	53	COMBIVENT RESPIMAT	85
<i>clarithromycin</i>	15	COMETRIQ	28
<i>clarithromycin er</i>	14	<i>conjugated estrogens</i>	67
<i>clindamycin hcl</i>	11	<i>constulose</i>	62
<i>clindamycin hydrochloride</i>	11	COPIKTRA	28

Drug Name	Page #	Drug Name	Page #
<i>cortisone acetate</i>	65	<i>desloratadine</i>	83
COSENTYX	73	<i>desmopressin acetate</i>	66
COSENTYX SENSOREADY PEN	73	<i>desogestrel/ethinyl estradiol</i>	67
COSENTYX UNOREADY	73	<i>desoximetasone</i>	54
COTELLIC	28	<i>desvenlafaxine er</i>	20
CREON	64	<i>dexamethasone</i>	66
CRESEMBA	22	<i>dexamethasone intensol</i>	65
<i>cromolyn sodium</i>	64	<i>dexamethasone sodium phosphate</i>	66
<i>cromolyn sodium</i>	81	<i>dexamethasone sodium phosphate</i>	81
<i>cromolyn sodium</i>	84	<i>dexamethasone sodium phosphate +rfd</i>	66
<i>cryselle</i>	67	<i>dexmethylphenidate hcl</i>	52
<i>cryselle-28</i>	67	<i>dexmethylphenidate hydrochloride</i>	52
CTEXLI	63	<i>dextroamphetamine sulfate</i>	51
CURITY GAUZE PADS 2"X2" 12 PLY	79	<i>dextrose</i>	59
<i>cyclobenzaprine hydrochloride</i>	86	<i>dextrose 10%</i>	59
<i>cyclophosphamide</i>	24	<i>dextrose 10%/sodium chloride 0.2%</i>	59
<i>cyclosporine</i>	75	<i>dextrose 10%/sodium chloride 0.45%</i>	59
<i>cyclosporine</i>	80	<i>dextrose 2.5%/sodium chloride 0.45%</i>	59
<i>cyclosporine modified</i>	75	<i>dextrose 25%</i>	59
<i>cyproheptadine hcl</i>	83	<i>dextrose 30%</i>	41
<i>cyproheptadine hydrochloride</i>	83	<i>dextrose 5%</i>	59
<i>cyred eq</i>	67	<i>dextrose 5%/lactated ringers</i>	59
CYSTARAN	80	<i>dextrose 5%/sodium chloride 0.2%</i>	59
<i>cytarabine</i>	25	<i>dextrose 5%/sodium chloride 0.3%</i>	59
<i>cytarabine aqueous</i>	25	<i>dextrose 5%/sodium chloride 0.33%</i>	59
<i>dabigatran etexilate</i>	43	<i>dextrose 5%/sodium chloride 0.45%</i>	59
<i>dacarbazine</i>	24	<i>dextrose 5%/sodium chloride 0.9%</i>	59
<i>dalfampridine er</i>	52	<i>dextrose/sodium chloride</i>	59
<i>danazol</i>	66	DIACOMIT	17
<i>dantrolene sodium</i>	35	<i>diazepam</i>	17
DANZITEN	28	<i>diazepam</i>	39
<i>dapagliflozin</i>	50	<i>diazepam intensol</i>	39
<i>dapsone</i>	24	<i>diazoxide</i>	41
DAPTACEL	77	<i>dichlorphenamide</i>	64
DAPTOMYCIN	11	<i>diclofenac potassium</i>	8
DAPTOMYCIN/SODIUM CHLORIDE	11	<i>diclofenac sodium</i>	8
<i>darunavir</i>	38	DICLOFENAC SODIUM	55
<i>dasatinib</i>	28	<i>diclofenac sodium</i>	81
DAURISMO	28	<i>diclofenac sodium dr</i>	8
<i>deblitane</i>	70	<i>diclofenac sodium/misoprostol</i>	8
<i>deferasirox</i>	62	<i>dicloxacillin sodium</i>	14
<i>deferiprone</i>	62	<i>dicyclomine hcl</i>	63
DELSTRIGO	36	<i>dicyclomine hydrochloride</i>	63
<i>demeclocycline hcl</i>	15	DIFICID	15
DENG VAXIA	77	<i>difluprednate</i>	81
DEPO-SUBQ PROVERA 104	70	<i>digoxin</i>	45
DESCOVY	37	DIHYDROERGOTAMINE MESYLATE	23
<i>desipramine hcl</i>	21	DILANTIN	18
<i>desipramine hydrochloride</i>	21	<i>diltiazem hcl</i>	47

Drug Name	Page #	Drug Name	Page #
<i>diltiazem hcl cd</i>	46	EDURANT PED	36
<i>diltiazem hcl er</i>	46	<i>efavirenz</i>	37
<i>diltiazem hydrochloride</i>	47	<i>efavirenz/emtricitabine/tenofovir</i>	37
<i>diltiazem hydrochloride er</i>	47	<i>disoproxil fumarate</i>	
<i>dilt-xr</i>	46	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	37
<i>dimethyl fumarate</i>	52	ELEPSIA XR	16
<i>dimethyl fumarate starterpack</i>	52	ELIGARD	72
<i>diphenoxylate hydrochloride/atropine sulfate</i>	63	ELIQUIS	43
<i>diphenoxylate/atropine</i>	63	ELIQUIS STARTER PACK	43
<i>disulfiram</i>	10	ELMIRON	65
<i>divalproex sodium dr</i>	17	<i>eltrombopag olamine</i>	44
<i>divalproex sodium er</i>	17	<i>eluryng</i>	67
<i>docetaxel</i>	26	EMCYT	25
<i>dofetilide</i>	45	EMSAM	20
<i>dolishale</i>	67	<i>emtricitabine</i>	37
<i>donepezil hcl</i>	19	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	37
<i>donepezil hydrochloride</i>	19	<i>emtricitabine/tenofovir disoproxil fumarate</i>	37
<i>dorzolamide hcl/timolol maleate</i>	80	<i>emtricitabine/tenofovir disoproxil fumarate</i>	37
<i>dorzolamide hydrochloride</i>	82	EMTRIVA	37
<i>dotti</i>	67	<i>enalapril maleate</i>	45
DOVATO	36	<i>enalapril maleate/hydrochlorothiazide</i>	48
<i>doxazosin mesylate</i>	65	ENBREL	75
<i>doxepin hcl</i>	21	ENBREL MINI	75
<i>doxepin hydrochloride</i>	21	ENBREL SURECLICK	75
<i>doxercalciferol</i>	79	<i>endocet</i>	9
<i>doxorubicin hcl</i>	26	ENERGIX-B	77
<i>doxorubicin hydrochloride</i>	26	<i>enilloring</i>	67
<i>doxorubicin hydrochloride liposomal</i>	26	<i>enoxaparin sodium</i>	43
<i>doxy 100</i>	15	<i>enpresse-28</i>	67
<i>doxycycline</i>	16	ENSACOVE	28
<i>doxycycline hyclate</i>	15	<i>enskyce</i>	67
<i>doxycycline hyclate</i>	53	<i>entacapone</i>	32
<i>doxycycline monohydrate</i>	15	ENTECAVIR	36
DRIZALMA SPRINKLE	20	ENTRESTO	48
<i>dronabinol</i>	22	<i>enulose</i>	62
<i>drospirenone/ethinyl estradiol</i>	67	ENVARUSUS XR	75
DROXIA	25	EPCLUSA	36
<i>droxidopa</i>	44	EPIDIOLEX	16
DUAVEE	71	EPIFOAM	55
DULERA	85	<i>epinastine hcl</i>	81
<i>duloxetine hydrochloride dr</i>	20	<i>epinephrine</i>	48
DUPIXENT	73	EPINEPHRINE	83
<i>dutasteride</i>	65	<i>epitol</i>	18
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	79	EPKINLY	26
<i>ec-naproxen</i>	8	<i>eplerenone</i>	50
<i>econazole nitrate</i>	22	<i>ergotamine tartrate/caffeine</i>	23
EDURANT	36		

