



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

This formulary applies to the following plans:

Arizona:

- eternalHealth Horizon (HMO)
- eternalHealth Grand Give Back (HMO)

Massachusetts:

- eternalHealth Forever (HMO)
- eternalHealth Freedom (PPO)
- eternalHealth Give Back (PPO)

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

HPMS Approved Formulary File Submission ID: 25380, Version Number 8

This formulary was updated on 09/17/2024. For more recent information or other questions, please contact eternalHealth Pharmacy Member Service at 1-800-891-6989 (TTY users should call 711), 24 hours/7 days a week, or visit www.eternalHealth.com.

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means eternalHealth. When it refers to “plan” or “our plan,” it means eternalHealth Forever (HMO), eternalHealth

Freedom (PPO), eternalHealth Give Back (PPO), eternalHealth Horizon (HMO), and eternalHealth Grand Give Back (HMO).

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

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

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 01/01/2025. To get updated information about the drugs covered by eternalHealth please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted online

monthly with all applicable changes. In the event of mid-year non-maintenance formulary change, you will be notified.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page table 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on 9 . 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 72. 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?

eternalHealth 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, Chapter5, 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:** eternalHealth requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from eternalHealth before you fill your prescriptions. If you don't get approval, eternalHealth may not cover the drug.
- **Quantity Limits:** For certain drugs, eternalHealth limits the amount of the drug that eternalHealth will cover. For example, eternalHealth provides 60 per prescription for pantoprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, eternalHealth 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, eternalHealth may not cover Drug B unless you try Drug A first. If Drug A does not work for you, eternalHealth 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask eternalHealth 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 eternalHealth's formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

If you are a current member and have a change to a different level of care, for example being admitted or discharged from a long-term care facility, you may be prescribed medications not on our formulary or with certain restrictions of coverage. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can use the plan's exception process. We will not cover drugs that Medicare Part D does not normally cover.

For more information

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

If you have questions about eternalHealth, 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>.

eternalHealth Formulary

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

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

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

B/D = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. Information may need to be provided that describes the use and setting of the drug to determine coverage. These drugs may require prior authorization to determine coverage under Part B or Part D.

PA = Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescription. If you don't get approval, you may use the appeals process.

PA NSO = Prior Authorization for New Starts Only. The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

QL = Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 tablets per 30 days per prescription for pantoprazole.

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.

ST NSO = Step Therapy for New Starts Only. The Step Therapy restriction only applies if you are a new member or have not taken this drug before.

Drug Tiers

You can identify which tier your drug is on by looking at the “Drug Tier” column. The chart below describes what types of drugs are included in each tier and shows how costs may change with each tier. Please call our Pharmacy Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Drug Tier	Includes
Tier 1 (Preferred Generic Drugs)	Tier 1 is the lowest copay tier and includes preferred generic drugs.
Tier 2 (Generic Drugs)	Tier 2 includes generic drugs and some brand drugs other than those considered preferred generic drugs covered at a higher generic copay.
Tier 3 (Preferred Brand Drugs)	Tier 3 includes preferred brand and non-preferred generic drugs at a lowest brand copay.
Tier 4 (Non-Preferred Drugs)	Tier 4 includes brand drugs and certain generic drugs other than those considered preferred brand drugs at the highest brand copay.
Tier 5 (Specialty Tier)	Tier 5 is the highest tier. It contains high-cost brand and generic drugs.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	4	PA
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<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 375mg</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<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	
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine</i>	4	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	
<i>methadone hcl tablet</i>	2	
<i>methadone hcl solution</i>	3	
<i>methadone hydrochloride intensol</i>	3	
<i>methadone hydrochloride concentrate</i>	3	
<i>morphine sulfate er tablet extended release</i>	3	
XTAMPZA ER	3	
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine</i>	2	
<i>endocet tablet 325mg; 5mg</i>	2	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	2	
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	
<i>hydromorphone hcl tablet 8mg</i>	4	
<i>hydromorphone hydrochloride dosette</i>	4	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	
<i>lorcet</i>	2	
<i>lorcet hd</i>	2	
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	
<i>morphine sulfate oral solution, tablet</i>	3	
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	
<i>oxycodone hydrochloride solution</i>	3	
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	
<i>tramadol hydrochloride/acetaminophen</i>	2	
<i>tramadol hydrochloride tablet 50mg</i>	1	
<i>vicodin hp tablet 300mg; 10mg</i>	4	
Anesthetics		
Local Anesthetics		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<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
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>naltrexone hcl tablet</i>	2	
VIVITROL	5	
<i>Opioid Dependence</i>		
<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>Opioid Reversal Agents</i>		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
OPVEE	3	
<i>Smoking Cessation Agents</i>		
<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		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE	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>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	4	
<i>Antibacterials, Other</i>		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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	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>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<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	
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<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>cefixime capsule</i>	4	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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 suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</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 1.5gm, 750mg</i>	3	
<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	
<i>Beta-lactam, Penicillins</i>		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<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>	1	
<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>naftcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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>	1	
<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	
<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>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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>mondoxyne nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt tablet disintegrating 200mg</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate 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 NSO
<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>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	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)
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 NSO
<i>vigadrone</i>	5	PA NSO
VIGAFYDE	3	PA NSO

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>vigpoder</i>	5	PA NSO
ZTALMY	5	PA NSO
<i>Sodium Channel Agents</i>		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</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>	2	
<i>oxcarbazepine suspension</i>	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
ZONISADE	4	ST NSO
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<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 NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	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>	1	
<i>escitalopram oxalate solution</i>	3	
FETZIMA	4	QL(30 EA per 30 days); ST NSO

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<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>	1	
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>phenadoz</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<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
<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>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate</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

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<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>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<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>	3	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	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
Antiangiogenic Agents		
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO
THALOMID	5	PA NSO
Antiandrogens/Modifiers		
EMCYT	5	
ORSERDU	5	PA NSO
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>Antimetabolites</i>		
DROXIA	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	5	
<i>Antineoplastics, Other</i>		
AKEEGA	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
INREBIC	5	PA NSO
IWILFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
<i>leucovorin calcium tablet</i>	3	
LONSURF	5	PA NSO
LYSODREN	5	
OGSIVEO	5	PA NSO
OJEMDA	5	PA NSO
ONUREG	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
SYNRIBO	5	
TRUSELTIQ	5	PA NSO
VONJO	5	PA NSO
ZOLINZA	5	PA NSO
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<i>Enzyme Inhibitors</i>		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AUGTYRO	5	PA NSO

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX TABLET 40MG, 60MG	5	PA NSO
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
<i>dasatinib</i>	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	
FOTIVDA	5	PA NSO
FRUZAQLA	5	PA NSO
GAVRETO	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	3	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE, SUSPENSION	5	PA NSO
IMBRUVICA TABLET 420MG, 560MG	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
KRAZATI	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LUMAKRAS	5	PA NSO
LYNPARZA TABLET	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
NINLARO	5	PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
QINLOCK	5	PA NSO
RETEVMO CAPSULE	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
TAFINLAR	5	PA NSO
TAGRISSE TABLET 80MG	5	PA NSO
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TAZVERIK	5	PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
<i>torpenz</i>	5	QL(30 EA per 30 days); PA NSO
TRUQAP TABLET	5	PA NSO
TUKYSA	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	4	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
<i>Monoclonal Antibodies/Antibody-Drug Conjugates</i>		
TEVIMBRA	5	PA NSO
<i>Retinoids</i>		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
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>	3	
<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
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 er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<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
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
<i>1st Generation/Typical</i>		
<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</i>	3	
<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	
<i>2nd Generation/Atypical</i>		
ABILIFY MAINTENA	5	
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(16 EA per 365 days); ST NSO
INVEGA HAFYERA	5	ST NSO
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 NSO
NUPLAZID CAPSULE	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<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>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	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 NSO
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)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>Treatment-Resistant</i>		
<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		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>ganciclovir injection 500mg/10ml</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<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	
<i>Anti-hepatitis C (HCV) Agents</i>		
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
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
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)

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
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	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
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)
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 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)

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025
Last Updated: 09/17/2024

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>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)
<i>lamivudine tablet 150mg</i>	3	QL(60 EA per 30 days)
ODEFSEY	5	QL(30 EA per 30 days)
<i>stavudine capsule</i>	4	
TEMIXYS	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)
<i>Anti-HIV Agents, Other</i>		
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)
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
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	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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)
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)
<i>Anti-influenza Agents</i>		
<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)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
<i>Antiherpetic Agents</i>		
<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
<i>Antiviral, Coronavirus Agents</i>		
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		
<i>Anxiolytics, Other</i>		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<i>Benzodiazepines</i>		
<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)

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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		
<i>Bipolar Agents, Other</i>		
IGALMI	4	PA NSO
<i>Mood Stabilizers</i>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<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>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
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>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 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	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
<i>glucagon emergency kit</i>	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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	
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	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
<i>Hemostasis Agents</i>		
<i>tranexamic acid tablet</i>	3	
<i>Platelet Modifying Agents</i>		
<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		
<i>Alpha-adrenergic Agonists</i>		

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>clonidine</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	
<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>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<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>digoxin tablet 62.5mcg</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
MULTAQ	3	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<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, 160mg, 80mg</i>	2	
<i>Beta-adrenergic Blocking Agents</i>		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
<i>Calcium Channel Blocking Agents, Dihydropyridines</i>		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
<i>Calcium Channel Blocking Agents, Nondihydropyridines</i>		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</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 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadyt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	3	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
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>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 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>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
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
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	1	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	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>	3	QL(60 EA per 30 days); Extended-release capsule 15mg

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	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>	3	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>	3	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>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<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>	3	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<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

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025
Last Updated: 09/17/2024

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
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
<i>Fibromyalgia Agents</i>		
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
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

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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		
<i>Dental and Oral Agents</i>		
<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>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	QL(100 GM per 30 days)
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	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	
<i>Dermatitis and Pruritus Agents</i>		
ADBRY	5	QL(6 ML per 28 days); PA
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate</i>	3	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<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>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</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	
<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	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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</i>	2	
<i>Dermatological Agents, Other</i>		
<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>	2	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
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<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 lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin pad 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	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 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
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	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</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er</i>	2	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</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	
CLOVIQUE	5	PA
<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
<i>Phosphate Binders</i>		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	
VELPHORO	5	
<i>Potassium Binders</i>		
<i>kionex suspension</i>	3	
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder, suspension</i>	3	
SPS	3	
VELTASSA	4	
<i>Vitamins</i>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<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)
MOTTEGRITY	3	QL(30 EA per 30 days)
<i>pegylax</i>	2	
RELISTOR TABLET	5	QL(90 EA per 30 days); ST

