

2025



Vermont Blue Advantage Group PPO 6 TierSM

Updated: 09/17/2024

Formulary 25379

Comprehensive Formulary

(List of Covered Drugs)

Please read: this document contains information about the drugs we cover in this plan.

This formulary was updated on **09/17/2024**. For more recent information or other questions, please contact us, **Vermont Blue Advantage Group PPO 6 Tier** Customer Service, at **1-855-489-0646** or, for TTY users, **711**, 24 hours a day, 7 days a week, or visit www.VermontBlueAdvantage.com/formularies.

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 Vermont Blue Advantage. When it refers to “plan” or “our plan,” it means **Vermont Blue Advantage Group PPO 6 Tier**.

This document includes a Drug List (formulary) for our plan which is current as of **September 17, 2024**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Vermont Blue Advantage Group PPO 6 Tier 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 **Vermont Blue Advantage Group PPO 6 Tier** 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. **Vermont Blue Advantage Group PPO 6 Tier** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Vermont Blue Advantage Group PPO 6 Tier** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

For a complete listing of all prescription drugs covered by **Vermont Blue Advantage Group PPO 6 Tier**, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

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

www.VermontBlueAdvantage.com/formularies

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on

the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below entitled “How do I request an exception to the Vermont Blue Advantage PPO 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 Vermont Blue Advantage Group PPO 6 Tier Formulary?”

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

The enclosed formulary is current as **September 17, 2024**. To get updated information about the drugs covered by **Vermont Blue Advantage Group PPO 6 Tier**, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 57. 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?

Vermont Blue Advantage Group PPO 6 Tier 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: Vermont Blue Advantage Group PPO 6 Tier** requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from **Vermont Blue Advantage Group PPO 6 Tier** before you fill your prescriptions. If you don't get approval, **Vermont Blue Advantage Group PPO 6 Tier** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Vermont Blue Advantage Group PPO 6 Tier** limits the amount of the drug that **Vermont Blue Advantage Group PPO 6 Tier** will cover. For example, **Vermont Blue Advantage Group PPO 6 Tier** provides thirty tablets per prescription for *simvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Vermont Blue Advantage Group PPO 6 Tier** 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, **Vermont Blue Advantage Group PPO 6 Tier** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Vermont Blue Advantage Group PPO 6 Tier** will then cover Drug B.

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

You can ask **Vermont Blue Advantage Group PPO 6 Tier** 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 Vermont Blue Advantage PPO Formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that **Vermont Blue Advantage Group PPO 6 Tier** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Vermont Blue Advantage Group PPO 6 Tier**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **Vermont Blue Advantage Group PPO 6 Tier**.
- You can ask **Vermont Blue Advantage Group PPO 6 Tier** 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 Vermont Blue Advantage Group PPO 6 Tier Formulary?

You can ask **Vermont Blue Advantage Group PPO 6 Tier** 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, **Vermont Blue Advantage Group PPO 6 Tier** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, **Vermont Blue Advantage Group PPO 6 Tier** 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 a 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 108 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 108 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 108 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 move into (or out of) a long-term care facility, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your *Evidence of Coverage* or visit our website at **www.VermontBlueAdvantage.com/transition**.

For more information

For more detailed information about your **Vermont Blue Advantage Group PPO 6 Tier** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Vermont Blue Advantage Group PPO 6 Tier**, 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>.

Vermont Blue Advantage Group PPO 6 Tier Formulary

The formulary below provides coverage information about the drugs covered by **Vermont Blue Advantage Group PPO 6 Tier**. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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

The information in the Requirements/Limits column tells you if **Vermont Blue Advantage PPO 6 Tier** has any special requirements for coverage of your drug.

Description of our Formulary Drug Tiers

Drug Tiers	Includes
Tier 1: Preferred Generic	This is a broad selection of generic drugs available at a low or no cost sharing tier.
Tier 2: Generic	These are generic drugs but not the lowest cost-sharing tier.
Tier 3: Preferred Brand	This tier contains mostly brand-name drugs as well as some high-cost generics. It also contains Select Insulins.
Tier 4: Non-preferred	These are brand and generic drugs not in a preferred tier.
Tier 5: Specialty Tier	This contains high-cost generic and brand-name drugs
Tier 6: Select Care Drugs	These are select generic drugs available at a \$0 copay.

Vermont Blue Advantage Group PPO 6 Tier Drug Tier Costs							
Tier	Drug Description	Up to a 30-day supply				Up to a 90-day supply*	
		Retail network pharmacy cost sharing	Mail-order cost sharing	Long-term care (LTC) cost sharing*	Out-of-network cost sharing	Standard retail cost sharing	Mail-order cost sharing
Tier 1	Preferred Generic	For member cost share details, see the prescription drug tables in your <i>Evidence of Coverage Medical Benefits Chart</i> .					
Tier 2	Generic						
Tier 3	Preferred Brand						
Tier 4	Non-Preferred Brand						
Tier 5	Specialty Tier						
Tier 6	Select Care Drugs						

*Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

**Long-term care medication copays are based on a 31-day supply.

- Our plan covers most adult Part D vaccines at no cost to you. Call Customer Service for more information.
- You won't pay more than \$35 for a one-month supply of each covered insulin product, regardless of the cost-sharing tier.

Definitions	
Symbol	Definition
B/D	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-extended Days' Supply. This drug is not available for an extended days' supply.
QL	Drug has Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for <i>rosuvastatin</i> .
PA	Prior Authorization. The plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
ST	Step Therapy. In some cases, our 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.

Brand-name drugs are CAPITALIZED.

Generic drugs are *lower-case italics*.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days)
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	4	PA
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	3	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>morphine sulfate er tablet extended release</i>	3	NDS
<i>XTAMPZA ER</i>	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	2	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate oral solution, tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	4	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
OPVEE	3	

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Drug Name	Drug Tier	Requirements/Limits
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>varenicline starting month box</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>arikayce</i>	5	PA
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindacin etz pledgets</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
<i>daptomycin/sodium chloride injection 1000mg/100ml; 0.9%</i>	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tigecycline</i>	5	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 750mg</i>	3	
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcilin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	3	
<i>meropenem injection 1gm, 500mg</i>	3	
<i>meropenem injection 2gm</i>	4	
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr tablet delayed release</i>	4	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	5	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim tablet</i>	2	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>monodoxyne nl capsule 100mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	3	

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<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra tablet 500mg</i>	2	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	2	
<i>topiramate capsule sprinkle</i>	3	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)

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VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
VIGAFYDE	5	PA
<i>vigpoder</i>	5	PA
ZTALMY	5	PA
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er</i>	4	
<i>carbamazepine tablet chewable</i>	2	
<i>carbamazepine suspension, tablet</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	3	
<i>oxcarbazepine suspension</i>	4	
PHENYTEK	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
ZONISADE	4	ST
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	2	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	3	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride tablet</i>	2	

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Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days); ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	2	
<i>escitalopram oxalate solution</i>	4	
FETZIMA	4	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>nefazodone hydrochloride</i>	4	

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<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	3	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	3	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D

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<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
CASPOFUNGIN ACETATE INJECTION 70MG	4	
<i>caspofungin acetate injection 50mg</i>	4	
<i>clotrimazole cream</i>	2	QL(90 GM per 30 days)
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	2	
<i>colchicine tablet 0.6mg</i>	3	
<i>probenecid/colchicine</i>	2	

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<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
<i>Prophylactic</i>		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D

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GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU	5	PA
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	4	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
AKEEGA	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
INREBIC	5	PA
IWILFIN	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LAZCLUZE TABLET 240MG	5	PA
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA
<i>leucovorin calcium tablet</i>	3	
LONSURF	5	PA
LYSODREN	5	
OGSIVEO	5	PA

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OJEMDA	5	PA
ONUREG	5	PA
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
SYNRIBO	5	
TRUSELTIQ	5	PA
VONJO	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
AUGTYRO	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 40MG, 60MG	5	PA
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA
EXKIVITY	5	
FOTIVDA	5	PA
FRUZAQLA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GAVRETO	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA
IDHIFA	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	PA
<i>imatinib mesylate tablet 400mg</i>	4	PA
IMBRUVICA CAPSULE, SUSPENSION	5	PA
IMBRUVICA TABLET 420MG, 560MG	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LUMAKRAS	5	PA
LYNPARZA TABLET	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 20 MG DAILY DOSE
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL(180 EA per 30 days); PA
NINLARO	5	PA
ODOMZO	5	PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	PA
PEMAZYRE	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE	5	PA

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PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
QINLOCK	5	PA
RETEVMO CAPSULE	5	PA
RETEVMO TABLET 120MG, 160MG	5	PA
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA
REZLIDHIA	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TABRECTA	5	QL(120 EA per 30 days); PA
TAFINLAR	5	PA
TAGRISSE TABLET 80MG	5	PA
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA
TALZENNA	5	PA
TASIGNA	5	PA
TAZVERIK	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TORPENZ	5	QL(30 EA per 30 days); PA
TRUQAP TABLET	5	PA
TUKYSA	5	PA
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	4	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
XALKORI	5	PA
XOSPATA	5	PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA

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ZEJULA CAPSULE	5	PA
ZEJULA TABLET 200MG, 300MG	5	PA
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA TABLET	5	PA
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>benznidazole</i>	4	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	4	PA

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Drug Name	Drug Tier	Requirements/Limits
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir, injection</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet 2mg, 4mg</i>	3	
<i>perphenazine tablet 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	

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<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA
FANAPT	5	QL(60 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(16 EA per 365 days); ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	4	
<i>risperidone er injection 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)

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ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg, 25mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>ganciclovir injection 500mg/10ml</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	5	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(30 EA per 30 days)
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)