Drug Name	Page #	Drug Name	Page #
ERIVEDGE	28	<i>febuxostat</i>	23
ERLEADA	25	<i>feirza 1.5/30</i>	68
ERLOTINIB HYDROCHLORIDE	28	<i>feirza 1/20</i>	68
<i>errin</i>	70	<i>felbamate</i>	16
<i>ertapenem sodium</i>	14	<i>felodipine er</i>	46
<i>ery</i>	56	<i>fenofibrate</i>	49
<i>erythromycin</i>	56	<i>fenofibrate micronized</i>	49
<i>erythromycin</i>	81	<i>fenofibric acid</i>	49
<i>erythromycin base</i>	15	<i>fenofibric acid dr</i>	49
<i>erythromycin dr</i>	15	<i>fentanyl</i>	8
<i>erythromycin ethylsuccinate</i>	15	FENTANYL CITRATE ORAL	9
<i>erythromycin lactobionate</i>	15	TRANSMUCOSAL	
<i>erythromycin/benzoyl peroxide</i>	53	<i>ferric citrate</i>	62
<i>escitalopram oxalate</i>	20	<i>fesoterodine fumarate er</i>	65
<i>eslicarbazepine acetate</i>	18	FETZIMA	20
<i>esomeprazole magnesium</i>	64	FETZIMA TITRATION PACK	20
<i>estradiol</i>	67	FIASP	42
<i>estradiol valerate</i>	67	FIASP FLEXTOUCH	42
<i>estradiol/norethindrone acetate</i>	67	FIASP PENFILL	42
<i>eszopiclone</i>	86	FIBRICOR	49
<i>ethambutol hydrochloride</i>	24	<i>fidaxomicin</i>	15
<i>ethosuximide</i>	17	<i>finasteride</i>	65
<i>ethynodiol diacetate/ethinyl estradiol</i>	67	<i> fingolimod hydrochloride</i>	53
<i>etodolac</i>	8	FINTEPLA	16
<i>etodolac er</i>	8	FIRMAGON	72
<i>etonogestrel/ethinyl estradiol</i>	68	FLEBOGAMMA DIF	73
<i>etoposide</i>	27	<i>flecainide acetate</i>	45
<i>etravirine</i>	37	<i>fluconazole</i>	22
EUCRISA	54	<i>fluconazole in sodium chloride</i>	22
EULEXIN	25	<i>flucytosine</i>	22
<i>euthyrox</i>	71	<i>fludrocortisone acetate</i>	66
<i>everolimus</i>	28	<i>flunisolide</i>	82
<i>everolimus</i>	75	<i>fluocinolone acetonide</i>	54
EVOTAZ	38	<i>fluocinolone acetonide body</i>	54
<i>exemestane</i>	27	<i>fluocinolone acetonide scalp</i>	54
EXKIVITY	28	<i>fluocinolone acetonide topical</i>	54
EXXUA	19	<i>fluocinonide</i>	54
EXXUA TITRATION PACK	19	<i>fluocinonide emulsified base</i>	54
<i>ezetimibe</i>	50	<i>fluorometholone</i>	81
<i>ezetimibe/simvastatin</i>	50	<i>fluorouracil</i>	25
<i>falmina</i>	68	<i>fluorouracil</i>	55
<i>famciclovir</i>	39	<i>fluoxetine dr</i>	20
<i>famotidine</i>	64	<i>fluoxetine hydrochloride</i>	20
FANAPT	34	<i>fluphenazine decanoate</i>	33
FANAPT TITRATION PACK A	34	<i>fluphenazine hcl</i>	33
FANAPT TITRATION PACK B	34	<i>fluphenazine hydrochloride</i>	33
FANAPT TITRATION PACK C	34	<i>flurbiprofen</i>	8
FASENRA	85	<i>flurbiprofen sodium</i>	81
FASENRA PEN	85	<i>fluticasone propionate</i>	54

Drug Name	Page #	Drug Name	Page #
<i>fluticasone propionate</i>	82	<i>glatiramer acetate</i>	53
<i>fluticasone propionate/salmeterol</i>	85	<i>glatopa</i>	53
<i>fluticasone propionate/salmeterol diskus</i>	85	<i>glimepiride</i>	40
<i>fluvastatin</i>	49	<i>glipizide</i>	40
<i>fluvastatin sodium er</i>	49	<i>glipizide er</i>	40
<i>fluvoxamine maleate</i>	20	<i>glipizide/metformin hydrochloride</i>	40
FONDAPARINUX SODIUM	43	GLUCAGEN HYPOKIT	41
<i>formoterol fumarate</i>	83	GLUCAGON EMERGENCY KIT	41
<i>fosamprenavir calcium</i>	38	GLUCAGON EMERGENCY KIT FOR	41
<i>fosfomycin tromethamine</i>	11	LOW BLOOD SUGAR	
<i>fosinopril sodium</i>	45	<i>glyburide</i>	40
<i>fosinopril sodium/hydrochlorothiazide</i>	48	<i>glyburide micronized</i>	40
FOTIVDA	28	<i>glyburide/metformin hydrochloride</i>	40
FRAGMIN	43	<i>glycopyrrolate</i>	63
FRUZAQLA	28	<i>glydo</i>	10
FULPHILA	44	GLYXAMBI	40
<i>fulvestrant</i>	25	GOMEKLI	28
<i>furosemide</i>	49	<i>granisetron hydrochloride</i>	22
FUZEON	38	<i>griseofulvin microsize</i>	22
<i>fyavolv</i>	68	<i>griseofulvin ultramicrosize</i>	22
<i>gabapentin</i>	17	<i>guanfacine hydrochloride er</i>	52
GALANTAMINE HYDROBROMIDE	19	GVOKE HYPOPEN 1-PACK	41
<i>galantamine hydrobromide er</i>	19	GVOKE HYPOPEN 2-PACK	42
<i>galbriela</i>	68	GVOKE KIT	42
<i>gallifrey</i>	70	GVOKE PFS	42
GAMMAGARD LIQUID	73	<i>hailey 24 fe</i>	68
GAMMAGARD LIQUID ERC	73	<i>hailey fe 1/20</i>	68
GAMMAKED	73	<i>halobetasol propionate</i>	54
GAMMAPLEX	73	<i>haloette</i>	68
GAMUNEX-C	73	<i>haloperidol</i>	33
GARDASIL 9	77	<i>haloperidol decanoate</i>	33
<i>gatifloxacin</i>	81	<i>haloperidol lactate</i>	33
GATTEX	63	HARVONI	36
<i>gavilyte-c</i>	63	HAVRIX	77
<i>gavilyte-g</i>	63	<i>heather</i>	70
<i>gavilyte-n/flavor pack</i>	63	<i>heparin sodium</i>	43
GAVRETO	28	<i>heparin sodium/nacl 0.45%</i>	43
<i>gefitinib</i>	28	<i>heparin sodium/sodium chloride</i>	43
<i>gemcitabine hcl</i>	25	<i>heparin sodium/sodium chloride 0.9%</i>	43
<i>gemcitabine hydrochloride</i>	25	<i>heparin sodium/sodium chloride 0.9%</i>	43
<i>gemfibrozil</i>	49	<i>premix</i>	
GEMTESA	65	HEPLISAV-B	77
<i>generlac</i>	62	HERNEXEOS	28
<i>gengraf</i>	75	HIBERIX	77
<i>gentamicin sulfate</i>	11	HUMALOG	42
<i>gentamicin sulfate</i>	81	HUMALOG JUNIOR KWIKPEN	42
<i>gentamicin sulfate/0.9% sodium chloride</i>	11	HUMALOG KWIKPEN	42
GENVOYA	36	HUMALOG MIX 50/50	42
GILOTRIF	28	HUMALOG MIX 50/50 KWIKPEN	42