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR INJECTION 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 hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.4mg/2ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/ flavor pack</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/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
Protectants		

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	2	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>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	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 12000UNIT; 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
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
REVCIVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
SUCRAID	5	PA
TEGSEDI	5	PA
WELIREG	5	PA NSO
<i>yargesa</i>	5	PA

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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>		
GELNIQUE GEL 10%	4	
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>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
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)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	4	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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>bekyree</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>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</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	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 cream, oral tablet</i>	2	
<i>estradiol 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	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	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>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	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>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutera</i>	3	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</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>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</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>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>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-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>xulane</i>	3	
<i>yuvafem</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>gallifrey</i>	2	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
LILETTA	3	
<i>lyleq</i>	1	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>lyza</i>	1	
<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	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
NEXPLANON	3	
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	1	
<i>tulana</i>	1	
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)		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
UNITHROID	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025
Last Updated: 09/17/2024

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>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
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 NSO
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 NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
<i>Hormonal Agents, Suppressant (Thyroid)</i>		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
<i>Immunological Agents</i>		
<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
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN	3	PA
HIZENTRA INJECTION 1GM/5ML, 2GM/10ML	5	PA
HYPERHEP B	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

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
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 75MG/0.83ML	5	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
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA NSO
BESREMI	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
<i>Immunosuppressants</i>		
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</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	5	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

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	5	PA NSO
<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
RENFLEXIS	5	PA
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 NSO
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	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
ENGERIX-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	
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	
MENQUADFI	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	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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	
VAXELIS	3	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</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		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	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>	2	QL(1 EA per 28 days)

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>paricalcitol capsule</i>	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<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		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	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)

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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
<i>sodium chloride 0.9%</i>	2	
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL(200 EA per 30 days)
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>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</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>	1	
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	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
<i>Ophthalmic Anti-allergy Agents</i>		

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	1	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		
<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>	1	
<i>trifluridine</i>	4	
XDEMVY	5	QL(10 ML per 42 days)
ZIRGAN	4	
<i>Ophthalmic Anti-inflammatories</i>		
<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>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide</i>	3	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>acetazolamide er</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<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		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
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>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDHALER	3	QL(21.2 GM per 30 days)
<i>Antihistamines</i>		
<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>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule</i>	4	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</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, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<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)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
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

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<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	
<i>Pulmonary Antihypertensives</i>		
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
<i>Pulmonary Fibrosis Agents</i>		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
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

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025

Last Updated: 09/17/2024

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
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 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	PA
<i>methocarbamol tablet 500mg, 750mg</i>	2	
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	4	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 25380, Version: 8, Effective Date: 01/01/2025
Last Updated: 09/17/2024

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	31	ALA-CORT	45
<i>abacavir sulfate/lamivudine</i>	31	<i>albendazole</i>	27
<i>abacavir sulfate/lamivudine/zidovudine</i>	31	<i>albuterol sulfate</i>	69
ABELCET	20	<i>albuterol sulfate hfa</i>	69
ABILIFY MAINTENA	28	<i>alclometasone dipropionate</i>	45
<i>abiraterone acetate</i>	22	ALCOHOL PREP PADS	65
ABRYSVO	62	ALECENSA	23
<i>acamprosate calcium dr</i>	10	<i>alendronate sodium</i>	64
<i>acarbose</i>	34	<i>alfuzosin hcl er</i>	52
ACCUTANE	45	ALINIA	27
<i>acebutolol hcl</i>	39	<i>aliskiren</i>	40
<i>acebutolol hydrochloride</i>	39	<i>allopurinol</i>	21
<i>acetaminophen/codeine</i>	9	<i>alose tron hydrochloride</i>	50
<i>acetazolamide</i>	67	<i>alprazolam</i>	33
<i>acetazolamide er</i>	68	<i>altavera</i>	53
<i>acetic acid</i>	68	ALUNBRIG	23
<i>acetic acid 0.25%</i>	52	<i>alyacen 1/35</i>	53
<i>acitretin</i>	45	<i>alyacen 7/7/7</i>	53
ACTHIB	62	<i>alyq</i>	70
ACTIMMUNE	60	<i>amabelz</i>	53
<i>acyclovir</i>	33	<i>amantadine hcl</i>	33
<i>acyclovir</i>	47	<i>ambrisentan</i>	70
<i>acyclovir sodium</i>	33	<i>amethia</i>	53
ADACEL	62	<i>amethia lo</i>	53
ADALIMUMAB-ADBM	61	<i>amethyst</i>	53
ADALIMUMAB-ADBM CROHNS/UC/HS	60	<i>amikacin sulfate</i>	11
STARTER		<i>amiloride hcl</i>	41
ADALIMUMAB-ADBM	60	<i>amiloride/hydrochlorothiazide</i>	40
PSORIASIS/UEVITIS STARTER		AMINOSYN II	48
ADALIMUMAB-ADBM STARTER	60	AMINOSYN-PF	48
PACKAGE FOR CROHNS		<i>amiodarone hydrochloride</i>	38
DISEASE/UC/HS		<i>amitriptyline hcl</i>	19
ADALIMUMAB-ADBM STARTER	61	<i>amitriptyline hydrochloride</i>	19
PACKAGE FOR PSORIASIS/UEVITIS		<i>amlodipine besylate</i>	39
ADBRY	45	<i>amlodipine besylate/benazepril</i>	40
<i>adefovir dipivoxil</i>	30	<i>hydrochloride</i>	
ADEMPAS	70	<i>amlodipine besylate/valsartan</i>	40
ADTHYZA	58	<i>amlodipine/olmesartan medoxomil</i>	40
ADVAIR HFA	70	<i>ammonium lactate</i>	46
<i>afirmelle</i>	53	<i>amne steem</i>	45
AIMOVIG	21	<i>amoxapine</i>	19
AKEEGA	23	<i>amoxicillin</i>	13
		<i>amoxicillin/clavulanate potassium</i>	13
		<i>amoxicillin/clavulanate potassium er</i>	13
		<i>amphetamine/dextroamphetamine</i>	42
		<i>amphotericin b</i>	20

Drug Name	Page #	Drug Name	Page #
<i>amphotericin b liposome</i>	20	<i>aubra eq</i>	54
<i>ampicillin</i>	13	AUGMENTIN	13
<i>ampicillin sodium</i>	13	AUGTYRO	23
<i>ampicillin/sulbactam</i>	13	<i>aurovela 1.5/30</i>	54
<i>ampicillin-sulbactam</i>	13	<i>aurovela 1/20</i>	54
<i>anagrelide hydrochloride</i>	37	<i>aurovela fe 1.5/30</i>	54
<i>anastrozole</i>	23	<i>aurovela fe 1/20</i>	54
ANORO ELLIPTA	70	AUSTEDO	43
<i>aprepitant</i>	20	AUSTEDO XR	43
APTIOM	17	AUSTEDO XR PATIENT TITRATION	43
APTIVUS	32	KIT	
AREXVY	62	AUVELITY	18
<i>arformoterol tartrate</i>	69	<i>aviane</i>	54
ARIKAYCE	11	AVONEX	44
<i>aripiprazole</i>	28	AVONEX PEN	44
<i>aripiprazole odt</i>	28	<i>ayuna</i>	54
ARISTADA	28	AYVAKIT	24
ARISTADA INITIO	29	<i>azathioprine</i>	61
<i>armodafinil</i>	71	<i>azelaic acid</i>	45
ARMOUR THYROID	58	<i>azelastine hcl</i>	67
ARNUIITY ELLIPTA	68	<i>azelastine hcl</i>	68
<i>asenapine maleate sl</i>	29	<i>azelastine hydrochloride</i>	68
<i>ashlyna</i>	53	<i>azithromycin</i>	14
ASMANEX HFA	68	<i>aztreonam</i>	11
ASMANEX TWISTHALER 120	68	<i>azurette</i>	54
METERED DOSES		<i>bacitracin</i>	67
ASMANEX TWISTHALER 14 METERED	68	<i>bacitracin/polymyxin b</i>	66
DOSES		<i>baclofen</i>	30
ASMANEX TWISTHALER 30 METERED	68	<i>balsalazide disodium</i>	64
DOSES		BALVERSA	24
ASMANEX TWISTHALER 60 METERED	68	<i>balziva</i>	54
DOSES		BAQSIMI ONE PACK	35
<i>aspirin/dipyridamole</i>	37	BAQSIMI TWO PACK	35
<i>aspirin/dipyridamole er</i>	37	BARACLUDGE	30
ASTAGRAF XL	61	<i>bcg vaccine</i>	62
<i>atazanavir</i>	32	BD INSULIN SYRINGE	65
<i>atazanavir sulfate</i>	32	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atenolol</i>	39	B-D INSULIN SYRINGE ULTRAFINE	65
<i>atenolol/chlorthalidone</i>	40	II/0.3ML/31G X 5/16"	
<i>atomoxetine</i>	43	BD INSULIN SYRINGE ULTRA-	65
<i>atomoxetine hydrochloride</i>	43	FINE/0.5ML/30G X 12.7MM	
<i>atorvastatin calcium</i>	41	BD INSULIN SYRINGE ULTRA-	65
<i>atovaquone</i>	27	FINE/1ML/31G X 8MM	
<i>atovaquone/proguanil hcl</i>	27	BD PEN NEEDLE/ORIGINAL/ULTRA-	65
<i>atropine sulfate</i>	66	FINE/29G X 12.7MM	
ATROVENT HFA	69		