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ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>efavirenz tablet</i>	4	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	4	QL(90 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	QL(60 EA per 30 days)
<i>nevirapine tablet</i>	2	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	3	QL(1200 ML per 30 days)
PIFELTRO	5	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir tablet</i>	4	QL(60 EA per 30 days)
<i>abacavir solution</i>	4	QL(960 ML per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	QL(850 ML per 30 days)
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	QL(960 ML per 30 days)
<i>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days)

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<i>lamivudine tablet 150mg</i>	3	QL(60 EA per 30 days)
ODEFSEY	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
<i>zidovudine capsule</i>	3	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	3	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
RUKOBIA	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days)
TYBOST	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	5	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	5	QL(60 EA per 30 days)
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	QL(120 EA per 30 days)
LEXIVA SUSPENSION	4	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	QL(360 EA per 30 days)
NORVIR SOLUTION	4	QL(480 ML per 30 days)
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET	5	QL(180 EA per 30 days)
<i>ritonavir</i>	3	QL(360 EA per 30 days)
SYM TUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)

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Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
XOFLUZA TABLET THERAPY PACK 20MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
VYJUVEK	5	PA
Antiviral, Coronavirus Agents		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>buspirone hydrochloride tablet 30mg</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, solution</i>	2	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI	4	PA
Mood Stabilizers		

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate capsule 600mg</i>	2	
<i>lithium carbonate tablet</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	6	
<i>glipizide er</i>	6	
<i>glipizide xl</i>	6	
<i>glipizide/metformin hydrochloride</i>	6	
<i>glipizide tablet</i>	6	
<i>glyburide/metformin hydrochloride</i>	6	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	6	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	
<i>repaglinide</i>	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA

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ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	6	
<i>irbesartan</i>	6	
<i>losartan potassium tablet</i>	6	
<i>olmesartan medoxomil tablet</i>	6	
<i>telmisartan</i>	6	
<i>valsartan tablet</i>	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	6	
<i>benazepril hydrochloride tablet 20mg</i>	6	
<i>captopril tablet</i>	6	
<i>enalapril maleate tablet</i>	6	
<i>fosinopril sodium</i>	6	
<i>lisinopril tablet</i>	6	
<i>moexipril hcl</i>	6	
<i>perindopril erbumine</i>	6	
<i>quinapril hydrochloride</i>	6	
<i>ramipril</i>	6	
<i>trandolapril</i>	6	

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Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg</i>	4	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	4	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine sulfate tablet</i>	4	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	4	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hydrochloride</i>	4	
<i>nebivolol tablet 5mg</i>	4	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
Cardiovascular Agents, Other		
<i>aliskiren</i>	6	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	6	
<i>amlodipine besylate/valsartan</i>	6	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	6	
<i>captopril/hydrochlorothiazide</i>	6	
<i>enalapril maleate/hydrochlorothiazide</i>	6	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	6	
<i>irbesartan/hydrochlorothiazide</i>	6	
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	6	
<i>losartan potassium/hydrochlorothiazide</i>	6	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	6	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	6	
<i>ranolazine er</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	6	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>torsemide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate capsule 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	6	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	6	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	6	
<i>rosuvastatin calcium tablet</i>	6	
<i>simvastatin tablet</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	6	
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<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>	3	QL(90 EA per 30 days); Extended-release tablet 10mg
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 12.5mg
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 15mg

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 20mg
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 5mg
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 7.5mg
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	4	
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE THERAPY PACK	5	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 0; 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
VEOZAH	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acitretin</i>	4	
<i>amnesteam</i>	4	
<i>azelaic acid</i>	4	QL(100 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream 0.1%</i>	4	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
Dermatitis and Pruritus Agents		
ADBRY	5	QL(6 ML per 28 days); PA
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented gel, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, gel, ointment, solution</i>	3	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	3	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	3	QL(60 GM per 30 days)
<i>fluocinonide solution</i>	3	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 1%, 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	4	
<i>selenium sulfide</i>	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	QL(48 EA per 30 days)
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetonide ointment</i>	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
ssd	2	
<i>urea lotion 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days)
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate external solution 1%</i>	3	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	

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Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 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
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er capsule extended release</i>	2	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride solution 10%</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	

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<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
<i>penicillamine tablet</i>	5	
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	
VELPHORO	5	
Potassium Binders		
KIONEX SUSPENSION	3	
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i>	3	
VELTASSA	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine capsule</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucrafate tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	3	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
EVRYSDI	5	QL(240 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
FABRAZYME	5	PA
<i>l-glutamine</i>	5	PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
SUCRAID	5	PA
TEGSEDI	5	PA
WELIREG	5	PA
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	2	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tablet</i>	3	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tablet 25mg	3	
dexamethasone solution	2	
dexamethasone elixir	3	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet	2	
hydrocortisone tablet 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tablet therapy pack	2	
methylprednisolone tablet	2	
prednisolone sodium phosphate solution 15mg/5ml	2	
prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml	4	
prednisolone solution	2	
prednisone tablet therapy pack	2	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
triamcinolone acetonide injection 10mg/ml	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	3	
desmopressin acetate solution 0.01%	4	
GENOTROPIN	5	PA
GENOTROPIN MINQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule	4	
testosterone cypionate injection 100mg/ml, 200mg/ml	2	PA
testosterone enanthate injection	3	PA
testosterone pump	4	PA
testosterone gel 25mg/2.5gm, 50mg/5gm	4	PA
Estrogens		
afirmelle	3	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
amabelz	4	
amethia	4	QL(91 EA per 91 days)
amethyst	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ashlyna</i>	4	QL(91 EA per 91 days)
<i>aubra</i>	3	
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR, 0.1MG/24HR	4	
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr</i>	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol oral tablet</i>	2	
<i>estradiol cream, patch weekly</i>	3	
<i>estradiol patch twice weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
<i>fyavolv</i>	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>mimvey</i>	4	
<i>mono-lynyah</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-lynyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	

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<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>xulane</i>	3	
<i>yuvaferm</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>gallifrey</i>	2	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
LILETTA	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	
<i>megestrol acetate suspension 40mg/ml</i>	3	
NEXPLANON	3	
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	4	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tablet</i>	2	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
GAMASTAN	3	PA
HIZENTRA INJECTION 1GM/5ML, 2GM/10ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
PRIVIGEN	5	PA
<i>Immunological Agents, Other</i>		
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA

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DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(3 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
VEOPOZ	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBIM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
<i>infliximab</i>	5	PA
JYLAMVO	5	PA
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	PA
Vaccines		
ABRYSVO	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL	1	
AREXVY	1	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	1	
BEXSERO	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
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	
DENG VAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGRIX-B	1	B/D
GARDASIL 9 INJECTION 0	1	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	1	

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Drug Name	Drug Tier	Requirements/Limits
IXCHIQ	3	
IXIARO	1	
JYNNEOS	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	1	
MENACTRA	1	
<i>menquadfi</i>	1	
MENVEO	1	
MRESVIA	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	1	
STAMARIL	1	
TDVAX	1	
TENIVAC	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	1	
TICOVAC	3	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX	1	
VAXCHORA	3	

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VAXELIS	3	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	4	
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
Glucocorticoids		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	6	QL(1 EA per 28 days)
<i>paricalcitol capsule 1mcg, 2mcg</i>	3	
<i>paricalcitol capsule 4mcg</i>	4	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL(200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	3	QL(200 EA per 30 days)
ELLA	3	
NUTRILIPID	4	B/D
OMNIPOD 5 DEXG7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
SKYCLARYS	5	QL(90 EA per 30 days); PA
sodium chloride 0.9%	2	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
ZOKINVY	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	3	
COMBIGAN	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	2	
neo-polycin	3	
neo-polycin hc	3	

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<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine</i>	4	
XDEMYY	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
FLAREX	3	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	

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LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	4	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>dorzolamide hydrochloride</i>	2	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDHALER	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	

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<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule</i>	4	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	4	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml</i>	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>epinephrine injection 0.3mg/0.3ml</i>	3	Applies to products manufactured by Impax or Lineage Therapeutics
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA

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Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
<i>pirfenidone capsule</i>	5	PA
PIRFENIDONE TABLET 534MG	5	PA
<i>pirfenidone tablet 267mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA	3	QL(24 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
<i>breynd</i>	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA

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

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	<i>abacavir</i>	21	<i>alclometasone dipropionate</i>	34
	<i>abacavir sulfate/lamivudine</i>	21	ALCOHOL PREP PADS	50
	ABELCET	11	ALECENSA	14
	ABILIFY MAINTENA	18	<i>alendronate sodium</i>	50
	<i>abiraterone acetate</i>	13	<i>alfuzosin hcl er</i>	39
	ABRYSVO	48	ALINIA	17
	<i>acamprosate calcium dr</i>	2	<i>aliskiren</i>	29
	<i>acarbose</i>	24	<i>allopurinol</i>	11
	<i>acebutolol hydrochloride</i>	28	<i>alosetron hydrochloride</i>	37
	<i>acetaminophen/codeine</i>	1	<i>alprazolam</i>	23
	<i>acetazolamide</i>	53	<i>altavera</i>	40
	<i>acetazolamide er</i>	53	ALUNBRIG	14
	<i>acetic acid</i>	53	<i>alyacen 1/35</i>	40
	<i>acetic acid 0.25%</i>	39	<i>alyacen 7/7/7</i>	40
	<i>acitretin</i>	33	<i>alyq</i>	55
	ACTHIB	48	<i>amabelz</i>	40
	ACTIMMUNE	46	<i>amantadine hcl</i>	23
	<i>acyclovir</i>	23	<i>ambrisentan</i>	55
	<i>acyclovir</i>	35	<i>amethia</i>	40
	<i>acyclovir sodium</i>	23	<i>amethyst</i>	40
	ADACEL	48	<i>amikacin sulfate</i>	3
	ADALIMUMAB-ADB	47	<i>amiloride hcl</i>	30
ADALIMUMAB-ADB	CROHNS/UC/HS	46	<i>amiloride/hydrochlorothiazide</i>	29
	STARTER		AMINOSYN II	36
	ADALIMUMAB-ADB	46	AMINOSYN-PF	36
	PSORIASIS/UEVITIS STARTER		<i>amiodarone hydrochloride</i>	28
ADALIMUMAB-ADB	STARTER	46	<i>amitriptyline hcl</i>	10
	PACKAGE FOR CROHNS		<i>amitriptyline hydrochloride</i>	10
	DISEASE/UC/HS		<i>amlodipine besylate</i>	28
ADALIMUMAB-ADB	STARTER	46	<i>amlodipine besylate/benazepril</i>	29
PACKAGE FOR PSORIASIS/UEVITIS			<i>hydrochloride</i>	
	ADBRY	34	<i>amlodipine besylate/valsartan</i>	29
	<i>adefovir dipivoxil</i>	20	<i>ammonium lactate</i>	34
	ADEMPAS	55	<i>amnesteem</i>	33
	ADVAIR HFA	55	<i>amoxapine</i>	10
	<i>afirmelle</i>	40	<i>amoxicillin</i>	5
	AIMOVIG	12	<i>amoxicillin/clavulanate potassium</i>	4
	AKEEGA	13	<i>amoxicillin/clavulanate potassium er</i>	4
	ALA-CORT	34	<i>amphetamine/dextroamphetamine</i>	31
	<i>albendazole</i>	17	<i>amphotericin b</i>	11
	<i>albuterol sulfate</i>	54	<i>amphotericin b liposome</i>	11
	<i>albuterol sulfate hfa</i>	54	<i>ampicillin</i>	5
			<i>ampicillin sodium</i>	5
			<i>ampicillin/sulbactam</i>	5
			<i>ampicillin-sulbactam</i>	5

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<i>anastrozole</i>	14	<i>aurovela fe 1/20</i>	41
ANORO ELLIPTA	55	AUSTEDO	32
<i>aprepitant</i>	10	AUSTEDO XR	32
APTIOM	8	AUSTEDO XR PATIENT TITRATION	32
APTIVUS	22	KIT	
AREXVY	48	AUVELITY	9
<i>arformoterol tartrate</i>	54	<i>aviane</i>	41
<i>arikayce</i>	3	AVONEX	33
<i>aripiprazole</i>	19	AVONEX PEN	33
<i>aripiprazole odt</i>	19	<i>ayuna</i>	41
ARISTADA	19	AYVAKIT	14
ARISTADA INITIO	19	<i>azathioprine</i>	47
ARMODAFINIL	56	<i>azelaic acid</i>	33
ARNUITY ELLIPTA	53	<i>azelastine hcl</i>	52
<i>asenapine maleate sl</i>	19	<i>azelastine hcl</i>	53
<i>ashlyna</i>	41	<i>azelastine hydrochloride</i>	53
ASMANEX HFA	53	<i>azithromycin</i>	5
ASMANEX TWISTHALER 120	53	<i>aztreonam</i>	3
METERED DOSES		<i>azurette</i>	41
ASMANEX TWISTHALER 14 METERED	53	<i>bacitracin</i>	52
DOSES		<i>bacitracin/polymyxin b</i>	51
ASMANEX TWISTHALER 30 METERED	53	<i>baclofen</i>	20
DOSES		<i>balsalazide disodium</i>	50
ASMANEX TWISTHALER 60 METERED	53	BALVERSA	14
DOSES		<i>balziva</i>	41
<i>aspirin/dipyridamole</i>	27	BAQSIMI ONE PACK	25
<i>aspirin/dipyridamole er</i>	27	BAQSIMI TWO PACK	25
<i>atazanavir</i>	22	BARACLUDE	20
<i>atazanavir sulfate</i>	22	<i>bcg vaccine</i>	48
<i>atenolol</i>	28	BD INSULIN SYRINGE	50
<i>atenolol/chlorthalidone</i>	29	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine</i>	32	B-D INSULIN SYRINGE ULTRAFINE	50
<i>atomoxetine hydrochloride</i>	32	II/0.3ML/31G X 5/16"	
<i>atorvastatin calcium</i>	30	BD INSULIN SYRINGE ULTRA-	50
<i>atovaquone</i>	17	FINE/0.5ML/30G X 12.7MM	
<i>atovaquone/proguanil hcl</i>	17	BD INSULIN SYRINGE ULTRA-	50
<i>atropine sulfate</i>	51	FINE/1ML/31G X 8MM	
ATROVENT HFA	54	BD INSULIN SYRINGE/1ML/29G X	50
<i>aubra</i>	41	12.7MM	
<i>aubra eq</i>	41	BD PEN NEEDLE/ORIGINAL/ULTRA-	51
AUGMENTIN	5	FINE/29G X 12.7MM	
AUGTYRO	14	BD VEO INSULIN SYRINGE ULTRA-	51
<i>aurovela 1.5/30</i>	41	FINE/0.3ML/31G X 6MM	
<i>aurovela 1/20</i>	41	BELSOMRA	56

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<i>benazepril hcl</i>	27	<i>bumetanide</i>	30
<i>benazepril hydrochloride</i>	27	<i>buprenorphine</i>	1
<i>benazepril hydrochloride/hydrochlorothiazide</i>	29	<i>buprenorphine hcl</i>	2
BENLYSTA	45	<i>buprenorphine hcl/naloxone hcl</i>	2
<i>benznidazole</i>	17	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	2
<i>benztropine mesylate</i>	17	<i>bupropion hcl</i>	9
BESIVANCE	52	<i>bupropion hydrochloride</i>	9
BESREMI	46	<i>bupropion hydrochloride er (sr)</i>	3
<i>betaine anhydrous</i>	38	<i>bupropion hydrochloride er (sr)</i>	9
<i>betamethasone dipropionate</i>	34	<i>bupropion hydrochloride er (xl)</i>	9
<i>betamethasone dipropionate augmented</i>	34	<i>buspirone hcl</i>	23
<i>betamethasone valerate</i>	34	<i>buspirone hydrochloride</i>	23
BETASERON	33	<i>butalbital/acetaminophen/caffeine</i>	32
<i>betaxolol hcl</i>	28	BYDUREON BCISE	24
<i>betaxolol hcl</i>	53	BYETTA	24
<i>bethanechol chloride</i>	39	<i>cabergoline</i>	45
<i>bexarotene</i>	17	CABLIVI	27
BEXSERO	48	CABOMETYX	14
<i>bicalutamide</i>	13	<i>calcipotriene</i>	35
BICILLIN L-A	5	<i>calcitonin-salmon</i>	50
BIKTARVY	20	<i>calcitriol</i>	50
<i>bisoprolol fumarate</i>	28	<i>calcium acetate</i>	37
<i>bisoprolol fumarate/hydrochlorothiazide</i>	29	CALQUENCE	14
BIVIGAM	45	<i>camila</i>	44
<i>blisovi fe 1.5/30</i>	41	<i>camrese</i>	41
<i>blisovi fe 1/20</i>	41	<i>camrese lo</i>	41
BOOSTRIX	48	<i>candesartan cilexetil</i>	27
BOSULIF	14	<i>candesartan cilexetil/hydrochlorothiazide</i>	29
BRAFTOVI	14	CAPLYTA	19
BREO ELLIPTA	55	CAPRELSA	14
<i>brey-na</i>	55	<i>captopril</i>	27
BREZTRI AEROSPHERE	55	<i>captopril/hydrochlorothiazide</i>	29
<i>brielllyn</i>	41	<i>carbamazepine</i>	8
BRILINTA	27	<i>carbamazepine er</i>	8
BRIMONIDINE TARTRATE	53	<i>carbidopa</i>	18
<i>brimonidine tartrate/timolol maleate</i>	51	<i>carbidopa/levodopa</i>	18
BRIVIACT	6	<i>carbidopa/levodopa er</i>	18
<i>bromfenac sodium</i>	52	<i>carbidopa/levodopa odt</i>	18
<i>bromocriptine mesylate</i>	18	<i>carglumic acid</i>	36
BRONCHITOL	55	<i>carteolol hcl</i>	53
BRUKINSA	14	<i>cartia xt</i>	29
<i>budesonide</i>	50	<i>carvedilol</i>	28
<i>budesonide</i>	53	CASPOFUNGIN ACETATE	11
<i>budesonide er</i>	50	CAYSTON	54