Drug Name	Page #	Drug Name	Page #
HUMALOG MIX 75/25	42	IDHIFA	28
HUMALOG MIX 75/25 KWIKPEN	42	IDVYNOS	37
HUMIRA	76	<i>ifosfamide</i>	24
HUMIRA PEDIATRIC CROHNS	75	ILEVRO	81
DISEASE STARTER PACK		<i>imatinib mesylate</i>	28
HUMIRA PEN	76	IMBRUVICA	28
HUMIRA PEN-CD/UC/HS STARTER	75	<i>imipenem/cilastatin</i>	14
HUMIRA PEN-PEDIATRIC UC	75	<i>imipramine hcl</i>	21
STARTER PACK		<i>imipramine hydrochloride</i>	21
HUMIRA PEN-PS/UV STARTER	75	<i>imipramine pamoate</i>	21
HUMULIN 70/30	42	<i>imiquimod</i>	55
HUMULIN 70/30 KWIKPEN	42	IMKELDI	28
HUMULIN N	42	IMOVAX RABIES (H.D.C.V.)	77
HUMULIN N KWIKPEN	42	IMPAVIDO	11
HUMULIN R	42	<i>incassia</i>	70
HUMULIN R U-500 (CONCENTRATED)	42	INCRELEX	66
HUMULIN R U-500 KWIKPEN	42	<i>indapamide</i>	49
<i>hydralazine hydrochloride</i>	51	INFANRIX	77
<i>hydrochlorothiazide</i>	49	INGREZZA	52
<i>hydrocodone bitartrate/acetaminophen</i>	9	INLURIYO	25
<i>hydrocodone/acetaminophen</i>	9	INLYTA	28
<i>hydrocodone/ibuprofen</i>	9	INQOVI	28
<i>hydrocortisone</i>	55	INREBIC	26
<i>hydrocortisone</i>	66	<i>insulin aspart</i>	42
<i>hydrocortisone</i>	78	<i>insulin aspart flexpen</i>	42
<i>hydrocortisone butyrate</i>	55	<i>insulin aspart penfill</i>	42
<i>hydrocortisone butyrate (lipid)</i>	54	INSULIN LISPRO	42
<i>hydrocortisone butyrate (lipophilic)</i>	54	INTELENCE	37
<i>hydrocortisone valerate</i>	55	INTRALIPID	79
<i>hydromorphone hcl</i>	9	<i>introvale</i>	68
<i>hydromorphone hydrochloride</i>	9	INVEGA HAFYERA	34
<i>hydroxychloroquine sulfate</i>	32	INVEGA SUSTENNA	34
<i>hydroxyurea</i>	25	INVEGA TRINZA	34
<i>hydroxyzine hcl</i>	83	<i>ionosol-mb/dextrose 5%</i>	60
<i>hydroxyzine hydrochloride</i>	83	IPOL INACTIVATED IPV	77
<i>hydroxyzine pamoate</i>	83	<i>ipratropium bromide</i>	83
HYRNUO	28	<i>ipratropium bromide/albuterol sulfate</i>	85
<i>ibandronate sodium</i>	79	<i>irbesartan</i>	45
IBRANCE	26	<i>irbesartan/hydrochlorothiazide</i>	48
IBRANCE	28	<i>irinotecan</i>	27
IBTROZI	28	<i>irinotecan hydrochloride</i>	27
<i>ibu</i>	8	ISENTRESS	36
<i>ibuprofen</i>	8	ISENTRESS HD	36
<i>icatibant acetate</i>	73	<i>isibloom</i>	68
<i>iclevia</i>	68	ISOLYTE-P/DEXTROSE 5%	60
ICLUSIG	28	ISOLYTE-S	60
<i>icosapent ethyl</i>	50	ISOLYTE-S PH 7.4	60
<i>idarubicin hcl</i>	26	<i>isoniazid</i>	24
<i>idarubicin hydrochloride</i>	26	<i>isosorbide dinitrate</i>	50

Drug Name	Page #	Drug Name	Page #
<i>isosorbide dinitrate/hydralazine</i>	48	KEMOPLAT	24
<i>hydrochloride</i>		KERENDIA	50
<i>isosorbide mononitrate</i>	50	<i>ketoconazole</i>	22
<i>isosorbide mononitrate er</i>	50	<i>ketorolac tromethamine</i>	81
<i>isotonic gentamicin</i>	11	KINERET	73
<i>isotretinoin</i>	53	KINRIX	77
ITOVEBI	26	<i>kionex</i>	62
<i>itraconazole</i>	22	KISQALI	29
IVABRADINE HYDROCHLORIDE	48	KISQALI FEMARA 200 DOSE	26
<i>ivermectin</i>	31	KISQALI FEMARA 400 DOSE	26
IWILFIN	26	KISQALI FEMARA 600 DOSE	26
IXCHIQ	77	<i>klayesta</i>	22
IXIARO	77	<i>klor-con 10</i>	60
<i>jaimiess</i>	68	<i>klor-con 8</i>	60
JAKAFI	28	<i>klor-con m10</i>	60
JAKAFI XR	28	<i>klor-con m15</i>	60
<i>jantoven</i>	43	<i>klor-con m20</i>	60
JANUMET	40	KLOXXADO	10
JANUMET XR	40	KOMZIFTI	26
JANUVIA	40	KOSELUGO	29
JARDIANCE	50	<i>kourzeq</i>	53
<i>jasmiel</i>	68	KRAZATI	29
JAYPIRCA	29	<i>kurvelo</i>	68
JENTADUETO	40	<i>labetalol hydrochloride</i>	46
JENTADUETO XR	40	<i>lacosamide</i>	18
<i>jinteli</i>	68	<i>lactulose</i>	62
JUBBONTI	79	LAGEVRIO	39
<i>juleber</i>	68	<i>lamivudine</i>	36
JULUCA	36	<i>lamivudine</i>	37
<i>junel 1.5/30</i>	68	<i>lamivudine/zidovudine</i>	37
<i>junel 1/20</i>	68	<i>lamotrigine</i>	16
<i>junel fe 1.5/30</i>	68	<i>lamotrigine er</i>	16
<i>junel fe 1/20</i>	68	<i>lamotrigine odt</i>	16
<i>junel fe 24</i>	68	<i>lanreotide acetate</i>	72
JYLAMVO	76	<i>lansoprazole</i>	64
JYNARQUE	62	LANTUS	42
JYNNEOS	77	LANTUS SOLOSTAR	42
KALETRA	38	<i>lapatinib ditosylate</i>	29
KALYDECO	84	<i>larin 1.5/30</i>	68
<i>kariva</i>	68	<i>larin 1/20</i>	68
<i>kcl 0.075%/d5w/nacl 0.45%</i>	60	<i>larin fe 1.5/30</i>	68
<i>kcl 0.15%/d5w/nacl 0.2%</i>	60	<i>larin fe 1/20</i>	68
<i>kcl 0.15%/d5w/nacl 0.225%</i>	60	<i>latanoprost</i>	82
<i>kcl 0.15%/d5w/nacl 0.45%</i>	60	LAZCLUZE	26
<i>kcl 0.15%/d5w/nacl 0.9%</i>	60	<i>leflunomide</i>	76
<i>kcl 0.3%/d5w/nacl 0.45%</i>	60	<i>lenalidomide</i>	25
<i>kcl 0.3%/d5w/nacl 0.9%</i>	60	LENVIMA 10 MG DAILY DOSE	29
<i>kelnor 1/35</i>	68	LENVIMA 12MG DAILY DOSE	29
<i>kelnor 1/50</i>	68	LENVIMA 14 MG DAILY DOSE	29