Drug Name	Page #	Drug Name	Page #
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x</i>	65	BRUKINSA	24
<i>6mm</i>		<i>budesonide</i>	64
<i>bekyree</i>	54	<i>budesonide</i>	68
BELSOMRA	71	<i>budesonide er</i>	64
<i>benazepril hcl</i>	38	<i>bumetanide</i>	41
<i>benazepril hydrochloride</i>	38	<i>buprenorphine</i>	9
<i>benazepril</i>	40	<i>buprenorphine hcl</i>	11
<i>hydrochloride/hydrochlorothiazide</i>		<i>buprenorphine hcl/naloxone hcl</i>	11
BENLYSTA	59	<i>buprenorphine hydrochloride/naloxone</i>	11
<i>benznidazole</i>	27	<i>hydrochloride</i>	
<i>benztropine mesylate</i>	27	<i>bupropion hcl</i>	18
BESIVANCE	67	<i>bupropion hydrochloride</i>	18
BESREMI	60	<i>bupropion hydrochloride er (sr)</i>	11
<i>betaine anhydrous</i>	51	<i>bupropion hydrochloride er (sr)</i>	18
<i>betamethasone dipropionate</i>	46	<i>bupropion hydrochloride er (xl)</i>	18
<i>betamethasone dipropionate augmented</i>	46	<i>bupirone hcl</i>	33
<i>betamethasone valerate</i>	46	<i>bupirone hydrochloride</i>	33
BETASERON	44	<i>butalbital/acetaminophen/caffeine</i>	44
<i>betaxolol hcl</i>	39	BYDUREON BCISE	34
<i>betaxolol hcl</i>	67	BYETTA	34
<i>bethanechol chloride</i>	52	<i>cabergoline</i>	59
<i>bexarotene</i>	26	CABLIVI	37
BEXSERO	62	CABOMETYX	24
<i>bicalutamide</i>	22	<i>calcipotriene</i>	47
BICILLIN L-A	13	<i>calcitonin-salmon</i>	64
BIKTARVY	30	<i>calcitriol</i>	64
<i>bisoprolol fumarate</i>	39	<i>calcium acetate</i>	49
<i>bisoprolol fumarate/hydrochlorothiazide</i>	40	CALQUENCE	24
BIVIGAM	59	<i>camila</i>	57
<i>blisovi fe 1.5/30</i>	54	<i>camrese</i>	54
<i>blisovi fe 1/20</i>	54	<i>camrese lo</i>	54
BOOSTRIX	62	<i>candesartan cilexetil</i>	38
BOSULIF	24	<i>candesartan cilexetil/hydrochlorothiazide</i>	40
BRAFTOVI	24	CAPLYTA	29
BREO ELLIPTA	70	CAPRELSA	24
<i>breyna</i>	70	<i>captopril</i>	38
BREZTRI AEROSPHERE	70	<i>captopril/hydrochlorothiazide</i>	40
<i>briellyn</i>	54	<i>carbamazepine</i>	17
BRILINTA	37	<i>carbamazepine er</i>	17
BRIMONIDINE TARTRATE	68	<i>carbidopa</i>	28
<i>brimonidine tartrate/timolol maleate</i>	66	<i>carbidopa/levodopa</i>	28
<i>brinzolamide</i>	68	<i>carbidopa/levodopa er</i>	28
BRIVIACT	15	<i>carbidopa/levodopa odt</i>	28
<i>bromfenac sodium</i>	67	<i>carglumic acid</i>	48
<i>bromocriptine mesylate</i>	27	<i>carteolol hcl</i>	67
BRONCHITOL	70	<i>cartia xt</i>	39

Drug Name	Page #	Drug Name	Page #
<i>carvedilol</i>	39	<i>ciprofloxacin hydrochloride</i>	67
<i>caspofungin acetate</i>	20	<i>ciprofloxacin i.v.-in d5w</i>	14
CAYSTON	69	<i>ciprofloxacin/dexamethasone</i>	68
<i>cefaclor</i>	12	<i>cisplatin</i>	22
<i>cefadroxil</i>	12	<i>citalopram hydrobromide</i>	18
CEFAZOLIN	12	<i>claravis</i>	45
<i>cefazolin sodium</i>	12	<i>clarithromycin</i>	14
<i>cefdinir</i>	12	<i>clarithromycin er</i>	14
<i>cefepime</i>	12	CLENPIQ	50
<i>cefepime hydrochloride</i>	12	CLIMARA PRO	54
<i>cefixime</i>	12	<i>clindacin etz pledgets</i>	11
<i>cefotaxime sodium</i>	13	<i>clindamycin hcl</i>	11
<i>cefotetan</i>	13	<i>clindamycin hydrochloride</i>	12
<i>cefoxitin sodium</i>	13	<i>clindamycin palmitate hydrochloride</i>	12
<i>cefpodoxime proxetil</i>	13	<i>clindamycin phosphate</i>	12
<i>cefprozil</i>	13	<i>clindamycin phosphate</i>	47
<i>ceftazidime</i>	13	<i>clobazam</i>	16
<i>ceftazidime/dextrose</i>	13	<i>clobetasol propionate</i>	46
<i>ceftriaxone sodium</i>	13	<i>clobetasol propionate e</i>	46
<i>cefuroxime axetil</i>	13	<i>clomipramine hydrochloride</i>	19
<i>cefuroxime sodium</i>	13	<i>clonazepam</i>	16
<i>celecoxib</i>	9	<i>clonazepam odt</i>	16
<i>cephalexin</i>	13	<i>clonidine</i>	38
CERDELGA	51	<i>clonidine hydrochloride</i>	38
<i>chateal</i>	54	<i>clopidogrel</i>	37
<i>chateal eq</i>	54	<i>clorazepate dipotassium</i>	33
CHEMET	49	<i>clotrimazole</i>	20
<i>chlorhexidine gluconate</i>	45	<i>clotrimazole/betamethasone dipropionate</i>	47
<i>chloroquine phosphate</i>	27	CLOVIQUE	49
<i>chlorpromazine hcl</i>	28	<i>clozapine</i>	30
<i>chlorpromazine hydrochloride</i>	28	<i>clozapine odt</i>	30
<i>chlorthalidone</i>	41	COARTEM	27
CHOLBAM	51	<i>colchicine</i>	21
<i>cholestyramine</i>	41	<i>colesevelam hydrochloride</i>	41
<i>cholestyramine light</i>	41	<i>colestipol hcl</i>	41
<i>ciclodan</i>	47	<i>colistimethate sodium</i>	12
<i>ciclopirox</i>	47	<i>colocort</i>	64
<i>ciclopirox nail lacquer</i>	47	COMBIGAN	66
<i>ciclopirox olamine</i>	47	COMBIVENT RESPIMAT	70
<i>cilostazol</i>	37	COMETRIQ	24
CIMDUO	31	COMPLERA	31
<i>cinacalcet hydrochloride</i>	64	<i>compro</i>	19
CINRYZE	59	<i>constulose</i>	49
<i>ciprofloxacin</i>	14	COPIKTRA	24
<i>ciprofloxacin hcl</i>	14	<i>cortisone acetate</i>	52
<i>ciprofloxacin hydrochloride</i>	14	COSENTYX	59

Drug Name	Page #	Drug Name	Page #
COSENTYX SENSOREADY PEN	59	<i>desonide</i>	46
COSENTYX UNOREADY	59	<i>desoximetasone</i>	46
COTELLIC	24	<i>desvenlafaxine er</i>	18
CREON	51	<i>dexamethasone</i>	52
<i>cromolyn sodium</i>	51	<i>dexamethasone sodium phosphate</i>	67
<i>cromolyn sodium</i>	67	<i>dextroamphetamine sulfate</i>	43
<i>cromolyn sodium</i>	70	<i>dextroamphetamine sulfate er</i>	43
<i>cryselle-28</i>	54	<i>dextrose 5%</i>	48
CURITY GAUZE PADS 2"X2" 12 PLY	65	<i>dextrose 5%/sodium chloride 0.45%</i>	48
CUVITRU	59	<i>dextrose 5%/sodium chloride 0.9%</i>	48
<i>cyclafem 1/35</i>	54	DIACOMIT	16
<i>cyclafem 7/7/7</i>	54	<i>diazepam</i>	34
<i>cyclobenzaprine hydrochloride</i>	71	<i>diazepam intensol</i>	34
<i>cyclophosphamide</i>	22	<i>diazepam rectal gel</i>	16
<i>cycloserine</i>	22	<i>diazoxide</i>	35
<i>cyclosporine</i>	61	<i>diclofenac potassium</i>	9
<i>cyclosporine</i>	66	<i>diclofenac sodium</i>	9
<i>cyclosporine modified</i>	61	<i>diclofenac sodium</i>	47
<i>cyproheptadine hydrochloride</i>	68	<i>diclofenac sodium</i>	67
CYSTAGON	51	<i>diclofenac sodium dr</i>	9
CYSTARAN	66	<i>diclofenac sodium er</i>	9
<i>dalfampridine er</i>	44	<i>dicloxacillin sodium</i>	13
<i>danazol</i>	53	<i>dicyclomine hcl</i>	50
<i>dantrolene sodium</i>	30	<i>dicyclomine hydrochloride</i>	50
<i>dapsone</i>	21	DIFICID	14
DAPTACEL	62	<i>diflunisal</i>	9
<i>daptomycin</i>	12	<i>digitek</i>	38
DAPTOMYCIN/SODIUM CHLORIDE	12	<i>digox</i>	38
<i>darunavir</i>	32	<i>digoxin</i>	38
<i>dasatinib</i>	24	<i>dihydroergotamine mesylate</i>	21
<i>dasetta 1/35</i>	54	DILANTIN	17
<i>dasetta 7/7/7</i>	54	<i>diltiazem hcl</i>	40
DAURISMO	24	<i>diltiazem hcl cd</i>	39
<i>daysee</i>	54	<i>diltiazem hcl er</i>	40
<i>deblitane</i>	57	<i>diltiazem hydrochloride</i>	40
<i>deferasirox</i>	49	<i>diltiazem hydrochloride er</i>	40
DELSTRIGO	31	<i>dilt-xr</i>	39
<i>delyla</i>	54	<i>dimethyl fumarate</i>	44
<i>demeclocycline hcl</i>	14	<i>dimethyl fumarate starterpack</i>	44
<i>demeclocycline hydrochloride</i>	14	<i>diphenhydramine hcl</i>	68
DENGVAXIA	62	<i>diphenhydramine hydrochloride</i>	68
DEPO-SUBQ PROVERA 104	57	<i>diphenoxylate hydrochloride/atropine</i>	50
DESCOVY	31	<i>sulfate</i>	
<i>desipramine hydrochloride</i>	19	<i>diphtheria/tetanus toxoids adsorbed</i>	62
<i>desmopressin acetate</i>	53	<i>pediatric</i>	
<i>desogestrel/ethinyl estradiol</i>	54	<i>disulfiram</i>	10