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<i>cefadroxil</i>	4	<i>cisplatin</i>	12
CEFAZOLIN	4	<i>citalopram hydrobromide</i>	9
<i>cefazolin sodium</i>	4	<i>claravis</i>	34
<i>cefdinir</i>	4	<i>clarithromycin</i>	5
<i>cefepime</i>	4	<i>clarithromycin er</i>	5
<i>cefepime hydrochloride</i>	4	CLENPIQ	37
<i>cefepime/dextrose</i>	4	CLIMARA PRO	41
<i>cefixime</i>	4	<i>clindacin etz pledgets</i>	3
<i>cefotaxime sodium</i>	4	<i>clindacin-p</i>	3
<i>cefotetan</i>	4	<i>clindamycin hcl</i>	3
<i>cefoxitin sodium</i>	4	<i>clindamycin hydrochloride</i>	3
<i>cefpodoxime proxetil</i>	4	<i>clindamycin palmitate hydrochloride</i>	3
<i>cefprozil</i>	4	<i>clindamycin phosphate</i>	3
<i>ceftazidime</i>	4	<i>clindamycin phosphate</i>	35
<i>ceftazidime/dextrose</i>	4	<i>clobazam</i>	7
<i>ceftriaxone sodium</i>	4	<i>clobetasol propionate</i>	34
<i>cefuroxime axetil</i>	4	<i>clobetasol propionate e</i>	34
<i>cefuroxime sodium</i>	4	<i>clomipramine hydrochloride</i>	10
<i>celecoxib</i>	1	<i>clonazepam</i>	7
<i>cephalexin</i>	4	<i>clonazepam odt</i>	7
CERDELGA	38	<i>clonidine hydrochloride</i>	27
<i>chateal</i>	41	<i>clopidogrel</i>	27
<i>chateal eq</i>	41	<i>clorazepate dipotassium</i>	23
CHEMET	36	<i>clotrimazole</i>	11
<i>chlorhexidine gluconate</i>	33	<i>clotrimazole/betamethasone dipropionate</i>	35
<i>chloroquine phosphate</i>	17	<i>clozapine</i>	20
<i>chlorpromazine hcl</i>	18	<i>clozapine odt</i>	20
<i>chlorpromazine hydrochloride</i>	18	COARTEM	17
<i>chlorthalidone</i>	30	<i>colchicine</i>	11
CHOLBAM	38	<i>colestipol hcl</i>	30
<i>cholestyramine</i>	30	<i>colistimethate sodium</i>	3
<i>cholestyramine light</i>	30	COMBIGAN	51
<i>ciclodan</i>	35	COMBIVENT RESPIMAT	55
<i>ciclopirox</i>	35	COMETRIQ	14
<i>ciclopirox nail lacquer</i>	35	COMPLERA	21
<i>ciclopirox olamine</i>	35	<i>compro</i>	10
<i>cilostazol</i>	27	<i>constulose</i>	37
CIMDUO	21	COPIKTRA	14
<i>cinacalcet hydrochloride</i>	50	<i>cortisone acetate</i>	40
CINRYZE	45	COSENTYX	45
<i>ciprofloxacin</i>	6	COSENTYX SENSOREADY PEN	45
<i>ciprofloxacin hcl</i>	5	COSENTYX UNOREADY	45
<i>ciprofloxacin hydrochloride</i>	6	COTELLIC	14
<i>ciprofloxacin hydrochloride</i>	52	CREON	38

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Drug Name	Page #	Drug Name	Page #
<i>cromolyn sodium</i>	38	<i>dextrose 5%</i>	36
<i>cromolyn sodium</i>	52	<i>dextrose 5%/sodium chloride 0.45%</i>	36
<i>cromolyn sodium</i>	55	<i>dextrose 5%/sodium chloride 0.9%</i>	36
<i>cryselle-28</i>	41	DIACOMIT	7
CURITY GAUZE PADS 2"X2" 12 PLY	51	<i>diazepam</i>	23
<i>cyclobenzaprine hydrochloride</i>	56	<i>diazepam intensol</i>	23
<i>cyclophosphamide</i>	12	<i>diazepam rectal gel</i>	7
<i>cycloserine</i>	12	<i>diazoxide</i>	25
<i>cyclosporine</i>	47	<i>diclofenac sodium</i>	1
<i>cyclosporine</i>	51	<i>diclofenac sodium</i>	35
<i>cyclosporine modified</i>	47	<i>diclofenac sodium</i>	52
<i>cyproheptadine hydrochloride</i>	53	<i>diclofenac sodium dr</i>	1
CYSTAGON	38	<i>dicloxacillin sodium</i>	5
CYSTARAN	51	<i>dicyclomine hydrochloride</i>	37
<i>dalfampridine er</i>	33	DIFICID	5
<i>danazol</i>	40	<i>digitek</i>	28
<i>dantrolene sodium</i>	20	<i>digox</i>	28
<i>dapsone</i>	12	<i>digoxin</i>	28
DAPTACEL	48	<i>dihydroergotamine mesylate</i>	12
<i>daptomycin</i>	3	DILANTIN	8
DAPTOMYCIN/SODIUM CHLORIDE	3	<i>diltiazem hcl</i>	29
<i>darunavir</i>	22	<i>diltiazem hcl cd</i>	29
<i>dasatinib</i>	14	<i>diltiazem hcl er</i>	29
<i>dasetta 1/35</i>	41	<i>diltiazem hydrochloride</i>	29
<i>dasetta 7/7/7</i>	41	<i>diltiazem hydrochloride er</i>	29
DAURISMO	14	<i>dilt-xr</i>	29
<i>daysee</i>	41	<i>dimethyl fumarate</i>	33
<i>deblitane</i>	44	<i>dimethyl fumarate starterpack</i>	33
<i>deferasirox</i>	37	<i>diphenhydramine hcl</i>	53
DELSTRIGO	21	<i>diphenoxylate hydrochloride/atropine</i>	37
<i>delyla</i>	41	<i>sulfate</i>	
<i>demeclocycline hcl</i>	6	<i>diphtheria/tetanus toxoids adsorbed</i>	48
<i>demeclocycline hydrochloride</i>	6	<i>pediatric</i>	
DENG VAXIA	48	<i>disulfiram</i>	2
DEPO-SUBQ PROVERA 104	44	<i>divalproex sodium</i>	7
DESCOVY	21	<i>divalproex sodium dr</i>	7
<i>desipramine hydrochloride</i>	10	<i>divalproex sodium er</i>	7
<i>desmopressin acetate</i>	40	<i>dofetilide</i>	28
<i>desogestrel/ethinyl estradiol</i>	41	<i>dolishale</i>	41
<i>desonide</i>	34	<i>donepezil hcl</i>	8
<i>desoximetasone</i>	34	<i>donepezil hydrochloride</i>	8
<i>desvenlafaxine er</i>	9	DOPTELET	27
<i>dexamethasone</i>	40	<i>dorzolamide hcl/timolol maleate</i>	51
<i>dexamethasone sodium phosphate</i>	52	<i>dorzolamide hydrochloride</i>	53
<i>dextroamphetamine sulfate</i>	32	DOTTI	41

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DOVATO	20	ENBREL	47
<i>doxazosin mesylate</i>	39	ENBREL MINI	47
<i>doxepin hcl</i>	10	ENBREL SURECLICK	47
<i>doxepin hydrochloride</i>	10	<i>endocet</i>	1
<i>doxy 100</i>	6	ENGERIX-B	48
<i>doxycycline</i>	6	<i>enilloring</i>	41
<i>doxycycline hyclate</i>	6	<i>enoxaparin sodium</i>	26
<i>doxycycline hyclate</i>	33	<i>enpresse-28</i>	41
<i>doxycycline monohydrate</i>	6	<i>entacapone</i>	17
DRIZALMA SPRINKLE	9	<i>entecavir</i>	20
<i>dronabinol</i>	11	ENTRESTO	29
DROXIA	13	<i>enulose</i>	37
<i>droxidopa</i>	27	ENVARUSUS XR	47
DULERA	55	EPIDIOLEX	6
<i>duloxetine hydrochloride</i>	9	<i>epinephrine</i>	54
DUPIXENT	46	<i>epitol</i>	8
<i>dutasteride</i>	39	<i>eplerenone</i>	31
EASY COMFORT INSULIN	51	EPRONTIA	6
SYRINGE/0.3ML/31G X 1/2"		<i>ergoloid mesylates</i>	8
<i>ec-naproxen</i>	1	<i>ergotamine tartrate/caffeine</i>	12
<i>econazole nitrate</i>	11	ERIVEDGE	14
EDURANT	21	ERLEADA	13
<i>efavirenz</i>	21	<i>erlotinib hydrochloride</i>	14
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	21	<i>errin</i>	44
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	21	<i>ertapenem</i>	5
<i>effek</i>	36	<i>ertapenem sodium</i>	5
<i>elinest</i>	41	<i>ery</i>	35
ELIQUIS	26	<i>erythromycin</i>	35
ELIQUIS STARTER PACK	26	<i>erythromycin</i>	52
ELLA	51	<i>erythromycin dr</i>	5
ELMIRON	39	<i>erythromycin/benzoyl peroxide</i>	34
<i>eluryng</i>	41	<i>escitalopram oxalate</i>	9
EMCYT	13	<i>esomeprazole magnesium</i>	38
EMGALITY	12	<i>estarylla</i>	41
EMPAVELI	46	<i>estradiol</i>	41
EMSAM	9	<i>estradiol/norethindrone acetate</i>	41
<i>emtricitabine</i>	21	ESTRING	41
<i>emtricitabine/tenofovir disoproxil</i>	21	ESZOPICLONE	56
<i>emtricitabine/tenofovir disoproxil fumarate</i>	21	<i>ethambutol hydrochloride</i>	12
EMTRIVA	21	<i>ethosuximide</i>	7
<i>emzahn</i>	44	<i>ethynodiol diacetate/ethinyl estradiol</i>	41
<i>enalapril maleate</i>	27	<i>etonogestrel/ethinyl estradiol</i>	41
<i>enalapril maleate/hydrochlorothiazide</i>	29	<i>etravirine</i>	21
		EUCRISA	34
		<i>euthyrox</i>	44