Drug Name	Page #	Drug Name	Page #
LENVIMA 18 MG DAILY DOSE	29	<i>lisinopril/hydrochlorothiazide</i>	48
LENVIMA 20 MG DAILY DOSE	29	<i>lithium</i>	39
LENVIMA 24 MG DAILY DOSE	29	<i>lithium carbonate</i>	39
LENVIMA 4 MG DAILY DOSE	29	<i>lithium carbonate er</i>	39
LENVIMA 8 MG DAILY DOSE	29	LIVTENCITY	35
<i>lessina</i>	68	<i>lojaimiess</i>	68
<i>letrozole</i>	27	LOKELMA	62
<i>leucovorin calcium</i>	26	<i>lomustine</i>	24
LEUKERAN	24	LONSURF	26
LEUPROLIDE ACETATE	72	<i>loperamide hydrochloride</i>	63
<i>levalbuterol hcl</i>	83	<i>lopinavir/ritonavir</i>	38
<i>levalbuterol hydrochloride</i>	83	LOQTORZI	31
<i>levetiracetam</i>	16	<i>lorazepam</i>	39
<i>levetiracetam er</i>	16	<i>lorazepam intensol</i>	39
<i>levobunolol hcl</i>	81	LORBRENA	29
<i>levocarnitine</i>	79	<i>loryna</i>	68
<i>levocetirizine dihydrochloride</i>	83	<i>losartan potassium</i>	45
<i>levofloxacin</i>	15	<i>losartan potassium/hydrochlorothiazide</i>	48
<i>levofloxacin</i>	81	LOTMAX SM	81
<i>levofloxacin in d5w</i>	15	<i>loteprednol etabonate</i>	81
<i>levonest</i>	68	<i>lovastatin</i>	49
<i>levonorgestrel and ethinyl estradiol</i>	68	<i>low-ogestrel</i>	69
<i>levonorgestrel/ethinyl estradiol</i>	68	<i>loxapine</i>	33
<i>levonorgestrel/ethinyl estradiol/ferrous</i>	68	<i>lubiprostone</i>	62
<i>bisglycinate</i>		<i>luizza 1.5/30</i>	69
<i>levora 0.15/30-28</i>	68	<i>luizza 1/20</i>	69
<i>levo-t</i>	71	LUMAKRAS	29
<i>levothyroxine sodium</i>	71	LUMIGAN	82
LEVOXYL	71	LUPRON DEPOT (1-MONTH)	72
LEXIVA	38	LUPRON DEPOT (3-MONTH)	72
L-GLUTAMINE	64	LUPRON DEPOT (4-MONTH)	72
LIBERVANT	17	LUPRON DEPOT (6-MONTH)	72
<i>lidocaine</i>	10	LUPRON DEPOT-PED (1-MONTH)	72
<i>lidocaine hcl</i>	10	LUPRON DEPOT-PED (3-MONTH)	72
<i>lidocaine hcl</i>	53	LUPRON DEPOT-PED (6-MONTH)	66
<i>lidocaine hcl jelly</i>	10	<i>lurasidone hydrochloride</i>	34
<i>lidocaine hydrochloride</i>	10	<i>lutra</i>	69
<i>lidocaine hydrochloride jelly</i>	10	LYBALVI	34
<i>lidocaine hydrochloride viscous</i>	53	<i>lyleq</i>	71
<i>lidocaine viscous</i>	53	<i>lyllana</i>	69
<i>lidocaine/prilocaine</i>	10	LYNPARZA	29
LIFYORLI	29	LYSODREN	26
LILETTA	70	LYTGOBI	29
<i>linezolid</i>	11	<i>lyza</i>	71
LINZESS	62	<i>magnesium sulfate</i>	60
<i>liomny</i>	71	<i>malathion</i>	56
<i>liothyronine sodium</i>	71	<i>maraviroc</i>	38
<i>liraglutide</i>	40	<i>marlissa</i>	69
<i>lisinopril</i>	45	MARPLAN	20