Drug Name	Page #	Drug Name	Page #
<i>divalproex sodium</i>	16	<i>eluryng</i>	54
<i>divalproex sodium dr</i>	16	EMCYT	22
<i>divalproex sodium er</i>	16	EMGALITY	21
<i>dofetilide</i>	38	EMPAVELI	60
<i>dolishale</i>	54	EMSAM	18
<i>donepezil hcl</i>	17	<i>emtricitabine</i>	31
<i>donepezil hydrochloride</i>	17	<i>emtricitabine/tenofovir disoproxil</i>	31
DOPTELET	37	<i>emtricitabine/tenofovir disoproxil fumarate</i>	31
<i>dorzolamide hcl/timolol maleate</i>	66	EMTRIVA	32
<i>dorzolamide hydrochloride</i>	68	<i>emzahh</i>	57
DOTTI	54	<i>enalapril maleate</i>	38
DOVATO	30	<i>enalapril maleate/hydrochlorothiazide</i>	40
<i>doxazosin mesylate</i>	52	ENBREL	61
<i>doxepin hcl</i>	19	ENBREL MINI	61
<i>doxepin hydrochloride</i>	19	ENBREL SURECLICK	61
<i>doxy 100</i>	15	<i>endocet</i>	9
<i>doxycycline</i>	15	ENGERIX-B	63
<i>doxycycline hyclate</i>	15	<i>enilloring</i>	54
<i>doxycycline hyclate</i>	45	<i>enoxaparin sodium</i>	36
<i>doxycycline monohydrate</i>	15	<i>enpresse-28</i>	54
DRIZALMA SPRINKLE	18	<i>entacapone</i>	27
<i>dronabinol</i>	20	<i>entecavir</i>	30
DROXIA	23	ENTRESTO	40
<i>droxidopa</i>	38	<i>enulose</i>	49
DULERA	70	ENVARBUS XR	61
<i>duloxetine hydrochloride</i>	18	EPIDIOLEX	15
DUPIXENT	60	<i>epinephrine</i>	69
<i>dutasteride</i>	52	<i>epitol</i>	17
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	65	<i>eplerenone</i>	42
<i>ec-naproxen</i>	9	EPRONTIA	15
<i>econazole nitrate</i>	20	<i>ergoloid mesylates</i>	17
EDARBI	38	<i>ergotamine tartrate/caffeine</i>	21
EDARBYCLOR	40	ERIVEDGE	24
EDURANT	31	ERLEADA	22
<i>efavirenz</i>	31	<i>erlotinib hydrochloride</i>	24
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	31	<i>errin</i>	57
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31	<i>ertapenem</i>	14
<i>effer-k</i>	48	<i>ertapenem sodium</i>	14
<i>elinest</i>	54	<i>ery</i>	47
ELIQUIS	36	<i>erythromycin</i>	47
ELIQUIS STARTER PACK	36	<i>erythromycin</i>	67
ELLA	65	<i>erythromycin dr</i>	14
ELMIRON	52	<i>erythromycin/benzoyl peroxide</i>	45
		<i>escitalopram oxalate</i>	18
		<i>esomeprazole magnesium</i>	51
		<i>estarylla</i>	54

Drug Name	Page #	Drug Name	Page #
<i>estradiol</i>	54	FIRMAGON	59
<i>estradiol/norethindrone acetate</i>	54	FLAREX	67
ESTRING	54	<i>flecainide acetate</i>	38
<i>eszopiclone</i>	71	<i>fluconazole</i>	20
<i>ethambutol hydrochloride</i>	22	<i>fluconazole in sodium chloride</i>	20
<i>ethosuximide</i>	16	<i>flucytosine</i>	20
<i>ethynodiol diacetate/ethinyl estradiol</i>	54	<i>fludrocortisone acetate</i>	53
<i>etodolac</i>	9	<i>flunisolide</i>	68
<i>etonogestrel/ethinyl estradiol</i>	55	<i>fluocinolone acetonide</i>	46
<i>etravirine</i>	31	<i>fluocinolone acetonide body</i>	46
EUCRISA	46	<i>fluocinolone acetonide scalp</i>	46
EUTHYROX	58	<i>fluocinolone acetonide topical</i>	46
<i>everolimus</i>	24	<i>fluocinonide</i>	46
<i>everolimus</i>	61	<i>fluorometholone</i>	67
EVOTAZ	32	<i>fluorouracil</i>	47
EVRYSOI	51	<i>fluoxetine hydrochloride</i>	19
<i>exemestane</i>	23	<i>fluphenazine decanoate</i>	28
EXKIVITY	24	<i>fluphenazine hcl</i>	28
<i>ezetimibe</i>	42	<i>fluphenazine hydrochloride</i>	28
<i>ezetimibe/simvastatin</i>	42	<i>flurbiprofen</i>	9
FABRAZYME	51	<i>flurbiprofen sodium</i>	67
<i>falmina</i>	55	<i>flutamide</i>	22
<i>famciclovir</i>	33	<i>fluticasone propionate</i>	46
<i>famotidine</i>	50	<i>fluticasone propionate</i>	68
FANAPT	29	<i>fluticasone propionate/salmeterol</i>	71
FANAPT TITRATION PACK	29	<i>fluticasone propionate/salmeterol diskus</i>	71
FARXIGA	42	<i>fluvastatin</i>	41
FARYDAK	24	<i>fluvastatin sodium er</i>	41
FASENRA	71	<i>fluvoxamine maleate</i>	19
FASENRA PEN	70	<i>fondaparinux sodium</i>	36
<i>fayosim</i>	55	<i>formoterol fumarate</i>	69
<i>febuxostat</i>	21	FORTEO	64
<i>felbamate</i>	15	<i>fosamprenavir calcium</i>	32
<i>felodipine er</i>	39	<i>fosinopril sodium</i>	38
<i>femynor</i>	55	<i>fosinopril sodium/hydrochlorothiazide</i>	40
<i>fenofibrate</i>	41	FOTIVDA	24
<i>fenofibrate micronized</i>	41	FRAGMIN	36
<i>fenofibric acid dr</i>	41	FRUZAQLA	24
<i>fentanyl</i>	9	<i>furosemide</i>	41
<i>fentanyl citrate oral transmucosal</i>	10	FUZEON	32
FETZIMA	18	FYAVOLV	55
FETZIMA TITRATION PACK	19	FYCOMPA	15
FINACEA	45	<i>gabapentin</i>	16
<i>finasteride</i>	52	<i>galantamine hydrobromide</i>	17
<i>fingolimod hydrochloride</i>	44	<i>galantamine hydrobromide er</i>	17
FINTEPLA	15	<i>gallifrey</i>	57

Drug Name	Page #	Drug Name	Page #
GAMASTAN	59	<i>hailey fe 1/20</i>	55
<i>ganciclovir</i>	30	<i>halobetasol propionate</i>	46
GARDASIL 9	63	<i>haloette</i>	55
<i>gatifloxacin</i>	67	<i>haloperidol</i>	28
<i>gavilyte-c</i>	50	<i>haloperidol decanoate</i>	28
<i>gavilyte-g</i>	50	<i>haloperidol lactate</i>	28
<i>gavilyte-h</i>	50	HAVRIX	63
<i>gavilyte-n/ flavor pack</i>	50	<i>heather</i>	57
GAVRETO	24	<i>heparin sodium</i>	37
<i>gefitinib</i>	24	HEPLISAV-B	63
GELNIQUE	52	HIBERIX	63
<i>gemfibrozil</i>	41	HIZENTRA	59
GEMTESA	52	HUMALOG	35
<i>generlac</i>	49	HUMALOG JUNIOR KWIKPEN	35
<i>engraf</i>	61	HUMALOG KWIKPEN	35
GENOTROPIN	53	HUMALOG MIX 50/50	35
GENOTROPIN MINIQUICK	53	HUMALOG MIX 50/50 KWIKPEN	35
<i>gentak</i>	67	HUMALOG MIX 75/25	35
<i>gentamicin sulfate</i>	11	HUMALOG MIX 75/25 KWIKPEN	35
<i>gentamicin sulfate</i>	67	HUMATIN	11
<i>gentamicin sulfate pediatric</i>	11	HUMIRA	62
GENVOYA	30	HUMIRA PEDIATRIC CROHNS	61
GILOTRIF	24	DISEASE STARTER PACK	
<i>glatiramer acetate</i>	44	HUMIRA PEN	61
GLEOSTINE	22	HUMIRA PEN-CD/UC/HS STARTER	61
<i>glimepiride</i>	34	HUMIRA PEN-PEDIATRIC UC	61
<i>glipizide</i>	34	STARTER PACK	
<i>glipizide er</i>	34	HUMIRA PEN-PS/UV STARTER	61
<i>glipizide xl</i>	34	HUMULIN 70/30	35
<i>glipizide/metformin hydrochloride</i>	34	HUMULIN 70/30 KWIKPEN	35
<i>glucagon emergency kit</i>	35	HUMULIN N	35
<i>glucagon emergency kit for low blood sugar</i>	35	HUMULIN N KWIKPEN	35
<i>glyburide</i>	34	HUMULIN R	35
<i>glyburide/metformin hydrochloride</i>	34	HUMULIN R U-500 (CONCENTRATED)	35
<i>glycopyrrolate</i>	50	HUMULIN R U-500 KWIKPEN	35
GLYXAMBI	34	<i>hydralazine hcl</i>	42
<i>griseofulvin microsize</i>	20	<i>hydralazine hydrochloride</i>	42
<i>griseofulvin ultramicrosize</i>	20	<i>hydrochlorothiazide</i>	41
<i>guanfacine hydrochloride</i>	38	<i>hydrocodone bitartrate/acetaminophen</i>	10
<i>guanfacine hydrochloride er</i>	43	<i>hydrocodone/acetaminophen</i>	10
GVOKE HYOPEN 1-PACK	35	<i>hydrocortisone</i>	46
GVOKE HYOPEN 2-PACK	35	<i>hydrocortisone</i>	53
GVOKE KIT	35	<i>hydrocortisone</i>	64
GVOKE PFS	35	<i>hydrocortisone valerate</i>	46
<i>hailey 1.5/30</i>	55	<i>hydrocortisone/acetic acid</i>	68
<i>hailey fe 1.5/30</i>	55	<i>hydromorphone hcl</i>	10