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<i>everolimus</i>	14	<i>fluphenazine hydrochloride</i>	18
<i>everolimus</i>	47	<i>flurbiprofen</i>	1
EVOTAZ	22	<i>flurbiprofen sodium</i>	52
EVRYSDI	38	<i>flutamide</i>	13
<i>exemestane</i>	14	<i>fluticasone propionate</i>	34
EXKIVITY	14	<i>fluticasone propionate</i>	53
<i>ezetimibe</i>	30	<i>fluticasone propionate/salmeterol</i>	55
<i>ezetimibe/simvastatin</i>	30	<i>fluticasone propionate/salmeterol diskus</i>	55
FABRAZYME	39	<i>fluvastatin</i>	30
<i>falmina</i>	42	<i>fluvastatin sodium er</i>	30
<i>famciclovir</i>	23	<i>fluvoxamine maleate</i>	9
<i>famotidine</i>	38	<i>fondaparinux sodium</i>	26
FANAPT	19	FORTEO	50
FANAPT TITRATION PACK	19	<i>fosamprenavir calcium</i>	22
FARXIGA	31	<i>fosinopril sodium</i>	27
FASENRA	55	<i>fosinopril sodium/hydrochlorothiazide</i>	29
FASENRA PEN	55	FOTIVDA	14
<i>fayosim</i>	42	FRAGMIN	26
<i>felbamate</i>	6	FRUZAQLA	14
<i>felodipine er</i>	28	<i>furosemide</i>	30
<i>femynor</i>	42	FUZEON	22
<i>fenofibrate</i>	30	<i>fyavolv</i>	42
<i>fenofibrate micronized</i>	30	FYCOMPA	6
<i>fenofibric acid dr</i>	30	<i>gabapentin</i>	7
<i>fentanyl</i>	1	<i>galantamine hydrobromide</i>	8
<i>fentanyl citrate oral transmucosal</i>	1	<i>galantamine hydrobromide er</i>	8
FETZIMA	9	<i>gallifrey</i>	44
FETZIMA TITRATION PACK	9	GAMASTAN	45
FINACEA	34	<i>ganciclovir</i>	20
<i>finasteride</i>	39	GARDASIL 9	48
<i>fingolimod hydrochloride</i>	33	<i>gatifloxacin</i>	52
FINTEPLA	6	<i>gavilyte-c</i>	38
FIRMAGON	45	<i>gavilyte-g</i>	38
FLAREX	52	GAVRETO	15
<i>flecainide acetate</i>	28	<i>gefitinib</i>	15
<i>fluconazole</i>	11	<i>gemfibrozil</i>	30
<i>fluconazole in sodium chloride</i>	11	GEMTESA	39
<i>flucytosine</i>	11	<i>generlac</i>	37
<i>fludrocortisone acetate</i>	40	<i>gengraf</i>	47
<i>fluocinolone acetonide</i>	34	GENOTROPIN	40
<i>fluocinonide</i>	34	GENOTROPIN MINIQUICK	40
<i>fluorouracil</i>	35	<i>gentak</i>	52
<i>fluoxetine hydrochloride</i>	9	<i>gentamicin sulfate</i>	3
<i>fluphenazine decanoate</i>	18	<i>gentamicin sulfate</i>	52
<i>fluphenazine hcl</i>	18	<i>gentamicin sulfate pediatric</i>	3

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GENVOYA	20	HUMIRA	47
GILOTRIF	15	HUMIRA PEDIATRIC CROHNS	47
<i>glatiramer acetate</i>	33	DISEASE STARTER PACK	
GLEOSTINE	13	HUMIRA PEN	47
<i>glimepiride</i>	24	HUMIRA PEN-CD/UC/HS STARTER	47
<i>glipizide</i>	24	HUMIRA PEN-PEDIATRIC UC	47
<i>glipizide er</i>	24	STARTER PACK	
<i>glipizide xl</i>	24	HUMIRA PEN-PS/UV STARTER	47
<i>glipizide/metformin hydrochloride</i>	24	HUMULIN 70/30	25
<i>glucagon emergency kit</i>	25	HUMULIN 70/30 KWIKPEN	25
GLUCAGON EMERGENCY KIT FOR	25	HUMULIN N	25
LOW BLOOD SUGAR		HUMULIN N KWIKPEN	25
<i>glyburide</i>	24	HUMULIN R	25
<i>glyburide/metformin hydrochloride</i>	24	HUMULIN R U-500 (CONCENTRATED)	25
<i>glycopyrrolate</i>	37	HUMULIN R U-500 KWIKPEN	25
GLYXAMBI	24	<i>hydralazine hcl</i>	31
<i>griseofulvin microsize</i>	11	<i>hydralazine hydrochloride</i>	31
<i>griseofulvin ultramicrosize</i>	11	<i>hydrochlorothiazide</i>	30
<i>guanfacine hydrochloride er</i>	32	<i>hydrocodone bitartrate/acetaminophen</i>	1
GVOKE HYPOPEN 1-PACK	25	<i>hydrocodone/acetaminophen</i>	2
GVOKE HYPOPEN 2-PACK	25	<i>hydrocortisone</i>	34
GVOKE KIT	25	<i>hydrocortisone</i>	40
GVOKE PFS	25	<i>hydrocortisone</i>	50
<i>hailey 1.5/30</i>	42	<i>hydrocortisone valerate</i>	34
<i>hailey fe 1.5/30</i>	42	<i>hydromorphone hcl</i>	2
<i>hailey fe 1/20</i>	42	<i>hydromorphone hydrochloride</i>	2
<i>halobetasol propionate</i>	34	<i>hydroxychloroquine sulfate</i>	17
<i>haloette</i>	42	<i>hydroxyurea</i>	13
<i>haloperidol</i>	18	<i>hydroxyzine hcl</i>	53
<i>haloperidol decanoate</i>	18	<i>hydroxyzine hydrochloride</i>	53
<i>haloperidol lactate</i>	18	<i>hydroxyzine pamoate</i>	54
HAVRIX	48	HYPERHEP B	45
<i>heather</i>	44	<i>ibandronate sodium</i>	50
<i>heparin sodium</i>	26	IBRANCE	13
HEPLISAV-B	48	IBRANCE	15
HIBERIX	48	<i>ibu</i>	1
HIZENTRA	45	<i>ibuprofen</i>	1
HUMALOG	25	<i>icatibant acetate</i>	45
HUMALOG JUNIOR KWIKPEN	25	<i>iclevia</i>	42
HUMALOG KWIKPEN	25	ICLUSIG	15
HUMALOG MIX 50/50	25	<i>icosapent ethyl</i>	30
HUMALOG MIX 50/50 KWIKPEN	25	IDHIFA	15
HUMALOG MIX 75/25	25	IGALMI	23
HUMALOG MIX 75/25 KWIKPEN	25	<i>imatinib mesylate</i>	15
HUMATIN	3	IMBRUVICA	15

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<i>imipenem/cilastatin</i>	5	JAKAFI	15
<i>imipramine hcl</i>	10	<i>jantoven</i>	26
<i>imipramine hydrochloride</i>	10	JANUMET	24
<i>imiquimod</i>	35	JANUMET XR	24
IMOVAX RABIES (H.D.C.V.)	48	JANUVIA	24
IMPAVIDO	3	JARDIANCE	31
INBRIJA	18	JAYPIRCA	15
<i>incassia</i>	44	<i>jencycla</i>	44
INCRELEX	40	JENTADUETO	24
INCRUSE ELLIPTA	54	JENTADUETO XR	24
<i>indapamide</i>	30	<i>jinteli</i>	42
<i>indomethacin</i>	1	<i>jolessa</i>	42
<i>indomethacin er</i>	1	JUBLIA	11
INFANRIX	48	JULUCA	21
<i>infliximab</i>	48	<i>junel 1.5/30</i>	42
INGREZZA	32	<i>junel 1/20</i>	42
INLYTA	15	<i>junel fe 1.5/30</i>	42
INQOVI	15	<i>junel fe 1/20</i>	42
INREBIC	13	JYLAMVO	48
<i>insulin lispro</i>	25	JYNNEOS	49
INTELENCE	21	KALYDECO	54
<i>introvale</i>	42	<i>kariva</i>	42
INVEGA HAFYERA	19	<i>kelnor 1/35</i>	42
INVEGA SUSTENNA	19	<i>kelnor 1/50</i>	42
INVEGA TRINZA	19	KERENDIA	31
IPOL INACTIVATED IPV	48	KESIMPTA	33
<i>ipratropium bromide</i>	54	<i>ketoconazole</i>	11
<i>ipratropium bromide/albuterol sulfate</i>	55	<i>ketorolac tromethamine</i>	1
<i>irbesartan</i>	27	<i>ketorolac tromethamine</i>	52
<i>irbesartan/hydrochlorothiazide</i>	29	KINERET	46
ISENTRESS	20	KINRIX	49
ISENTRESS HD	20	KIONEX	37
ISONIAZID	12	KISQALI	15
<i>isosorbide dinitrate</i>	31	KISQALI FEMARA 200 DOSE	13
<i>isosorbide mononitrate</i>	31	KISQALI FEMARA 400 DOSE	13
<i>isosorbide mononitrate er</i>	31	KISQALI FEMARA 600 DOSE	13
<i>isotretinoin</i>	34	<i>klayesta</i>	11
ISTURISA	40	<i>klor-con 10</i>	36
<i>itraconazole</i>	11	<i>klor-con 8</i>	36
<i>ivabradine hydrochloride</i>	29	<i>klor-con m10</i>	36
<i>ivermectin</i>	17	<i>klor-con m15</i>	36
IWILFIN	13	<i>klor-con m20</i>	36
IXCHIQ	49	<i>klor-con/ef</i>	36
IXIARO	49	KOSELUGO	15
<i>jaimiess</i>	42	<i>kourzeq</i>	33