Drug Name	Page #	Drug Name	Page #
MATULANE	24	<i>methylprednisolone sodiumsuccinate</i>	66
MAVYRET	36	<i>metoclopramide hcl</i>	63
MAYZENT	53	<i>metoclopramide hydrochloride</i>	63
MAYZENT STARTER PACK	53	<i>metolazone</i>	49
<i>meclizine hcl</i>	21	<i>metoprolol succinate er</i>	46
<i>meclizine hydrochloride</i>	21	<i>metoprolol tartrate</i>	46
<i>medroxyprogesterone acetate</i>	71	<i>metoprolol/hydrochlorothiazide</i>	48
<i>mefloquine hydrochloride</i>	32	<i>metronidazole</i>	11
<i>megestrol acetate</i>	71	<i>metronidazole</i>	53
MEKINIST	29	<i>metronidazole vaginal</i>	11
MEKTOVI	29	<i>metyrosine</i>	48
<i>meleya</i>	71	<i>mexiletine hydrochloride</i>	45
<i>meloxicam</i>	8	<i>miconazole</i>	22
<i>memantine hcl titration pak</i>	19	<i>miconazole 3</i>	22
<i>memantine hydrochloride</i>	19	<i>microgestin 1.5/30</i>	69
<i>memantine hydrochloride er</i>	19	<i>microgestin 1/20</i>	69
<i>memantine/donepezil hydrochloride er</i>	19	<i>microgestin fe 1.5/30</i>	69
MENACTRA	77	<i>microgestin fe 1/20</i>	69
MENEST	69	<i>midodrine hydrochloride</i>	45
MENQUADFI	77	MIFEPRISTONE	72
MENVEO	77	MIGLUSTAT	64
<i>mercaptopurine</i>	25	<i>mili</i>	69
<i>meropenem</i>	14	<i>mimvey</i>	69
<i>meropenem/sodium chloride</i>	14	<i>minocycline hcl</i>	16
<i>mesalamine</i>	78	<i>minocycline hydrochloride</i>	16
<i>mesalamine dr</i>	78	<i>minoxidil</i>	51
<i>mesalamine er</i>	78	<i>minzoya</i>	69
<i>mesna</i>	31	<i>mirtazapine</i>	19
<i>metformin hydrochloride</i>	40	<i>mirtazapine odt</i>	19
<i>metformin hydrochloride er</i>	40	<i>misoprostol</i>	64
<i>methadone hcl</i>	8	M-M-R II	77
<i>methadone hydrochloride</i>	8	<i>modafinil</i>	86
<i>methadone hydrochloride intensol</i>	8	MODEYSO	26
<i>methadose</i>	8	<i>moexipril hydrochloride</i>	45
<i>methadose sugar-free</i>	8	<i>molindone hydrochloride</i>	33
<i>methenamine hippurate</i>	11	<i>mometasone furoate</i>	55
<i>methimazole</i>	72	<i>mometasone furoate</i>	82
<i>methotrexate</i>	76	<i>montelukast sodium</i>	83
<i>methotrexate sodium</i>	76	<i>morphine sulfate</i>	9
METHOXSALEN	55	<i>morphine sulfate er</i>	8
<i>methscopolamine bromide</i>	63	MOUNJARO	40
<i>methsuximide</i>	17	MOVANTIK	62
<i>methyl dopa</i>	45	<i>moxifloxacin hydrochloride/sodium</i>	15
<i>methylphenidate hydrochloride</i>	52	<i>hydrochloride</i>	
<i>methylphenidate hydrochloride er</i>	52	<i>moxifloxacin hydrochloride</i>	15
<i>methylprednisolone</i>	66	<i>moxifloxacin hydrochloride</i>	81
<i>methylprednisolone acetate</i>	66	MRESVIA	77
<i>methylprednisolone dose pack</i>	66	MULTAQ	45
<i>methylprednisolone sodium succinate</i>	66	<i>multiple electrolytes injection type 1</i>	60

Drug Name	Page #	Drug Name	Page #
<i>mupirocin</i>	56	<i>nikki</i>	69
<i>mycophenolate mofetil</i>	76	<i>nilotinib d-tartrate</i>	29
<i>mycophenolic acid dr</i>	76	<i>nilotinib hydrochloride</i>	29
MYHIBBIN	76	<i>nilutamide</i>	25
MYRBETRIQ	65	<i>nimodipine</i>	46
<i>nabumetone</i>	8	NINLARO	29
<i>nadolol</i>	46	<i>nitazoxanide</i>	32
<i>nafcillin</i>	14	<i>nitisinone</i>	64
<i>nafcillin sodium</i>	14	<i>nitrofurantoin macrocrystals</i>	12
<i>naloxone hcl</i>	10	<i>nitrofurantoin</i>	12
<i>naloxone hydrochloride</i>	10	<i>monohydrate/macrocrystals</i>	
<i>naltrexone hydrochloride</i>	10	<i>nitroglycerin</i>	50
NAMZARIC	19	<i>nitroglycerin</i>	63
<i>naproxen</i>	8	<i>nitroglycerin transdermal</i>	50
<i>naproxen dr</i>	8	NIVESTYM	44
NATACYN	81	<i>nizatidine</i>	64
<i>nateglinide</i>	40	<i>norelgestromin/ethinyl estradiol</i>	69
NAYZILAM	16	<i>norethindrone</i>	71
<i>nebivolol hydrochloride</i>	46	<i>norethindrone acetate</i>	71
<i>necon 0.5/35-28</i>	69	<i>norethindrone acetate/ethinyl estradiol</i>	69
<i>nefazodone hydrochloride</i>	20	<i>norethindrone acetate/ethinyl</i>	69
<i>neomycin sulfate</i>	11	<i>estradiol/ferrous fumarate</i>	
<i>neomycin/polymyxin b sulfates</i>	11	<i>norgestimate/ethinyl estradiol</i>	69
<i>neomycin/polymyxin/bacitracin</i>	80	NORMOSOL -R	60
<i>neomycin/polymyxin/bacitracin zinc</i>	80	NORMOSOL-M/D5W	60
<i>neomycin/polymyxin/bacitracin/hydrocor</i>	80	NORMOSOL-R	60
<i>tisone</i>		<i>nortrel 0.5/35 (28)</i>	69
<i>neomycin/polymyxin/dexamethasone</i>	80	<i>nortrel 1/35</i>	69
<i>neomycin/polymyxin/gramicidin</i>	80	<i>nortrel 7/7/7</i>	69
<i>neomycin/polymyxin/hc</i>	82	<i>nortriptyline hcl</i>	21
<i>neomycin/polymyxin/hydrocortisone</i>	80	<i>nortriptyline hydrochloride</i>	21
<i>neomycin/polymyxin/hydrocortisone</i>	82	NORVIR	38
<i>neo-polycin</i>	80	NOVOLIN 70/30	42
<i>neo-polycin hc</i>	80	NOVOLIN 70/30 FLEXPEN	42
NERLYNX	29	NOVOLIN N	42
NEULASTA	44	NOVOLIN N FLEXPEN	42
NEULASTA ONPRO KIT	44	NOVOLIN R	42
<i>nevirapine</i>	37	NOVOLIN R FLEXPEN	42
<i>nevirapine er</i>	37	NOVOLOG	43
NEXLETOL	50	NOVOLOG FLEXPEN	43
NEXLIZET	50	NOVOLOG MIX 70/30	43
NEXPLANON	71	NOVOLOG MIX 70/30 PREFILLED	43
<i>niacin</i>	50	FLEXPEN	
<i>niacin er</i>	50	NOVOLOG PENFILL	43
NIACOR	50	NUBEQA	25
<i>nicardipine hcl</i>	46	NUCALA	85
NICOTROL INHALER	10	NUDEXTA	52
NICOTROL NS	10	NUPLAZID	34
<i>nifedipine er</i>	46	NUTRILIPID	79