Drug Name	Page #	Drug Name	Page #
<i>hydromorphone hydrochloride</i>	10	INVEGA SUSTENNA	29
<i>hydromorphone hydrochloride dosette</i>	10	INVEGA TRINZA	29
<i>hydroxychloroquine sulfate</i>	27	IPOL INACTIVATED IPV	63
<i>hydroxyurea</i>	23	<i>ipratropium bromide</i>	69
<i>hydroxyzine hcl</i>	68	<i>ipratropium bromide/albuterol sulfate</i>	71
<i>hydroxyzine hydrochloride</i>	68	<i>irbesartan</i>	38
<i>hydroxyzine pamoate</i>	69	<i>irbesartan/hydrochlorothiazide</i>	40
HYPERHEP B	59	ISENTRESS	30
<i>ibandronate sodium</i>	64	ISENTRESS HD	30
IBRANCE	23	ISONIAZID	22
IBRANCE	24	<i>isosorbide dinitrate</i>	42
<i>ibu</i>	9	<i>isosorbide dinitrate/hydralazine</i>	40
<i>ibuprofen</i>	9	<i>hydrochloride</i>	
<i>icatibant acetate</i>	59	<i>isosorbide mononitrate</i>	42
<i>iclevia</i>	55	<i>isosorbide mononitrate er</i>	42
ICLUSIG	24	<i>isotretinoin</i>	45
<i>icosapent ethyl</i>	42	<i>isradipine</i>	39
IDHIFA	24	ISTURISA	53
IGALMI	34	<i>itraconazole</i>	20
ILEVRO	67	<i>ivabradine hydrochloride</i>	40
<i>imatinib mesylate</i>	24	<i>ivermectin</i>	27
IMBRUVICA	24	IWILFIN	23
<i>imipenem/cilastatin</i>	14	IXCHIQ	63
<i>imipramine hcl</i>	19	IXIARO	63
<i>imipramine hydrochloride</i>	19	<i>jaimiess</i>	55
<i>imiquimod</i>	47	JAKAFI	24
IMOVAX RABIES (H.D.C.V.)	63	<i>jantoven</i>	37
IMPAVIDO	12	JANUMET	34
INBRIJA	28	JANUMET XR	34
<i>incassia</i>	57	JANUVIA	34
INCRELEX	53	JARDIANCE	42
INCRUSE ELLIPTA	69	JAYPIRCA	24
<i>indapamide</i>	41	<i>jencycla</i>	57
<i>indomethacin</i>	9	JENTADUETO	34
<i>indomethacin er</i>	9	JENTADUETO XR	34
INFANRIX	63	<i>jinteli</i>	55
INFLECTRA	62	<i>jolessa</i>	55
INFLIXIMAB	62	JUBLIA	20
INGREZZA	44	JULUCA	31
INLYTA	24	<i>junel 1.5/30</i>	55
INQOVI	24	<i>junel 1/20</i>	55
INREBIC	23	<i>junel fe 1.5/30</i>	55
<i>insulin lispro</i>	35	<i>junel fe 1/20</i>	55
INTELENCE	31	JYLAMVO	62
<i>introvale</i>	55	JYNNEOS	63
INVEGA HAFYERA	29	KALYDECO	69

Drug Name	Page #	Drug Name	Page #
<i>kariva</i>	55	<i>larin 1.5/30</i>	55
<i>kelnor 1/35</i>	55	<i>larin 1/20</i>	55
<i>kelnor 1/50</i>	55	<i>larin fe 1.5/30</i>	55
KERENDIA	42	<i>larin fe 1/20</i>	55
KESIMPTA	44	<i>larissia</i>	55
<i>ketoconazole</i>	20	<i>latanoprost</i>	68
<i>ketorolac tromethamine</i>	9	LAZCLUZE	23
<i>ketorolac tromethamine</i>	67	<i>leflunomide</i>	62
<i>kimidess</i>	55	<i>lenalidomide</i>	22
KINERET	60	LENVIMA 10 MG DAILY DOSE	25
KINRIX	63	LENVIMA 12MG DAILY DOSE	25
<i>kionex</i>	49	LENVIMA 14 MG DAILY DOSE	25
KISQALI	25	LENVIMA 18 MG DAILY DOSE	25
KISQALI FEMARA 200 DOSE	23	LENVIMA 20 MG DAILY DOSE	25
KISQALI FEMARA 400 DOSE	23	LENVIMA 24 MG DAILY DOSE	25
KISQALI FEMARA 600 DOSE	23	LENVIMA 4 MG DAILY DOSE	25
<i>klayesta</i>	20	LENVIMA 8 MG DAILY DOSE	25
<i>klor-con</i>	48	<i>lessina</i>	55
<i>klor-con 10</i>	48	<i>letrozole</i>	23
<i>klor-con 8</i>	48	<i>leucovorin calcium</i>	23
<i>klor-con m10</i>	48	LEUKERAN	22
<i>klor-con m15</i>	48	<i>leuprolide acetate</i>	59
<i>klor-con m20</i>	48	<i>levalbuterol</i>	69
<i>klor-con sprinkle</i>	48	<i>levalbuterol hcl</i>	69
<i>klor-con/ef</i>	48	<i>levalbuterol hydrochloride</i>	69
KOSELUGO	25	<i>levalbuterol tartrate hfa</i>	69
<i>kourzeq</i>	45	<i>levetiracetam</i>	15
KRAZATI	25	<i>levetiracetam er</i>	15
<i>kurvelo</i>	55	<i>levobunolol hcl</i>	67
<i>labetalol hydrochloride</i>	39	<i>levocetirizine dihydrochloride</i>	69
<i>lacosamide</i>	17	<i>levofloxacin</i>	14
<i>lactulose</i>	49	<i>levofloxacin</i>	67
LAGEVRIO	33	<i>levofloxacin in d5w</i>	14
<i>lamivudine</i>	30	<i>levonest</i>	55
<i>lamivudine</i>	32	<i>levonorgestrel and ethinyl estradiol</i>	55
<i>lamivudine/zidovudine</i>	32	<i>levonorgestrel/ethinyl estradiol</i>	55
<i>lamotrigine</i>	15	<i>levora 0.15/30-28</i>	55
<i>lamotrigine er</i>	15	LEVO-T	58
<i>lamotrigine odt</i>	15	<i>levothyroxine sodium</i>	58
<i>lamotrigine starter kit/blue</i>	15	LEVOXYL	58
<i>lamotrigine starter kit/green</i>	15	LEXIVA	32
<i>lamotrigine starter kit/orange</i>	15	<i>l-glutamine</i>	51
<i>lansoprazole</i>	51	LIBERVANT	16
LANTUS	36	<i>lidocaine</i>	10
LANTUS SOLOSTAR	36	<i>lidocaine hydrochloride viscous</i>	45
<i>lapatinib ditosylate</i>	25	<i>lidocaine viscous</i>	45

Drug Name	Page #	Drug Name	Page #
<i>lidocaine/prilocaine</i>	10	LYNPARZA	25
<i>lidocaine-prilocaine-cream base</i>	10	LYSODREN	23
LILETTA	57	LYTGOBI	25
<i>lillow</i>	55	LYUMJEV	36
<i>linezolid</i>	12	LYUMJEV KWIKPEN	36
LINZESS	49	<i>lyza</i>	58
<i>liothyronine sodium</i>	58	<i>magnesium sulfate</i>	48
<i>lisinopril</i>	38	<i>malathion</i>	47
<i>lisinopril/hydrochlorothiazide</i>	40	<i>maraviroc</i>	32
<i>lithium</i>	34	<i>marlissa</i>	56
<i>lithium carbonate</i>	34	MARPLAN	18
<i>lithium carbonate er</i>	34	MATULANE	22
LIVMARLI	50	<i>matzim la</i>	40
LIVTENCITY	30	MAVYRET	30
<i>lojaimiess</i>	55	MAYZENT	44
LOKELMA	49	MAYZENT STARTER PACK	44
LONSURF	23	<i>meclizine hcl</i>	19
<i>loperamide hcl</i>	50	<i>medroxyprogesterone acetate</i>	58
<i>lopinavir/ritonavir</i>	32	<i>mefloquine hcl</i>	27
<i>lopreeza</i>	55	<i>megestrol acetate</i>	58
<i>lorazepam</i>	34	MEKINIST	25
<i>lorazepam intensol</i>	34	MEKTOVI	25
LORBRENA	25	<i>meloxicam</i>	9
<i>lorcet</i>	10	<i>memantine hcl titration pak</i>	17
<i>lorcet hd</i>	10	<i>memantine hydrochloride</i>	18
<i>lorcet plus</i>	10	<i>memantine hydrochloride er</i>	18
<i>losartan potassium</i>	38	MENACTRA	63
<i>losartan potassium/hydrochlorothiazide</i>	40	MENEST	56
LOTEMAX SM	67	MENQUADFI	63
<i>lovastatin</i>	41	MENVEO	63
<i>low-ogestrel</i>	55	<i>mercaptopurine</i>	23
<i>loxapine</i>	28	<i>meropenem</i>	14
<i>lubiprostone</i>	49	<i>mesalamine</i>	64
LUMAKRAS	25	<i>mesalamine dr</i>	64
LUMIGAN	68	<i>mesalamine er</i>	64
LUPRON DEPOT (1-MONTH)	59	MESNEX	27
LUPRON DEPOT (3-MONTH)	59	<i>metformin hydrochloride</i>	34
LUPRON DEPOT (4-MONTH)	59	<i>metformin hydrochloride er</i>	34
LUPRON DEPOT (6-MONTH)	59	<i>methadone hcl</i>	9
LUPRON DEPOT-PED (1-MONTH)	59	<i>methadone hydrochloride</i>	9
LUPRON DEPOT-PED (3-MONTH)	59	<i>methadone hydrochloride intensol</i>	9
<i>lurasidone hydrochloride</i>	29	<i>methazolamide</i>	68
<i>lutra</i>	55	<i>methenamine hippurate</i>	12
LYBALVI	29	<i>methimazole</i>	59
<i>lyleq</i>	57	<i>methocarbamol</i>	71
<i>lyllana</i>	56	<i>methotrexate</i>	62