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KRAZATI	15	levofloxacin	52
kurvelo	42	levofloxacin in d5w	6
labetalol hydrochloride	28	levonest	42
lacosamide	8	levonorgestrel and ethinyl estradiol	42
lactulose	37	levonorgestrel/ethinyl estradiol	42
LAGEVRIO	23	levora 0.15/30-28	42
lamivudine	20	levo-t	44
lamivudine	21	levothyroxine sodium	44
lamivudine/zidovudine	21	levoxyl	44
lamotrigine	6	LEXIVA	22
lamotrigine starter kit/blue	6	l-glutamine	39
lamotrigine starter kit/green	6	LIBERVANT	7
lamotrigine starter kit/orange	6	lidocaine	2
lansoprazole	38	lidocaine hydrochloride viscous	33
LANTUS	25	lidocaine viscous	33
LANTUS SOLOSTAR	25	lidocaine/prilocaine	2
lapatinib ditosylate	15	LILETTA	44
larin 1.5/30	42	linezolid	3
larin 1/20	42	LINZESS	37
larin fe 1.5/30	42	liothyronine sodium	45
larin fe 1/20	42	lisinopril	27
latanoprost	53	lisinopril/hydrochlorothiazide	29
LAZCLUZE	13	lithium	24
leflunomide	48	lithium carbonate	24
lenalidomide	13	lithium carbonate er	24
LENVIMA 10 MG DAILY DOSE	15	LIVMARLI	38
LENVIMA 12MG DAILY DOSE	15	LIVTENCITY	20
LENVIMA 14 MG DAILY DOSE	15	lojaimiess	42
LENVIMA 18 MG DAILY DOSE	15	LOKELMA	37
LENVIMA 20 MG DAILY DOSE	15	LONSURF	13
LENVIMA 24 MG DAILY DOSE	15	loperamide hcl	37
LENVIMA 4 MG DAILY DOSE	15	lopinavir/ritonavir	22
LENVIMA 8 MG DAILY DOSE	15	lorazepam	23
lessina	42	lorazepam intensol	23
letrozole	14	LORBRENA	15
leucovorin calcium	13	losartan potassium	27
LEUKERAN	13	losartan potassium/hydrochlorothiazide	29
leuprolide acetate	45	LOTEMAX SM	53
levalbuterol hydrochloride	54	lovastatin	30
levalbuterol tartrate hfa	54	low-ogestrel	42
levetiracetam	7	loxapine	18
levetiracetam er	6	lubiprostone	37
levobunolol hcl	53	LUMAKRAS	15
levocetirizine dihydrochloride	54	LUMIGAN	53
levofloxacin	6	LUPRON DEPOT (1-MONTH)	45

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LUPRON DEPOT (3-MONTH)	45	methadone hcl	1
LUPRON DEPOT (4-MONTH)	45	methadone hydrochloride	1
LUPRON DEPOT (6-MONTH)	45	methadone hydrochloride intensol	1
LUPRON DEPOT-PED (1-MONTH)	45	methimazole	45
LUPRON DEPOT-PED (3-MONTH)	45	methocarbamol	56
lurasidone hydrochloride	19	methotrexate	48
lutra	42	methotrexate sodium	48
LYBALVI	19	methsuximide	7
lyleq	44	methyl dopa	27
lyllana	42	methylphenidate hydrochloride	32
LYNPARZA	15	methylprednisolone	40
LYSODREN	13	methylprednisolone dose pack	40
LYTGOBI	15	metoclopramide hcl	38
LYUMJEV	25	metoclopramide hydrochloride	38
LYUMJEV KWIKPEN	25	metolazone	30
lyza	44	metoprolol succinate er	28
magnesium sulfate	36	metoprolol tartrate	28
malathion	35	metronidazole	3
maraviroc	22	metronidazole	34
marlissa	42	metronidazole vaginal	3
MARPLAN	9	metirosine	29
MATULANE	13	mexiletine hcl	28
MAVYRET	20	microgestin 1.5/30	42
MAYZENT	33	microgestin 1/20	42
MAYZENT STARTER PACK	33	microgestin fe 1.5/30	42
meclizine hcl	10	microgestin fe 1/20	42
medroxyprogesterone acetate	44	midodrine hcl	27
mefloquine hcl	17	mifepristone	45
megestrol acetate	44	miglustat	39
MEKINIST	15	mili	42
MEKTOVI	15	mimvey	43
meloxicam	1	minocycline hcl	6
memantine hcl titration pak	8	minocycline hydrochloride	6
memantine hydrochloride	8	minoxidil	31
MENACTRA	49	mirtazapine	9
MENEST	42	mirtazapine odt	9
menquadfi	49	misoprostol	38
MENVEO	49	M-M-R II	49
mercaptopurine	13	modafinil	56
meropenem	5	moexipril hcl	27
mesalamine	50	molindone hydrochloride	18
mesalamine er	50	mometasone furoate	34
MESNEX	17	mometasone furoate	53
metformin hydrochloride	24	mondoxylene nl	6
metformin hydrochloride er	24	mono-lynyah	43

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<i>montelukast sodium</i>	54	<i>nevirapine er</i>	21
<i>morphine sulfate</i>	2	NEXPLANON	44
<i>morphine sulfate er</i>	1	<i>niacin er</i>	30
MOTEGRITY	37	NICOTROL NS	3
MOUNJARO	24	<i>nifedipine er</i>	28
<i>moxifloxacin hydrochloride/sodium</i>	6	<i>nilutamide</i>	13
<i>hydrochloride</i>		<i>nimodipine</i>	29
<i>moxifloxacin hydrochloride</i>	6	NINLARO	15
<i>moxifloxacin hydrochloride</i>	52	<i>nitazoxanide</i>	17
MRESVIA	49	<i>nitisinone</i>	39
<i>mupirocin</i>	35	<i>nitrofurantoin macrocrystals</i>	4
<i>mycophenolate mofetil</i>	48	<i>nitrofurantoin monohydrate</i>	4
<i>mycophenolic acid dr</i>	48	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
<i>myorisan</i>	34	<i>nitroglycerin</i>	31
MYRBETRIQ	39	<i>nitroglycerin</i>	38
<i>nabumetone</i>	1	<i>nitroglycerin transdermal</i>	31
<i>nadolol</i>	28	<i>nizatidine</i>	38
<i>nafcillin sodium</i>	5	<i>nora-be</i>	44
<i>naloxone hcl</i>	2	<i>norelgestromin/ethinyl estradiol</i>	43
<i>naloxone hydrochloride</i>	2	<i>norethindrone</i>	44
<i>naltrexone hcl</i>	2	<i>norethindrone acetate</i>	44
NAMZARIC	8	<i>norethindrone acetate/ethinyl estradiol</i>	43
<i>naproxen</i>	1	<i>norethindrone acetate/ethinyl</i>	43
<i>naproxen dr</i>	1	<i>estradiol/ferrous fumarate</i>	
NATACYN	52	<i>norgestimate/ethinyl estradiol</i>	43
<i>nateglinide</i>	24	<i>norlyda</i>	44
NAYZILAM	7	<i>norlyroc</i>	44
<i>nebivolol</i>	28	<i>nortrel 0.5/35 (28)</i>	43
<i>nebivolol hydrochloride</i>	28	<i>nortrel 1/35</i>	43
<i>necon 0.5/35-28</i>	43	<i>nortrel 7/7/7</i>	43
<i>nefazodone hydrochloride</i>	9	<i>nortriptyline hcl</i>	10
<i>neomycin sulfate</i>	3	<i>nortriptyline hydrochloride</i>	10
<i>neomycin/bacitracin/polymyxin</i>	52	NORVIR	22
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	52	NOVOLIN 70/30	25
<i>one</i>		NOVOLIN 70/30 FLEXPEN	25
<i>neomycin/polymyxin/dexamethasone</i>	52	NOVOLIN 70/30 FLEXPEN RELION	25
<i>neomycin/polymyxin/gramicidin</i>	52	NOVOLIN 70/30 RELION	25
<i>neomycin/polymyxin/hc</i>	53	NOVOLIN N	25
<i>neomycin/polymyxin/hydrocortisone</i>	53	NOVOLIN N FLEXPEN	25
<i>neo-polycin</i>	51	NOVOLIN N FLEXPEN RELION	25
<i>neo-polycin hc</i>	51	NOVOLIN N RELION	25
NERLYNX	15	NOVOLIN R	25
NEULASTA	26	NOVOLIN R FLEXPEN	25
NEULASTA ONPRO KIT	26	NOVOLIN R FLEXPEN RELION	25
<i>nevirapine</i>	21	NOVOLIN R RELION	25

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NOVOLOG	25	OMNIPOD 5 G7 PODS (GEN 5)	51
NOVOLOG FLEXPEN	26	OMNIPOD 5 LIBRE2 PLUS G6	51
NOVOLOG FLEXPEN RELION	26	OMNIPOD 5 LIBRE2 PLUS G6 PODS	51
NOVOLOG MIX 70/30	26	OMNIPOD CLASSIC PDM STARTER	51
NOVOLOG MIX 70/30 PREFILLED	26	KIT (GEN 3)	
FLEXPEN		OMNIPOD CLASSIC PODS (GEN 3)	51
NOVOLOG MIX 70/30 PREFILLED	26	OMNIPOD DASH INTRO KIT (GEN 4)	51
FLEXPEN RELION		OMNIPOD DASH PDM KIT (GEN 4)	51
NOVOLOG MIX 70/30 RELION	26	OMNIPOD DASH PODS (GEN 4)	51
NOVOLOG PENFILL	26	OMNIPOD GO 10 UNITS/DAY	51
NOVOLOG RELION	26	OMNIPOD GO 15 UNITS/DAY	51
NUBEQA	13	OMNIPOD GO 20 UNITS/DAY	51
NUCALA	55	OMNIPOD GO 25 UNITS/DAY	51
NUEDEXTA	32	OMNIPOD GO 30 UNITS/DAY	51
NUPLAZID	19	OMNIPOD GO 35 UNITS/DAY	51
NUTRILIPID	51	OMNIPOD GO 40 UNITS/DAY	51
<i>nyamyc</i>	11	<i>ondansetron hcl</i>	11
<i>nylia 1/35</i>	43	<i>ondansetron hydrochloride</i>	11
<i>nylia 7/7/7</i>	43	<i>ondansetron odt</i>	11
<i>nymyo</i>	43	ONUREG	14
<i>nystatin</i>	11	OPSUMIT	55
<i>nystatin/triamcinolone</i>	35	OPVEE	2
<i>nystatin/triamcinolone acetonide</i>	35	<i>oralone dental paste</i>	33
<i>nystop</i>	11	ORENCIA	46
<i>octreotide acetate</i>	45	ORENCIA	48
ODEFSEY	22	ORENCIA CLICKJECT	46
ODOMZO	15	ORENITRAM	55
OFEV	55	ORENITRAM TITRATION KIT MONTH	55
<i>ofloxacin</i>	52	1	
<i>ofloxacin</i>	53	ORENITRAM TITRATION KIT MONTH	55
OGSIVEO	13	2	
OJEMDA	14	ORENITRAM TITRATION KIT MONTH	55
OJJAARA	15	3	
<i>olanzapine</i>	19	ORGOVYX	45
<i>olanzapine odt</i>	19	ORKAMBI	54
<i>olmesartan medoxomil</i>	27	<i>orphenadrine citrate er</i>	56
<i>olmesartan medoxomil/hydrochlorothiazide</i>	29	ORSERDU	13
<i>olopatadine hcl</i>	52	<i>oseltamivir phosphate</i>	23
<i>omega-3-acid ethyl esters</i>	30	OSMOLEX ER	17
<i>omeprazole</i>	38	OSPHENA	44
<i>omeprazole dr</i>	38	OTEZLA	35
OMNIPOD 5 DEXG7G6 INTRO KIT	51	OTEZLA	46
(GEN 5)		<i>oxaprozin</i>	1
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	51	<i>oxcarbazepine</i>	8
OMNIPOD 5 G7 INTRO KIT (GEN 5)	51	<i>oxybutynin chloride</i>	39