Drug Name	Page #	Drug Name	Page #
<i>nyamyc</i>	22	OTEZLA	73
<i>nylia 1/35</i>	69	<i>oxacillin sodium</i>	14
<i>nylia 7/7/7</i>	69	<i>oxaliplatin</i>	24
<i>nystatin</i>	22	<i>oxcarbazepine</i>	18
<i>nystatin/triamcinolone</i>	55	<i>oxybutynin chloride</i>	65
<i>nystatin/triamcinolone acetonide</i>	55	<i>oxybutynin chloride er</i>	65
<i>nystop</i>	23	<i>oxycodone hcl</i>	9
<i>ocella</i>	69	<i>oxycodone hydrochloride</i>	9
OCTREOTIDE ACETATE	72	<i>oxycodone/acetaminophen</i>	9
ODEFSEY	37	OZEMPIC	40
ODOMZO	29	PACERONE	45
OFEV	84	<i>paclitaxel</i>	27
<i>ofloxacin</i>	15	<i>paliperidone er</i>	34
<i>ofloxacin</i>	81	<i>pamidronate disodium</i>	79
<i>ofloxacin</i>	82	PANRETIN	31
OGSIVEO	26	<i>pantoprazole sodium</i>	64
OJEMDA	26	<i>paraplatin</i>	25
OJJAARA	29	<i>paricalcitol</i>	79
<i>olanzapine</i>	34	<i>paroxetine</i>	20
<i>olanzapine odt</i>	34	<i>paroxetine hcl</i>	20
<i>olmesartan medoxomil</i>	45	<i>paroxetine hcl er</i>	20
<i>olmesartan</i>	48	<i>paroxetine hydrochloride</i>	20
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		PAXLOVID	39
<i>de</i>		<i>pazopanib hydrochloride</i>	29
<i>olmesartan</i>	48	PEDIARIX	77
<i>medoxomil/hydrochlorothiazide</i>		PEDVAX HIB	77
<i>olopatadine hydrochloride</i>	81	<i>peg-3350/electrolytes</i>	63
<i>omega-3-acid ethyl esters</i>	50	<i>peg-3350/nacl/na bicarbonate/kcl</i>	63
<i>omeprazole</i>	64	PEGASYS	74
<i>omeprazole dr</i>	64	PEGASYS	76
OMNITROPE	66	PEMAZYRE	29
<i>ondansetron hcl</i>	22	PENBRAYA	77
<i>ondansetron hydrochloride</i>	22	<i>penciclovir</i>	56
ONDANSETRON ODT	22	<i>penicillamine</i>	62
ONUREG	26	<i>penicillin g potassium</i>	14
OPIPZA	34	<i>penicillin g sodium</i>	14
OPVEE	10	<i>penicillin v potassium</i>	14
<i>oralone dental paste</i>	53	PENMENVY	77
ORAVIG	23	PENTACEL	77
ORENCIA	73	<i>pentamidine isethionate</i>	32
ORENCIA	76	<i>pentoxifylline er</i>	48
ORENCIA CLICKJECT	73	<i>perampanel</i>	16
ORGOVYX	72	<i>perindopril erbumine</i>	45
ORKAMBI	84	<i>periogard</i>	53
ORQUIDEA	71	<i>permethrin</i>	56
ORSERDU	25	<i>perphenazine</i>	33
<i>oseltamivir phosphate</i>	38	<i>perphenazine/amitriptyline</i>	19
OSENVELT	79	PERSERIS	34
OTEZLA	55	<i>phenelzine sulfate</i>	20

Drug Name	Page #
<i>phenobarbital</i>	17
<i>phenytek</i>	18
<i>phenytoin</i>	18
<i>phenytoin sodium extended</i>	18
PIFELTRO	37
<i>pilocarpine hydrochloride</i>	53
<i>pilocarpine hydrochloride</i>	82
<i>pimecrolimus</i>	55
<i>pimozide</i>	33
<i>pimtrea</i>	69
<i>pindolol</i>	46
<i>pioglitazone hcl</i>	41
<i>pioglitazone hcl/metformin hcl</i>	41
<i>pioglitazone hydrochloride</i>	41
<i>piperacillin sodium/tazobactam sodium</i>	14
PIQRAY 200MG DAILY DOSE	30
PIQRAY 250MG DAILY DOSE	30
PIQRAY 300MG DAILY DOSE	30
<i>pirfenidone</i>	84
<i>piroxicam</i>	8
PLASMA-LYTE 148	60
PLEGRIDY	53
PLEGRIDY STARTER PACK	53
<i>plenamine</i>	60
<i>podofilox</i>	55
<i>polycin</i>	80
<i>polymyxin b sulfate/trimethoprim sulfate</i>	80
<i>pomalidomide</i>	25
<i>portia-28</i>	69
<i>posaconazole</i>	23
<i>posaconazole dr</i>	23
<i>potassium chloride</i>	61
<i>potassium chloride cr</i>	60
<i>potassium chloride er</i>	61
<i>potassium chloride/dextrose</i>	61
<i>potassium chloride/dextrose/lactated ringers</i>	61
<i>potassium chloride/dextrose/sodium chloride</i>	61
<i>potassium chloride/sodium chloride</i>	61
<i>potassium citrate er</i>	61
<i>pramipexole dihydrochloride</i>	32
<i>prasugrel hydrochloride</i>	44
<i>pravastatin sodium</i>	49
<i>praziquantel</i>	31
<i>prazosin hydrochloride</i>	45
<i>prednisolone</i>	66
<i>prednisolone acetate</i>	81
<i>prednisolone sodium phosphate</i>	66

Drug Name	Page #
<i>prednisolone sodium phosphate</i>	81
<i>prednisone</i>	66
<i>prednisone intensol</i>	66
<i>pregabalin</i>	17
PREHEVBRIO	77
PREMARIN	69
PREMASOL	61
PREMPHASE	69
PREMPRO	69
<i>prevalite</i>	50
PREVYMIS	35
PREZCOBIX	38
PREZISTA	38
PRIFTIN	24
<i>primaquine phosphate</i>	32
<i>primidone</i>	17
PRIORIX	77
PRIVIGEN	73
<i>probenecid</i>	23
<i>probenecid/colchicine</i>	23
<i>prochlorperazine</i>	21
<i>prochlorperazine maleate</i>	21
PROCRT	44
<i>procto-med hc</i>	78
<i>proctosol hc</i>	78
<i>proctozone-hc</i>	78
<i>progesterone</i>	71
PROGRAF	76
PROLASTIN-C	64
PROLEUKIN	27
<i>promethazine hcl</i>	21
<i>promethazine hydrochloride</i>	21
<i>promethegan</i>	22
<i>propafenone hcl</i>	45
<i>propafenone hydrochloride</i>	45
<i>proparacaine hcl</i>	80
<i>propranolol hcl</i>	46
<i>propranolol hydrochloride</i>	46
<i>propranolol hydrochloride er</i>	46
<i>propylthiouracil</i>	72
PROQUAD	77
PROSOL	61
<i>protriptyline hcl</i>	21
PULMOZYME	84
<i>pyrazinamide</i>	24
<i>pyridostigmine bromide</i>	24
<i>pyridostigmine bromide er</i>	24
<i>pyrimethamine</i>	32
QINLOCK	30