Drug Name	Page #	Drug Name	Page #
<i>methotrexate sodium</i>	62	<i>morphine sulfate er</i>	9
<i>methsuximide</i>	16	MOTTEGRITY	49
<i>methyldopa</i>	38	MOUNJARO	34
<i>methylphenidate hydrochloride</i>	43	<i>moxifloxacin hydrochloride/sodium</i>	14
<i>methylphenidate hydrochloride er</i>	43	<i>hydrochloride</i>	
<i>methylprednisolone</i>	53	<i>moxifloxacin hydrochloride</i>	14
<i>methylprednisolone dose pack</i>	53	<i>moxifloxacin hydrochloride</i>	67
<i>metoclopramide hcl</i>	50	MRESVIA	63
<i>metoclopramide hydrochloride</i>	50	MULTAQ	38
<i>metolazone</i>	41	<i>mupirocin</i>	47
<i>metoprolol succinate er</i>	39	<i>mycophenolate mofetil</i>	62
<i>metoprolol tartrate</i>	39	<i>mycophenolic acid dr</i>	62
<i>metronidazole</i>	12	<i>myorisan</i>	45
<i>metronidazole</i>	45	MYRBETRIQ	52
<i>metronidazole vaginal</i>	12	<i>nabumetone</i>	9
<i>metyrosine</i>	40	<i>nadolol</i>	39
<i>mexiletine hcl</i>	38	<i>nafcillin sodium</i>	13
<i>microgestin 1.5/30</i>	56	<i>naloxone hcl</i>	11
<i>microgestin 1/20</i>	56	<i>naloxone hydrochloride</i>	11
<i>microgestin fe 1.5/30</i>	56	<i>naltrexone hcl</i>	11
<i>microgestin fe 1/20</i>	56	NAMZARIC	17
<i>midodrine hcl</i>	38	<i>naproxen</i>	9
<i>mifepristone</i>	59	<i>naproxen dr</i>	9
<i>miglustat</i>	51	<i>naproxen sodium</i>	9
<i>mili</i>	56	<i>naratriptan hcl</i>	21
<i>mimvey</i>	56	NATACYN	67
<i>mimvey lo</i>	56	<i>nateglinide</i>	34
<i>minocycline hcl</i>	15	NAYZILAM	15
<i>minocycline hydrochloride</i>	15	<i>nebivolol</i>	39
<i>minoxidil</i>	42	<i>nebivolol hydrochloride</i>	39
<i>mirtazapine</i>	18	<i>necon 0.5/35-28</i>	56
<i>mirtazapine odt</i>	18	<i>necon 7/7/7</i>	56
<i>misoprostol</i>	51	<i>nefazodone hydrochloride</i>	19
M-M-R II	63	<i>neomycin sulfate</i>	11
<i>modafinil</i>	71	<i>neomycin/bacitracin/polymyxin</i>	66
<i>moexipril hcl</i>	38	<i>neomycin/polymyxin/bacitracin</i>	66
<i>molindone hydrochloride</i>	28	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	66
<i>mometasone furoate</i>	46	<i>one</i>	
<i>mometasone furoate</i>	68	<i>neomycin/polymyxin/dexamethasone</i>	66
<i>mondoxyne nl</i>	15	<i>neomycin/polymyxin/gramicidin</i>	66
<i>mono-linyah</i>	56	<i>neomycin/polymyxin/hc</i>	68
<i>mononessa</i>	56	<i>neomycin/polymyxin/hydrocortisone</i>	68
<i>montelukast sodium</i>	69	<i>neo-polycin</i>	66
<i>morgidox 1x100mg</i>	15	<i>neo-polycin hc</i>	66
<i>morgidox 2x100mg</i>	15	NERLYNX	25
<i>morphine sulfate</i>	10	NEULASTA	37

Drug Name	Page #	Drug Name	Page #
NEULASTA ONPRO KIT	37	NOVOLIN N RELION	36
<i>nevirapine</i>	31	NOVOLIN R	36
<i>nevirapine er</i>	31	NOVOLIN R FLEXPEN	36
NEXLETOL	42	NOVOLIN R FLEXPEN RELION	36
NEXLIZET	42	NOVOLIN R RELION	36
NEXPLANON	58	NOVOLOG	36
<i>niacin er</i>	42	NOVOLOG FLEXPEN	36
NICOTROL NS	11	NOVOLOG FLEXPEN RELION	36
<i>nifedipine er</i>	39	NOVOLOG MIX 70/30	36
<i>nilutamide</i>	22	NOVOLOG MIX 70/30 PREFILLED	36
<i>nimodipine</i>	39	FLEXPEN	
NINLARO	25	NOVOLOG MIX 70/30 PREFILLED	36
<i>nitazoxanide</i>	27	FLEXPEN RELION	
<i>nitisinone</i>	51	NOVOLOG MIX 70/30 RELION	36
NITRO-BID	42	NOVOLOG PENFILL	36
<i>nitrofurantoin macrocrystals</i>	12	NOVOLOG RELION	36
<i>nitrofurantoin monohydrate</i>	12	<i>np thyroid 120</i>	58
<i>nitrofurantoin monohydrate/macrocrystals</i>	12	<i>np thyroid 15</i>	58
<i>nitroglycerin</i>	42	<i>np thyroid 30</i>	58
<i>nitroglycerin</i>	50	<i>np thyroid 60</i>	58
<i>nitroglycerin transdermal</i>	42	<i>np thyroid 90</i>	58
NIVA THYROID	58	NUBEQA	22
<i>nizatidine</i>	50	NUCALA	71
<i>nora-be</i>	58	NUDEXTA	44
<i>norelgestromin/ethinyl estradiol</i>	56	NUPLAZID	29
<i>norethindrone</i>	58	NUTRILIPID	65
<i>norethindrone acetate</i>	58	<i>nyamyc</i>	20
<i>norethindrone acetate/ethinyl estradiol</i>	56	<i>nylia 1/35</i>	56
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	56	<i>nylia 7/7/7</i>	56
<i>norgestimate/ethinyl estradiol</i>	56	<i>nymyo</i>	56
<i>norlyda</i>	58	<i>nystatin</i>	20
<i>norlyroc</i>	58	<i>nystatin/triamcinolone</i>	47
<i>nortrel 0.5/35 (28)</i>	56	<i>nystatin/triamcinolone acetonide</i>	47
<i>nortrel 1/35</i>	56	<i>nystop</i>	20
<i>nortrel 7/7/7</i>	56	<i>octreotide acetate</i>	59
<i>nortriptyline hcl</i>	19	ODEFSEY	32
<i>nortriptyline hydrochloride</i>	19	ODOMZO	25
NORVIR	33	OFEV	70
NOVOLIN 70/30	36	<i>ofloxacin</i>	67
NOVOLIN 70/30 FLEXPEN	36	<i>ofloxacin</i>	68
NOVOLIN 70/30 FLEXPEN RELION	36	OGSIVEO	23
NOVOLIN 70/30 RELION	36	OJEMDA	23
NOVOLIN N	36	OJJAARA	25
NOVOLIN N FLEXPEN	36	<i>olanzapine</i>	29
NOVOLIN N FLEXPEN RELION	36	<i>olanzapine odt</i>	29
		<i>olmesartan medoxomil</i>	38

Drug Name	Page #	Drug Name	Page #
<i>olmesartan medoxomil/hydrochlorothiazide</i>	40	ORSERDU	22
<i>olopatadine hcl</i>	67	<i>orsythia</i>	56
<i>olopatadine hydrochloride</i>	67	<i>oseltamivir phosphate</i>	33
<i>omega-3-acid ethyl esters</i>	42	OSMOLEX ER	27
<i>omeprazole</i>	51	OSPHERA	58
<i>omeprazole dr</i>	51	OTEZLA	47
OMNIPOD 5 DEXG7G6 INTRO KIT	65	OTEZLA	60
(GEN 5)		<i>oxacillin sodium</i>	13
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	65	<i>oxaprozin</i>	9
OMNIPOD 5 G7 INTRO KIT (GEN 5)	65	<i>oxcarbazepine</i>	17
OMNIPOD 5 G7 PODS (GEN 5)	65	<i>oxybutynin chloride</i>	52
OMNIPOD 5 LIBRE2 PLUS G6	65	<i>oxybutynin chloride er</i>	52
OMNIPOD 5 LIBRE2 PLUS G6 PODS	65	<i>oxycodone hydrochloride</i>	10
OMNIPOD CLASSIC PDM STARTER	65	<i>oxycodone/acetaminophen</i>	10
KIT (GEN 3)		OZEMPIC	35
OMNIPOD CLASSIC PODS (GEN 3)	65	PACERONE	39
OMNIPOD DASH INTRO KIT (GEN 4)	65	<i>paliperidone er</i>	29
OMNIPOD DASH PDM KIT (GEN 4)	65	PANRETIN	26
OMNIPOD DASH PODS (GEN 4)	65	<i>pantoprazole sodium</i>	51
OMNIPOD GO 10 UNITS/DAY	65	<i>paricalcitol</i>	65
OMNIPOD GO 15 UNITS/DAY	65	<i>paroex</i>	45
OMNIPOD GO 20 UNITS/DAY	65	<i>paromomycin sulfate</i>	11
OMNIPOD GO 25 UNITS/DAY	65	<i>paroxetine hcl</i>	19
OMNIPOD GO 30 UNITS/DAY	65	<i>paroxetine hydrochloride</i>	19
OMNIPOD GO 35 UNITS/DAY	66	PASER	22
OMNIPOD GO 40 UNITS/DAY	66	PAXLOVID	33
<i>ondansetron hcl</i>	20	<i>pazopanib hydrochloride</i>	25
<i>ondansetron hydrochloride</i>	20	PEDIARIX	63
<i>ondansetron odt</i>	20	PEDVAX HIB	63
ONUREG	23	<i>peg 3350/electrolytes</i>	50
OPSUMIT	70	<i>peg-3350/electrolytes</i>	50
OPVEE	11	<i>peg-3350/nacl/na bicarbonate/kcl</i>	50
<i>oralone dental paste</i>	45	PEGASYS	60
ORENCIA	60	PEGASYS	62
ORENCIA	62	<i>pegylax</i>	49
ORENCIA CLICKJECT	60	PEMAZYRE	25
ORENITRAM	70	PENBRAYA	63
ORENITRAM TITRATION KIT MONTH	70	<i>penicillamine</i>	49
1		<i>penicillin g sodium</i>	13
ORENITRAM TITRATION KIT MONTH	70	<i>penicillin v potassium</i>	14
2		PENTACEL	63
ORENITRAM TITRATION KIT MONTH	70	<i>pentamidine isethionate</i>	27
3		<i>pentoxifylline er</i>	40
ORGOVYX	59	<i>perindopril erbumine</i>	38
ORKAMBI	70	<i>perio gard</i>	45
<i>orphenadrine citrate er</i>	71	<i>permethrin</i>	47