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<i>oxybutynin chloride er</i>	39	<i>pioglitazone hcl</i>	24
<i>oxycodone hydrochloride</i>	2	<i>pioglitazone hcl/metformin hcl</i>	24
<i>oxycodone/acetaminophen</i>	2	<i>pioglitazone hydrochloride</i>	24
OZEMPIC	24	<i>piperacillin sodium/tazobactam sodium</i>	5
PACERONE	28	PIQRAY 200MG DAILY DOSE	15
<i>paliperidone er</i>	19	PIQRAY 250MG DAILY DOSE	16
PANRETIN	17	PIQRAY 300MG DAILY DOSE	16
<i>pantoprazole sodium</i>	38	<i>pirfenidone</i>	55
<i>paricalcitol</i>	50	<i>piroxicam</i>	1
<i>paroxetine hcl</i>	10	<i>pitavastatin calcium</i>	30
<i>paroxetine hydrochloride</i>	10	PLENAMINE	36
PAXLOVID	23	<i>podofilox</i>	35
<i>pazopanib hydrochloride</i>	15	<i>polycin</i>	52
PEDIARIX	49	<i>polymyxin b sulfate/trimethoprim sulfate</i>	52
PEDVAX HIB	49	POMALYST	13
<i>peg-3350/electrolytes</i>	38	<i>portia-28</i>	43
<i>peg-3350/nacl/na bicarbonate/kcl</i>	38	<i>posaconazole</i>	11
PEGASYS	46	<i>posaconazole dr</i>	11
PEGASYS	48	<i>potassium chloride</i>	36
PEMAZYRE	15	<i>potassium chloride er</i>	36
PENBRAYA	49	<i>potassium citrate er</i>	36
<i>penicillamine</i>	37	PRALUENT	31
<i>penicillin g sodium</i>	5	<i>pramipexole dihydrochloride</i>	18
<i>penicillin v potassium</i>	5	<i>prasugrel hydrochloride</i>	27
PENTACEL	49	<i>pravastatin sodium</i>	30
<i>pentamidine isethionate</i>	17	<i>praziquantel</i>	17
<i>pentoxifylline er</i>	29	<i>prazosin hydrochloride</i>	27
<i>perindopril erbumine</i>	27	<i>prednisolone</i>	40
<i>permethrin</i>	35	<i>prednisolone acetate</i>	53
<i>perphenazine</i>	18	<i>prednisolone sodium phosphate</i>	40
PERSERIS	19	<i>prednisone</i>	40
<i>phenelzine sulfate</i>	9	<i>pregabalin</i>	7
<i>phenobarbital</i>	7	PREHEVBRIO	49
PHENYTEK	8	PREMARIN	43
<i>phenytoin</i>	8	PREMPHASE	43
<i>phenytoin sodium extended</i>	8	PREMPRO	43
PHESGO	14	<i>prenatal</i>	37
<i>philith</i>	43	<i>prevalite</i>	31
PIFELTRO	21	PREVYMIS	20
<i>pilocarpine hcl</i>	53	PREZCOBIX	22
<i>pilocarpine hydrochloride</i>	33	PREZISTA	22
<i>pimecrolimus</i>	35	PRIFTIN	12
<i>pimozide</i>	18	<i>primaquine phosphate</i>	17
<i>pimtrea</i>	43	<i>primidone</i>	7
<i>pindolol</i>	28	PRIORIX	49

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PRIVIGEN	45	RABAVERT	49
PROAIR RESPICLICK	54	<i>rabeprazole sodium</i>	38
<i>probenecid</i>	12	<i>raloxifene hydrochloride</i>	44
<i>probenecid/colchicine</i>	11	<i>ramipril</i>	27
<i>prochlorperazine</i>	10	<i>ranolazine er</i>	29
<i>prochlorperazine maleate</i>	10	<i>rasagiline mesylate</i>	18
PROCRIPT	26	RAYALDEE	50
<i>procto-med hc</i>	50	REBIF	33
<i>proctosol hc</i>	50	REBIF REBIDOSE	33
<i>proctozone-hc</i>	50	REBIF REBIDOSE TITRATION PACK	33
<i>progesterone</i>	44	REBIF TITRATION PACK	33
PROGRAF	48	RECOMBIVAX HB	49
PROLASTIN-C	39	RELISTOR	37
PROLIA	50	<i>repaglinide</i>	24
PROMACTA	26	REPATHA	31
<i>promethazine hcl</i>	10	REPATHA PUSHTRONEX SYSTEM	31
<i>promethazine hydrochloride</i>	10	REPATHA SURECLICK	31
<i>promethazine hydrochloride plain</i>	10	RESTASIS	52
<i>promethegan</i>	10	RESTASIS MULTIDOSE	52
<i>propafenone hcl</i>	28	RETACRIT	26
<i>propafenone hydrochloride</i>	28	RETEVMO	16
<i>propranolol hcl</i>	28	REVCovi	39
<i>propranolol hcl er</i>	28	REXULTI	19
<i>propranolol hydrochloride</i>	28	REYATAZ	22
<i>propranolol hydrochloride er</i>	28	REZLIDHIA	16
<i>propylthiouracil</i>	45	REZUROCK	48
PROQUAD	49	RHOPRESSA	53
<i>protriptyline hcl</i>	10	<i>ribavirin</i>	20
PULMOZYME	54	<i>rifabutin</i>	12
PURIXAN	13	<i>rifampin</i>	12
<i>pyrazinamide</i>	12	<i>riluzole</i>	32
<i>pyridostigmine bromide</i>	12	RINVOQ	46
<i>primethamine</i>	17	RINVOQ LQ	46
PYRUKYND	39	<i>risedronate sodium</i>	50
PYRUKYND TAPER PACK	39	<i>risperidone</i>	19
QINLOCK	16	<i>risperidone er</i>	19
QUADRACEL	49	<i>risperidone odt</i>	19
<i>quetiapine fumarate</i>	19	<i>ritonavir</i>	22
<i>quetiapine fumarate er</i>	19	<i>rivastigmine tartrate</i>	8
<i>quinapril hydrochloride</i>	27	<i>rivastigmine transdermal system</i>	8
<i>quinapril/hydrochlorothiazide</i>	29	<i>rivelsa</i>	43
<i>quinidine sulfate</i>	28	<i>rizatriptan benzoate</i>	12
<i>quinine sulfate</i>	17	<i>rizatriptan benzoate odt</i>	12
QULIPTA	12	ROCKLATAN	52
QVAR REDIHALER	53	<i>roflumilast</i>	55

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ROLVEDON	27	SKYRIZI	46
<i>ropinirole hcl</i>	18	SKYRIZI PEN	46
<i>ropinirole hydrochloride</i>	18	<i>sodium chloride</i>	36
<i>rosadan</i>	34	<i>sodium chloride 0.45%</i>	36
<i>rosuvastatin calcium</i>	30	<i>sodium chloride 0.9%</i>	51
ROTARIX	49	<i>sodium oxybate</i>	56
ROTATEQ	49	<i>sodium phenylbutyrate</i>	39
<i>roweepira</i>	7	<i>sodium polystyrene sulfonate</i>	37
ROZLYTREK	16	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	38
RUBRACA	16		
<i>rufinamide</i>	8	<i>sofosbuvir/velpatasvir</i>	20
RUKOBIA	22	<i>solifenacin succinate</i>	39
RYBELSUS	24	SOLQUA 100/33	24
RYDAPT	16	SOLTAMOX	13
RYTARY	18	SOMAVERT	45
<i>sajazir</i>	45	<i>sorafenib</i>	16
SANDIMMUNE	48	<i>sorafenib tosylate</i>	16
SANTYL	35	<i>sorine</i>	28
<i>sapropterin dihydrochloride</i>	39	<i>sotalol hcl</i>	28
SAVELLA	32	<i>sotalol hydrochloride</i>	28
SAVELLA TITRATION PACK	33	<i>sotalol hydrochloride (af)</i>	28
SCSEMBLIX	16	SOTYKTU	35
<i>scopolamine</i>	10	SPEVIGO	35
SECUADO	19	SPIRIVA RESPIMAT	54
<i>selegiline hcl</i>	18	<i>spironolactone</i>	31
<i>selenium sulfide</i>	35	<i>spironolactone/hydrochlorothiazide</i>	30
SELZENTRY	22	<i>sprintec 28</i>	43
SEREVENT DISKUS	54	SPRITAM	7
<i>sertraline hcl</i>	10	SPRYCEL	16
<i>sertraline hydrochloride</i>	10	<i>sps</i>	37
<i>setlakin</i>	43	<i>sronyx</i>	43
<i>sevelamer carbonate</i>	37	<i>ssd</i>	35
SFROWASA	50	STAMARIL	49
<i>sharobel</i>	44	STELARA	46
SHINGRIX	49	STIOLTO RESPIMAT	56
SIGNIFOR	45	STIVARGA	16
<i>sildenafil citrate</i>	55	<i>streptomycin sulfate</i>	3
<i>silver sulfadiazine</i>	35	STRIBILD	21
SIMBRINZA	52	<i>subvenite</i>	7
<i>simliya</i>	43	<i>subvenite starter kit/blue</i>	7
<i>simpesse</i>	43	<i>subvenite starter kit/green</i>	7
<i>simvastatin</i>	30	<i>subvenite starter kit/orange</i>	7
<i>sirolimus</i>	48	SUCRAID	39
SIRTURO	12	<i>sucrafate</i>	38
SKYCLARYS	51	<i>sulfacetamide sodium</i>	52