Drug Name	Page #	Drug Name	Page #
QUADRACEL	77	<i>risperidone</i>	35
<i>quetiapine fumarate</i>	35	<i>risperidone er</i>	35
<i>quetiapine fumarate er</i>	35	RISPERIDONE ODT	35
<i>quinapril hydrochloride</i>	45	<i>ritonavir</i>	38
<i>quinapril/hydrochlorothiazide</i>	48	<i>rivaroxaban</i>	44
<i>quinidine sulfate</i>	45	<i>rivastigmine tartrate</i>	19
<i>quinine sulfate</i>	32	<i>rivastigmine transdermal system</i>	19
QULIPTA	23	<i>rizatriptan benzoate</i>	23
QVAR REDIHALER	82	<i>rizatriptan benzoate odt</i>	23
RABAVERT	77	<i>roflumilast</i>	84
<i>rabeprazole sodium</i>	64	ROMVIMZA	30
RALDESY	20	<i>ropinirole er</i>	32
<i>raloxifene hydrochloride</i>	71	<i>ropinirole hcl</i>	32
<i>ramipril</i>	45	<i>ropinirole hydrochloride</i>	32
<i>ranolazine er</i>	48	<i>rosuvastatin calcium</i>	49
<i>rasagiline mesylate</i>	33	<i>rosyrah</i>	70
RAYALDEE	79	ROTARIX	77
<i>reclipsen</i>	70	ROTATEQ	77
RECOMBIVAX HB	77	<i>roweepira</i>	16
REGRANEX	55	ROZLYTREK	30
RELENZA DISKHALER	39	RUBRACA	30
RELISTOR	63	<i>rufinamide</i>	18
<i>repaglinide</i>	41	RUKOBIA	38
REPATHA	50	RYBELSUS	41
REPATHA PUSHTRONEX SYSTEM	50	RYDAPT	30
REPATHA SURECLICK	50	<i>sacubitril/valsartan</i>	48
RESTASIS	80	SANDIMMUNE	76
RESTASIS MULTIDOSE	80	SANTYL	55
RETACRIT	44	<i>sapropterin dihydrochloride</i>	64
RETEVMO	30	SAVELLA	52
REVCovi	64	SAVELLA TITRATION PACK	52
REVUFORJ	27	<i>saxagliptin hydrochloride</i>	41
REXTOVY	10	SCSEMBLIX	30
REXULTI	35	<i>scopolamine</i>	22
REYATAZ	38	SECUADO	35
REZDIFFRA	71	<i>selegiline hcl</i>	33
REZLIDHIA	30	<i>selenium sulfide</i>	55
REZUROCK	76	SELZENTRY	38
RHOPRESSA	82	SEREVENT DISKUS	83
<i>ribavirin</i>	36	<i>sertraline hcl</i>	20
<i>rifabutin</i>	24	<i>sertraline hydrochloride</i>	20
<i>rifampin</i>	24	<i>setlakin</i>	70
<i>rilpivirine hydrochloride</i>	37	<i>sevelamer carbonate</i>	62
<i>riluzole</i>	52	<i>sharobel</i>	71
<i>rimantadine hydrochloride</i>	39	SHINGRIX	77
RINVOQ	73	SIGNIFOR	72
RINVOQ LQ	73	SIGNIFOR LAR	72
<i>risedronate sodium</i>	79	<i>sildenafil citrate</i>	84
<i>risedronate sodium dr</i>	79	<i>silver sulfadiazine</i>	55

Drug Name	Page #	Drug Name	Page #
SIMBRINZA	80	sulfasalazine	78
<i>simvastatin</i>	49	<i>sulindac</i>	8
<i>sirolimus</i>	76	<i>sumatriptan</i>	24
SIRTURO	24	<i>sumatriptan succinate</i>	24
SKYRIZI	74	<i>sumatriptan succinate refill</i>	23
SKYRIZI PEN	74	SUNITINIB MALATE	30
<i>sodium chloride</i>	61	SUNLENCA	38
<i>sodium chloride 0.45%</i>	61	<i>syeda</i>	70
<i>sodium chloride 0.9%</i>	79	SYMBICORT	85
SODIUM OXYBATE	86	SYMLINPEN 120	41
<i>sodium phenylbutyrate</i>	64	SYMLINPEN 60	41
<i>sodium polystyrene sulfonate</i>	62	SYMPAZAN	17
<i>sodium sulfate/potassium</i>	63	SYMTUZA	38
<i>sulfate/magnesium sulfate</i>		SYNAREL	72
<i>solifenacin succinate</i>	65	SYNJARDY	41
SOLQUA 100/33	41	SYNJARDY XR	41
SOLTAMOX	25	SYNTHROID	71
SOMATULINE DEPOT	72	TABLOID	25
SOMAVERT	72	TABRECTA	30
<i>sorafenib</i>	30	<i>tacrolimus</i>	55
<i>sorafenib tosylate</i>	30	<i>tacrolimus</i>	76
<i>sotalol hcl</i>	45	<i>tacrolimus er</i>	76
<i>sotalol hydrochloride</i>	45	<i>tadalafil</i>	65
<i>sotalol hydrochloride (af)</i>	45	<i>tadalafil</i>	84
SPIRIVA HANDIHALER	83	TAFINLAR	30
SPIRIVA RESPIMAT	83	TAGRISSO	30
<i>spironolactone</i>	50	TALZENNA	30
<i>spironolactone/hydrochlorothiazide</i>	48	<i>tamoxifen citrate</i>	25
<i>sprintec 28</i>	70	<i>tamsulosin hydrochloride</i>	65
SPRITAM	16	<i>tarina 24 fe</i>	70
<i>sps</i>	62	<i>tarina fe 1/20 eq</i>	70
<i>sronyx</i>	70	<i>tasimelteon</i>	86
<i>ssd</i>	56	TAVNEOS	74
STELARA	74	<i>taysofy</i>	70
STEQUEYMA	74	<i>tazarotene</i>	53
STIOLTO RESPIMAT	85	TAZICEF	13
STIVARGA	30	<i>taztia xt</i>	47
STOBOCLO	79	TAZVERIK	30
STREPTOMYCIN SULFATE	11	TDVAX	77
STRIBILD	36	<i>telmisartan</i>	45
STRIVERDI RESPIMAT	83	<i>telmisartan/amlodipine</i>	48
SUBVENITE	16	<i>telmisartan/hydrochlorothiazide</i>	48
<i>sucrafate</i>	64	<i>temazepam</i>	86
<i>sulfacetamide sodium</i>	81	TENIVAC	78
<i>sulfacetamide sodium/prednisolone</i>	80	<i>tenofovir disoproxil fumarate</i>	37
<i>sodium phosphate</i>		TEPMETKO	30
<i>sulfadiazine</i>	15	<i>terazosin hcl</i>	65
<i>sulfamethoxazole/trimethoprim</i>	15	<i>terazosin hydrochloride</i>	65
<i>sulfamethoxazole/trimethoprim ds</i>	15	<i>terbinafine hcl</i>	23