Drug Name	Page #	Drug Name	Page #
<i>perphenazine</i>	28	<i>praziquantel</i>	27
PERSERIS	29	<i>prazosin hydrochloride</i>	38
<i>phenadoz</i>	19	<i>prednisolone</i>	53
<i>phenelzine sulfate</i>	18	<i>prednisolone acetate</i>	67
<i>phenobarbital</i>	16	<i>prednisolone sodium phosphate</i>	53
PHENYTEK	17	<i>prednisone</i>	53
<i>phenytoin</i>	17	<i>pregabalin</i>	16
<i>phenytoin infatabs</i>	17	PREHEVBRIO	63
<i>phenytoin sodium extended</i>	17	PREMARIN	56
PHESGO	23	<i>premium lidocaine</i>	10
<i>philith</i>	56	PREMPHASE	56
PIFELTRO	31	PREMPRO	56
<i>pilocarpine hcl</i>	68	<i>prenatal</i>	49
<i>pilocarpine hydrochloride</i>	45	<i>prevalite</i>	42
<i>pimecrolimus</i>	46	<i>previfem</i>	56
<i>pimozide</i>	28	PREVYMIS	30
<i>pimtreea</i>	56	PREZCOBIX	33
<i>pindolol</i>	39	PREZISTA	33
<i>pioglitazone hcl</i>	35	PRIFTIN	22
<i>pioglitazone hcl/metformin hcl</i>	35	<i>primaquine phosphate</i>	27
<i>pioglitazone hydrochloride</i>	35	<i>primidone</i>	16
<i>piperacillin sodium/tazobactam sodium</i>	14	PRIORIX	63
PIQRAY 200MG DAILY DOSE	25	PRIVIGEN	59
PIQRAY 250MG DAILY DOSE	25	PROAIR RESPICLICK	69
PIQRAY 300MG DAILY DOSE	25	<i>probenecid</i>	21
<i>pirfenidone</i>	70	<i>probenecid/colchicine</i>	21
<i>pirmella 1/35</i>	56	<i>prochlorperazine</i>	19
<i>pirmella 7/7/7</i>	56	<i>prochlorperazine maleate</i>	19
<i>piroxicam</i>	9	PROCRIT	37
<i>pitavastatin calcium</i>	41	<i>procto-med hc</i>	64
PLENAMINE	48	<i>proctosol hc</i>	64
<i>podofilox</i>	47	<i>proctozone-hc</i>	64
<i>polycin</i>	66	<i>progesterone</i>	58
<i>polymyxin b sulfate/trimethoprim sulfate</i>	66	PROGRAF	62
POMALYST	22	PROLASTIN-C	51
<i>portia-28</i>	56	PROLIA	65
<i>posaconazole</i>	21	PROMACTA	37
<i>posaconazole dr</i>	20	<i>promethazine hcl</i>	20
<i>potassium chloride</i>	49	<i>promethazine hydrochloride</i>	20
<i>potassium chloride er</i>	48	<i>promethazine hydrochloride plain</i>	20
<i>potassium chloride sr</i>	49	<i>promethegan</i>	20
<i>potassium citrate er</i>	49	<i>propafenone hcl</i>	39
PRALUENT	42	<i>propafenone hydrochloride</i>	39
<i>pramipexole dihydrochloride</i>	27	<i>propafenone hydrochloride er</i>	39
<i>prasugrel hydrochloride</i>	37	<i>propranolol hcl</i>	39
<i>pravastatin sodium</i>	41	<i>propranolol hcl er</i>	39

Drug Name	Page #	Drug Name	Page #
<i>propranolol hydrochloride</i>	39	REVCOVI	51
<i>propranolol hydrochloride er</i>	39	REXULTI	29
<i>propylthiouracil</i>	59	REYATAZ	33
PROQUAD	63	REZLIDHIA	25
<i>protriptyline hcl</i>	19	REZUROCK	62
PULMOZYME	70	RHOPRESSA	68
PURIXAN	23	<i>ribavirin</i>	30
<i>pyrazinamide</i>	22	<i>rifabutin</i>	21
<i>pyridostigmine bromide</i>	21	<i>rifampin</i>	22
<i>pyrimethamine</i>	27	<i>riluzole</i>	44
PYRUKYND	51	RINVOQ	60
PYRUKYND TAPER PACK	51	RINVOQ LQ	60
QINLOCK	25	<i>risedronate sodium</i>	65
QUADRACEL	63	<i>risperidone</i>	29
<i>quetiapine fumarate</i>	29	<i>risperidone er</i>	29
<i>quetiapine fumarate er</i>	29	<i>risperidone odt</i>	29
<i>quinapril hydrochloride</i>	38	<i>ritonavir</i>	33
<i>quinapril/hydrochlorothiazide</i>	41	<i>rivastigmine tartrate</i>	17
<i>quinidine sulfate</i>	39	<i>rivastigmine transdermal system</i>	17
<i>quinine sulfate</i>	27	<i>rivelsa</i>	56
QULIPTA	21	<i>rizatriptan benzoate</i>	21
QVAR REDIHALER	68	<i>rizatriptan benzoate odt</i>	21
RABAVERT	63	ROCKLATAN	66
<i>rabeprazole sodium</i>	51	<i>roflumilast</i>	70
<i>raloxifene hydrochloride</i>	58	ROLVEDON	37
<i>ramelteon</i>	71	<i>ropinirole er</i>	27
<i>ramipril</i>	38	<i>ropinirole hcl</i>	27
<i>ranolazine er</i>	41	<i>ropinirole hydrochloride</i>	27
<i>rasagiline mesylate</i>	28	<i>rosadan</i>	45
RAYALDEE	65	<i>rosuvastatin calcium</i>	41
REBIF	44	ROTARIX	63
REBIF REBIDOSE	44	ROTATEQ	63
REBIF REBIDOSE TITRATION PACK	44	<i>roweepra</i>	15
REBIF TITRATION PACK	44	<i>roweepra xr</i>	15
RECOMBIVAX HB	63	ROZLYTREK	25
RELENZA DISKHALER	33	RUBRACA	25
RELISTOR	49	<i>rufinamide</i>	17
RENFLEXIS	62	RUKOBIA	32
<i>repaglinide</i>	35	RYBELSUS	35
REPATHA	42	RYDAPT	25
REPATHA PUSHTRONEX SYSTEM	42	RYTARY	28
REPATHA SURECLICK	42	<i>sajazir</i>	59
RESTASIS	66	SANDIMMUNE	62
RESTASIS MULTIDOSE	66	SANTYL	47
RETACRIT	37	<i>sapropterin dihydrochloride</i>	51
RETEVMO	25	SAVELLA	44

Drug Name	Page #	Drug Name	Page #
SAVELLA TITRATION PACK	44	<i>sotalol hydrochloride (af)</i>	39
SCEMBLIX	25	SOTYKTU	47
<i>scopolamine</i>	20	SPEVIGO	46
SECUADO	29	SPIRIVA RESPIMAT	69
<i>selegiline hcl</i>	28	<i>spironolactone</i>	42
<i>selenium sulfide</i>	46	<i>spironolactone/hydrochlorothiazide</i>	41
SELZENTRY	32	<i>sprintec 28</i>	57
SEREVENT DISKUS	69	SPRITAM	15
<i>sertraline hcl</i>	19	SPRYCEL	26
<i>sertraline hydrochloride</i>	19	SPS	49
<i>setlakin</i>	57	<i>sronyx</i>	57
<i>sevelamer carbonate</i>	49	<i>ssd</i>	47
SFROWASA	64	STAMARIL	64
<i>sharobel</i>	58	<i>stavudine</i>	32
SHINGRIX	63	STELARA	60
SIGNIFOR	59	STIOLTO RESPIMAT	71
<i>sildenafil citrate</i>	70	STIVARGA	26
<i>silodosin</i>	52	<i>streptomycin sulfate</i>	11
<i>silver sulfadiazine</i>	47	STRIBILD	31
SIMBRINZA	66	<i>subvenite</i>	15
<i>simliya</i>	57	<i>subvenite starter kit/blue</i>	15
<i>simpesse</i>	57	<i>subvenite starter kit/green</i>	15
<i>simvastatin</i>	41	<i>subvenite starter kit/orange</i>	15
<i>sirolimus</i>	62	SUCRAID	51
SIRTURO	22	<i>sucrafate</i>	51
SKYCLARYS	66	<i>sulfacetamide sodium</i>	67
SKYRIZI	60	<i>sulfacetamide sodium/prednisolone sodium</i>	66
SKYRIZI PEN	60	<i>phosphate</i>	
<i>sodium chloride</i>	49	<i>sulfadiazine</i>	14
<i>sodium chloride 0.45%</i>	49	<i>sulfamethoxazole/trimethoprim</i>	14
<i>sodium chloride 0.9%</i>	66	<i>sulfamethoxazole/trimethoprim ds</i>	14
<i>sodium oxybate</i>	71	<i>sulfasalazine</i>	64
<i>sodium phenylbutyrate</i>	51	<i>sulindac</i>	9
<i>sodium polystyrene sulfonate</i>	49	<i>sumatriptan</i>	21
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	50	<i>sumatriptan succinate</i>	21
<i>sofosbuvir/velpatasvir</i>	30	<i>sunitinib malate</i>	26
<i>solifenacin succinate</i>	52	SUNLENCA	32
SOLQUA 100/33	35	SUTAB	50
SOLTAMOX	22	SYMPAZAN	16
SOMAVERT	59	SYMTUZA	33
<i>sorafenib</i>	26	SYNJARDY	35
<i>sorafenib tosylate</i>	26	SYNJARDY XR	35
<i>sorine</i>	39	SYNRIBO	23
<i>sotalol hcl</i>	39	SYNTHROID	58
<i>sotalol hydrochloride</i>	39	TABLOID	23
		TABRECTA	26