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<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	52	<i>terazosin hcl</i>	39
<i>sulfadiazine</i>	6	<i>terazosin hydrochloride</i>	39
<i>sulfamethoxazole/trimethoprim</i>	6	<i>terbinafine hcl</i>	11
<i>sulfamethoxazole/trimethoprim ds</i>	6	<i>terconazole</i>	11
<i>sulfasalazine</i>	50	<i>teriparatide</i>	50
<i>sulindac</i>	1	<i>testosterone</i>	40
<i>sumatriptan</i>	12	<i>testosterone cypionate</i>	40
<i>sumatriptan succinate</i>	12	<i>testosterone enanthate</i>	40
<i>sunitinib malate</i>	16	<i>testosterone pump</i>	40
SUNLENCA	22	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	49
SUTAB	38	<i>tetrabenazine</i>	32
SYMPAZAN	7	<i>tetracycline hydrochloride</i>	6
SYMTUZA	22	TEVIMBRA	17
SYNJARDY	24	THALOMID	13
SYNJARDY XR	24	<i>theophylline er</i>	55
SYNRIBO	14	<i>thioridazine hcl</i>	18
TABLOID	13	<i>thiothixene</i>	18
TABRECTA	16	<i>tiadylt er</i>	29
<i>tacrolimus</i>	35	<i>tiagabine hydrochloride</i>	7
<i>tacrolimus</i>	48	TIBSOVO	16
<i>tadalafil</i>	39	TICOVAC	49
<i>tadalafil</i>	55	<i>tigecycline</i>	4
TAFINLAR	16	<i>timolol maleate</i>	12
TAGRISO	16	<i>timolol maleate</i>	53
TALZENNA	16	<i>tinidazole</i>	4
<i>tamoxifen citrate</i>	13	<i>tiotropium bromide</i>	54
<i>tamsulosin hydrochloride</i>	39	TIVICAY	21
<i>tarina fe 1/20</i>	43	TIVICAY PD	21
<i>tarina fe 1/20 eq</i>	43	<i>tizanidine hcl</i>	20
TASIGNA	16	<i>tizanidine hydrochloride</i>	20
TAVNEOS	46	TOBI PODHALER	54
<i>tazarotene</i>	34	TOBRADEX ST	52
TAZICEF	4	<i>tobramycin</i>	52
<i>taztia xt</i>	29	<i>tobramycin</i>	54
TAZVERIK	16	<i>tobramycin sulfate</i>	3
TDVAX	49	<i>tobramycin/dexamethasone</i>	52
TEFLARO	4	<i>topiramate</i>	7
TEGSEDI	39	<i>topotecan hcl</i>	14
<i>telmisartan</i>	27	<i>topotecan hydrochloride</i>	14
<i>telmisartan/hydrochlorothiazide</i>	30	<i>toremifene citrate</i>	13
<i>temazepam</i>	56	TORPENZ	16
TENIVAC	49	<i>torseamide</i>	30
<i>tenofovir disoproxil fumarate</i>	22	TOUJEO MAX SOLOSTAR	26
TEPMETKO	16	TOUJEO SOLOSTAR	26

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TRADJENTA	24	TUKYSA	16
<i>tramadol hydrochloride</i>	2	TURALIO	16
<i>tramadol hydrochloride/acetaminophen</i>	2	<i>turqoz</i>	43
<i>trandolapril</i>	27	TWINRIX	49
<i>tranexamic acid</i>	27	TYBOST	22
<i>tranylcypromine sulfate</i>	9	TYMLOS	50
<i>trazodone hydrochloride</i>	10	TYPHIM VI	49
TRECATOR	12	TYRVAYA	3
TRELEGY ELLIPTA	56	UBRELVY	12
TRELSTAR MIXJECT	45	UDENYCA	27
TRESIBA	26	UDENYCA ONBODY	27
TRESIBA FLEXTOUCH	26	<i>unithroid</i>	45
<i>tretinoin</i>	17	<i>urea</i>	35
<i>tretinoin</i>	34	<i>ursodiol</i>	38
<i>tri femynor</i>	43	<i>valacyclovir hydrochloride</i>	23
<i>triamcinolone acetonide</i>	35	VALCHLOR	13
<i>triamcinolone acetonide</i>	40	<i>valganciclovir</i>	20
<i>triamcinolone acetonide dental paste</i>	33	<i>valganciclovir hydrochloride</i>	20
<i>triamterene</i>	30	<i>valproic acid</i>	7
<i>triamterene/hydrochlorothiazide</i>	30	<i>valsartan</i>	27
<i>triderm</i>	35	<i>valsartan/hydrochlorothiazide</i>	30
<i>trientine hydrochloride</i>	37	VALTOCO 10 MG DOSE	7
<i>tri-estarylla</i>	43	VALTOCO 15 MG DOSE	8
<i>trifluoperazine hcl</i>	18	VALTOCO 20 MG DOSE	8
<i>trifluoperazine hydrochloride</i>	18	VALTOCO 5 MG DOSE	8
<i>trifluridine</i>	52	<i>vancomycin hcl</i>	4
<i>trihexyphenidyl hydrochloride</i>	17	<i>vancomycin hydrochloride</i>	4
TRIJARDY XR	24	VANFLYTA	16
TRIKAFTA	54	VAQTA	49
<i>tri-lynyah</i>	43	<i>varenicline starting month box</i>	3
<i>trimethoprim</i>	4	<i>varenicline tartrate</i>	3
<i>tri-mili</i>	43	VARIVAX	49
<i>trimipramine maleate</i>	10	VAXCHORA	49
TRINTELLIX	10	VAXELIS	50
<i>tri-nymyo</i>	43	VELPHORO	37
<i>tri-sprintec</i>	43	VELTASSA	37
TRIUMEQ	22	VENCLEXTA	16
TRIUMEQ PD	22	VENCLEXTA STARTING PACK	16
<i>trivora-28</i>	43	<i>venlafaxine hydrochloride</i>	10
<i>tri-vylibra</i>	43	<i>venlafaxine hydrochloride er</i>	10
TRIZIVIR	22	VENTAVIS	55
TRULICITY	24	VEOPOZ	46
TRUMENBA	49	VEOZAH	32
TRUQAP	16	<i>verapamil hcl</i>	29
TRUSELTIQ	14	<i>verapamil hcl er</i>	29

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<i>verapamil hydrochloride</i>	29	XELJANZ	46
<i>verapamil hydrochloride er</i>	29	XELJANZ XR	46
VERQUVO	31	XERMELO	37
VERSACLOZ	20	XGEVA	50
VERZENIO	16	XIFAXAN	38
V-GO 20	51	XIGDUO XR	24
V-GO 30	51	XIIDRA	52
V-GO 40	51	XOFLUZA	23
<i>vienva</i>	43	XOLAIR	46
<i>vigabatrin</i>	8	XOLREMDI	27
<i>vigadrone</i>	8	XOSPATA	16
VIGAFYDE	8	XPOVIO	16
<i>vigpoder</i>	8	XPOVIO 60 MG TWICE WEEKLY	16
<i>vilazodone hydrochloride</i>	10	XPOVIO 80 MG TWICE WEEKLY	16
<i>viorele</i>	43	XTAMPZA ER	1
VIRACEPT	22	XTANDI	13
VIREAD	22	<i>xulane</i>	44
VISTOGARD	51	<i>yargesa</i>	39
VITRAKVI	16	YF-VAX	50
VIVITROL	2	YUPELRI	54
VIZIMPRO	16	<i>yuvaferm</i>	44
VOCABRIA	21	<i>zafemy</i>	44
<i>volnea</i>	44	<i>zafirlukast</i>	54
VONJO	14	<i>zaleplon</i>	56
VORANIGO	17	ZARXIO	27
<i>voriconazole</i>	11	ZEJULA	17
VOSEVI	20	ZELBORAF	17
VOWST	38	<i>zenatane</i>	34
VRAYLAR	19	ZENPEP	39
VUMERITY	33	ZEPOSIA	33
<i>vyfemla</i>	44	ZEPOSIA 7-DAY STARTER PACK	33
VYJUVEK	23	ZEPOSIA STARTER KIT	33
<i>vylibra</i>	44	<i>zidovudine</i>	22
VYNDAMAX	30	<i>ziprasidone hcl</i>	19
VYZULTA	53	<i>ziprasidone mesylate</i>	19
<i>warfarin sodium</i>	26	ZIRGAN	52
WELIREG	39	ZOKINVY	51
<i>wera</i>	44	ZOLINZA	14
<i>wixela inhub</i>	56	<i>zolmitriptan</i>	12
XALKORI	16	<i>zolpidem tartrate</i>	56
XARELTO	26	<i>zolpidem tartrate er</i>	56
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This formulary was updated on **09/17/2024**. For more recent information or other questions, please contact **Vermont Blue Advantage Group PPO 6 Tier** Customer Service at **1-855-489-0646** or, for TTY users, **711**, 24 hours a day, 7 days a week or visit www.VermontBlueAdvantage.com/formularies.

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