Drug Name	Page #	Drug Name	Page #
<i>terconazole</i>	23	TRADJENTA	41
<i>teriflunomide</i>	53	<i>tramadol hydrochloride</i>	10
TERIPARATIDE	79	<i>tramadol hydrochloride er</i>	8
<i>testosterone</i>	66	<i>tramadol hydrochloride/acetaminophen</i>	10
<i>testosterone cypionate</i>	66	<i>trandolapril</i>	45
<i>testosterone enanthate</i>	66	<i>tranexamic acid</i>	44
<i>testosterone pump</i>	66	<i>tranylcypromine sulfate</i>	20
TETANUS/DIPHThERIA TOXOIDS-	78	TRAVASOL	61
ADSORBED ADULT		<i>travoprost</i>	82
TETRABENAZINE	52	<i>trazodone hydrochloride</i>	20
<i>tetracycline hydrochloride</i>	16	TRECATOR	24
THALOMID	25	TRELEGY ELLIPTA	85
<i>theophylline</i>	84	TRELSTAR MIXJECT	72
<i>theophylline er</i>	84	TRESIBA	43
<i>thioridazine hydrochloride</i>	33	TRESIBA FLEXTOUCH	43
<i>thiothixene</i>	33	TRETINOIN	31
<i>tiadylt er</i>	47	<i>tretinoin</i>	53
<i>tiagabine hydrochloride</i>	17	<i>triamcinolone acetonide</i>	55
TIBSOVO	30	<i>triamcinolone acetonide dental paste</i>	53
<i>ticagrelor</i>	44	<i>triamterene</i>	49
TICOVAC	78	<i>triamterene/hydrochlorothiazide</i>	49
<i>tigecycline</i>	12	<i>triderm</i>	55
<i>tilia fe</i>	70	TRIENTINE HYDROCHLORIDE	62
<i>timolol hemihydrate</i>	81	<i>trifluoperazine hcl</i>	33
<i>timolol maleate</i>	23	<i>trifluoperazine hydrochloride</i>	33
<i>timolol maleate</i>	82	<i>trifluridine</i>	81
<i>timolol maleate ophthalmic gel forming</i>	81	<i>trihexyphenidyl hcl</i>	32
<i>tinidazole</i>	12	<i>trihexyphenidyl hydrochloride</i>	32
<i>tiotropium bromide</i>	83	TRIJARDY XR	41
TIVICAY	36	TRIKAFTA	84
TIVICAY PD	36	<i>tri-legest fe</i>	70
<i>tizanidine hcl</i>	35	<i>tri-lo-estarylla</i>	70
<i>tizanidine hydrochloride</i>	35	<i>tri-lo-sprintec</i>	70
TOBI PODHALER	84	<i>trimethoprim</i>	12
TOBRADEX ST	80	<i>tri-mili</i>	70
<i>tobramycin</i>	81	<i>trimipramine maleate</i>	21
<i>tobramycin</i>	84	TRINTELLIX	21
<i>tobramycin sulfate</i>	11	<i>tri-nymyo</i>	70
<i>tobramycin sulfate</i>	81	<i>tri-sprintec</i>	70
<i>tobramycin/dexamethasone</i>	80	TRIUMEQ	37
<i>tolterodine tartrate</i>	65	TRIUMEQ PD	37
<i>tolterodine tartrate er</i>	65	<i>trivora-28</i>	70
<i>tolvaptan</i>	62	<i>tri-vylibra</i>	70
<i>topiramate</i>	16	<i>tri-vylibra lo</i>	70
TOREMIFENE CITRATE	25	TROPHAMINE	62
<i>torpenz</i>	30	TRULANCE	63
<i>torseamide</i>	49	TRULICITY	41
TOUJEO MAX SOLOSTAR	43	TRUMENBA	78
TOUJEO SOLOSTAR	43	TRUQAP	30

Drug Name	Page #	Drug Name	Page #
TUKYSA	30	<i>venlafaxine hydrochloride er</i>	21
TURALIO	30	VENTOLIN HFA	83
<i>turqoz</i>	70	VEOZAH	52
TWINRIX	78	<i>verapamil hcl er</i>	47
TYBOST	38	<i>verapamil hcl sr</i>	47
<i>tydemy</i>	70	<i>verapamil hydrochloride</i>	47
TYMLOS	79	<i>verapamil hydrochloride er</i>	47
TYPHIM VI	78	<i>verapamil hydrochloride sr</i>	47
UBRELVY	23	VERQUVO	51
UDENYCA	44	VERSACLOZ	35
UDENYCA ONBODY	44	VERZENIO	31
<i>unithroid</i>	71	<i>vestura</i>	70
UPTRAVI	84	<i>vienva</i>	70
UPTRAVI TITRATION PACK	84	<i>vigabatrin</i>	18
URSODIOL	63	<i>vigadrone</i>	18
<i>ustekinumab</i>	74	VIGAFYDE	18
<i>valacyclovir hydrochloride</i>	39	<i>vigpoder</i>	18
VALCHLOR	25	<i>vilazodone hydrochloride</i>	21
<i>valganciclovir</i>	36	VIMKUNYA	78
VALGANCICLOVIR HYDROCHLORIDE	36	<i>vinblastine sulfate</i>	27
<i>valproic acid</i>	17	<i>vincristine sulfate</i>	27
<i>valsartan</i>	45	<i>vinorelbine tartrate</i>	27
<i>valsartan/hydrochlorothiazide</i>	49	<i>violele</i>	70
VALTOCO 10 MG DOSE	17	VIRACEPT	38
VALTOCO 15 MG DOSE	17	VIREAD	37
VALTOCO 20 MG DOSE	17	VITRAKVI	31
VALTOCO 5 MG DOSE	17	VIVITROL	10
<i>valtya 1/35</i>	70	VIVOTIF	78
<i>valtya 1/50</i>	70	VIZIMPRO	31
<i>vancomycin</i>	12	VOCABRIA	36
<i>vancomycin hcl</i>	12	VONJO	27
VANCOMYCIN HYDROCHLORIDE	12	VOQUEZNA	63
<i>vancomycin hydrochloride/dextrose</i>	12	VOQUEZNA DUAL PAK	12
VANFLYTA	31	VOQUEZNA TRIPLE PAK	12
VAQTA	78	VORANIGO	31
<i>varenicline starting month</i>	10	<i>voriconazole</i>	23
<i>varenicline tartrate</i>	10	VOSEVI	36
VARIVAX	78	VOWST	63
VARIZIG	73	VRAYLAR	35
VAXCHORA	78	<i>vyfemla</i>	70
VAXELIS	78	<i>vylibra</i>	70
<i>velivet</i>	70	VYZULTA	82
VELPHORO	62	<i>warfarin sodium</i>	44
VELTASSA	62	WELIREG	64
VEMLIDY	36	WEZLANA	74
VENCLEXTA	31	WINREVAIR	84
VENCLEXTA STARTING PACK	31	<i>wixela inhub</i>	85
VENLAFAXINE BESYLATE ER	21	WYOST	79
<i>venlafaxine hydrochloride</i>	21	XALKORI	31

Drug Name	Page #
<i>xarah fe</i>	70
XARELTO	44
XARELTO STARTER PACK	44
XATMEP	76
XCOPRI	18
XDEMVY	81
XELJANZ	74
XELJANZ XR	74
<i>xelria fe</i>	70
XERMELO	63
XIFAXAN	63
XIGDUO XR	41
XIIDRA	80
XOFLUZA	39
XOLAIR	74
XOSPATA	31
XPOVIO	31
XPOVIO 60 MG TWICE WEEKLY	31
XPOVIO 80 MG TWICE WEEKLY	31
XTANDI	25
YARGESA	64
YF-VAX	78
YONSA	25
YULITHIRA	31
<i>yuvaferm</i>	70
<i>zafirlukast</i>	83
<i>zaleplon</i>	86
ZARXIO	44
ZEJULA	31
ZELBORAF	31
<i>zelvysia</i>	65
<i>zenatane</i>	53
ZENPEP	65
<i>zidovudine</i>	37
<i>ziprasidone hcl</i>	35
<i>ziprasidone mesylate</i>	35
ZIRGAN	81
<i>zoledronic acid</i>	79
ZOLINZA	27
<i>zolpidem tartrate</i>	86
ZONISADE	18
<i>zonisamide</i>	18
<i>zovia 1/35</i>	70
ZTALMY	18
ZURZUVAE	20
ZYDELIG	31
ZYKADIA	31
ZYPREXA RELPREVV	35

This formulary was updated on 06/23/2026. For more recent information or other questions, please contact PrimeTime Health Plan Customer Service at 1-800-577-5084 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.