Drug Name	Page #	Drug Name	Page #
<i>tacrolimus</i>	46	<i>tiadylt er</i>	40
<i>tacrolimus</i>	62	<i>tiagabine hydrochloride</i>	16
<i>tadalafil</i>	52	TIBSOVO	26
<i>tadalafil</i>	70	TICOVAC	64
TAFINLAR	26	<i>tigecycline</i>	12
TAGRISSE	26	<i>timolol maleate</i>	21
TALZENNA	26	<i>timolol maleate</i>	67
<i>tamoxifen citrate</i>	22	<i>tinidazole</i>	12
<i>tamsulosin hydrochloride</i>	52	<i>tiotropium bromide</i>	69
<i>tarina fe 1/20</i>	57	TIVICAY	31
<i>tarina fe 1/20 eq</i>	57	TIVICAY PD	31
TASIGNA	26	<i>tizanidine hcl</i>	30
TAVNEOS	60	<i>tizanidine hydrochloride</i>	30
<i>tazarotene</i>	45	TOBI PODHALER	70
TAZICEF	13	TOBRADEX	66
<i>taztia xt</i>	40	TOBRADEX ST	66
TAZVERIK	26	<i>tobramycin</i>	67
TDVAX	64	<i>tobramycin</i>	70
TEFLARO	13	<i>tobramycin sulfate</i>	11
TEGSEDI	51	<i>tobramycin/dexamethasone</i>	66
<i>telmisartan</i>	38	<i>tolterodine tartrate</i>	52
<i>telmisartan/hydrochlorothiazide</i>	41	<i>tolterodine tartrate er</i>	52
<i>temazepam</i>	71	<i>topiramate</i>	15
TEMIXYS	32	<i>topotecan hcl</i>	23
TENIVAC	64	<i>topotecan hydrochloride</i>	23
<i>tenofovir disoproxil fumarate</i>	32	<i>toremifene citrate</i>	22
TEPMETKO	26	<i>torpenz</i>	26
<i>terazosin hcl</i>	52	<i>torseamide</i>	41
<i>terazosin hydrochloride</i>	52	TOUJEO MAX SOLOSTAR	36
<i>terbinafine hcl</i>	21	TOUJEO SOLOSTAR	36
<i>terconazole</i>	21	TRADJENTA	35
<i>teriparatide</i>	65	<i>tramadol hydrochloride</i>	10
<i>testosterone</i>	53	<i>tramadol hydrochloride/acetaminophen</i>	10
<i>testosterone cypionate</i>	53	<i>trandolapril</i>	38
<i>testosterone enanthate</i>	53	<i>trandolapril/verapamil hcl er</i>	41
<i>testosterone pump</i>	53	<i>tranexamic acid</i>	37
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	64	<i>tranlycypromine sulfate</i>	18
<i>tetrabenazine</i>	44	<i>trazodone hydrochloride</i>	19
<i>tetracycline hydrochloride</i>	15	TRECTOR	22
TEVIMBRA	26	TRELEGY ELLIPTA	71
THALOMID	22	TRELSTAR MIXJECT	59
<i>theophylline er</i>	70	TRESIBA	36
<i>thioridazine hcl</i>	28	TRESIBA FLEXTOUCH	36
<i>thiothixene</i>	28	<i>tretinoin</i>	27
THYROID	58	<i>tretinoin</i>	45
		<i>tri femynor</i>	57

Drug Name	Page #	Drug Name	Page #
<i>triamcinolone acetonide</i>	46	UDENYCA ONBODY	37
<i>triamcinolone acetonide</i>	53	<i>ulticare micro pen needles/32g x 5/32"</i>	66
<i>triamcinolone acetonide dental paste</i>	45	<i>unifine pentips 32gx6mm</i>	66
<i>triamterene</i>	41	UNITHROID	58
<i>triamterene/hydrochlorothiazide</i>	41	<i>urea</i>	47
<i>triderm</i>	47	<i>ursodiol</i>	50
<i>trientine hydrochloride</i>	49	<i>valacyclovir hydrochloride</i>	33
<i>tri-estarylla</i>	57	VALCHLOR	22
<i>trifluoperazine hcl</i>	28	<i>valganciclovir</i>	30
<i>trifluoperazine hydrochloride</i>	28	<i>valganciclovir hydrochloride</i>	30
<i>trifluridine</i>	67	<i>valproic acid</i>	16
<i>trihexyphenidyl hydrochloride</i>	27	<i>valsartan</i>	38
TRIJARDY XR	35	<i>valsartan/hydrochlorothiazide</i>	41
TRIKAFTA	70	VALTOCO 10 MG DOSE	16
<i>tri-lynyah</i>	57	VALTOCO 15 MG DOSE	16
<i>trilyte</i>	50	VALTOCO 20 MG DOSE	16
<i>trimethoprim</i>	12	VALTOCO 5 MG DOSE	16
<i>tri-mili</i>	57	<i>vancomycin hcl</i>	12
<i>trimipramine maleate</i>	19	<i>vancomycin hydrochloride</i>	12
<i>trinessa</i>	57	VANFLYTA	26
TRINTELLIX	19	VAQTA	64
<i>tri-nymyo</i>	57	<i>varenicline starting month box</i>	11
<i>tri-previfem</i>	57	<i>varenicline tartrate</i>	11
<i>tri-sprintec</i>	57	VARIVAX	64
TRIUMEQ	32	VAXCHORA	64
TRIUMEQ PD	32	VAXELIS	64
<i>trivora-28</i>	57	VELPHORO	49
<i>tri-vylibra</i>	57	VELTASSA	49
TRIZIVIR	32	VENCLEXTA	26
<i>tropium chloride</i>	52	VENCLEXTA STARTING PACK	26
<i>tropium chloride er</i>	52	<i>venlafaxine hydrochloride</i>	19
TRULICITY	35	<i>venlafaxine hydrochloride er</i>	19
TRUMENBA	64	VENTAVIS	70
TRUQAP	26	VEOPOZ	60
TRUSELTIQ	23	VEOZAH	44
TUKYSA	26	<i>verapamil hcl</i>	40
<i>tulana</i>	58	<i>verapamil hcl er</i>	40
TURALIO	26	<i>verapamil hcl sr</i>	40
<i>turqoz</i>	57	<i>verapamil hydrochloride</i>	40
TWINRIX	64	<i>verapamil hydrochloride er</i>	40
TYBOST	32	VERQUVO	42
TYMLOS	65	VERSACLOZ	30
TYPHIM VI	64	VERZENIO	26
TYRVAYA	11	V-GO 20	66
UBRELVY	21	V-GO 30	66
UDENYCA	37	V-GO 40	66

Drug Name	Page #	Drug Name	Page #
<i>vicodin hp</i>	10	XOLAIR	60
<i>vienva</i>	57	XOLREMDI	37
<i>vigabatrin</i>	16	XOSPATA	26
<i>vigadrone</i>	16	XPOVIO	26
VIGAFYDE	16	XPOVIO 60 MG TWICE WEEKLY	26
<i>vigpoder</i>	17	XPOVIO 80 MG TWICE WEEKLY	26
<i>vilazodone hydrochloride</i>	19	XTAMPZA ER	9
<i>viorele</i>	57	XTANDI	22
VIRACEPT	33	<i>xulane</i>	57
VIREAD	32	<i>yargesa</i>	51
VISTOGARD	66	YF-VAX	64
VITRAKVI	26	YUPELRI	69
VIVITROL	11	<i>yuvafem</i>	57
VIZIMPRO	26	<i>zafemy</i>	57
VOCABRIA	31	<i>zafirlukast</i>	69
<i>volnea</i>	57	<i>zaleplon</i>	71
VONJO	23	ZARXIO	37
VORANIGO	27	ZEJULA	26
<i>voriconazole</i>	21	ZELBORAF	26
VOSEVI	30	<i>zenatane</i>	45
VOWST	50	ZENPEP	52
VRAYLAR	29	ZEPOSIA	45
VUMERITY	44	ZEPOSIA 7-DAY STARTER PACK	45
<i>vyfemla</i>	57	ZEPOSIA STARTER KIT	45
VYJUVEK	33	<i>zidovudine</i>	32
<i>vylibra</i>	57	<i>ziprasidone hcl</i>	29
VYNDAMAX	41	<i>ziprasidone mesylate</i>	29
VYZULTA	68	ZIRGAN	67
<i>warfarin sodium</i>	37	ZOKINVY	66
WELIREG	51	ZOLINZA	23
<i>wera</i>	57	<i>zolmitriptan</i>	21
<i>wixela inhub</i>	71	<i>zolpidem tartrate</i>	71
XALKORI	26	<i>zolpidem tartrate er</i>	71
XARELTO	37	ZONISADE	17
XARELTO STARTER PACK	37	<i>zonisamide</i>	17
XATMEP	62	<i>zovia 1/35</i>	57
XCOPRI	17	<i>zovia 1/35e</i>	57
XDEMVY	67	ZTALMY	17
XELJANZ	60	ZURZUVAE	18
XELJANZ XR	60	ZYDELIG	26
XERMELO	50	ZYKADIA	26
XGEVA	65	ZYLET	66
XIFAXAN	50	ZYPREXA RELPREVV	29
XIGDUO XR	35		
XIIDRA	66		
XOFLUZA	33		

Notice of Non-Discrimination: Discrimination is Against the Law

eternalHealth complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, religion, or sex. eternalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex.

eternalHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact eternalHealth Member Services at **1-800-680-4568 (TTY 711)**. If you believe that eternalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

eternalHealth (Mail)

eternalHealth, Inc.
eH Privacy Officer
C/O Appeals & Grievances
PO Box 1377
Westborough, MA 01581

eternalHealth (Phone/Fax)

Local Phone Number: 617-684-2348 (TTY 711)
Toll Free Phone Number: 1-800-680-4568 (TTY 711)
Fax: 1-866-326-1073

eternalHealth (In Person)

eternalHealth, Inc.
31 St. James Ave, Suite 950
Boston, MA 02116

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, eternalHealth Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1 (800) 891-6989 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1 (800) 891-6989 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1 (800) 891-6989 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1 (800) 891-6989 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1 (800) 891-6989 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1 (800) 891-6989 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1 (800) 891-6989 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1 (800) 891-6989 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1 (800) 891-6989 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1 (800) 891-6989 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-891-6989، TTY:711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1 (800) 891-6989 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1 (800) 891-6989 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1 (800) 891-6989 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1 (800) 891-6989 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1 (800) 891-6989 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1 (800) 891-6989 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



This formulary was updated on 09/17/2024. For more recent information or other questions, please contact eternalHealth Member Services at 1-800-891-6989 (TTY users should call 711), 24 hours/7 days a week, or visit www.eternalhealth.com.