



a Point32Health company

Tufts Medicare Preferred HMO Group Retiree 2025 Formulary (List of Covered Drugs or “Drug List”)

Tufts Medicare Preferred HMO Plans

PLEASE READ: This document contains information about the drugs we cover in this plan

25502 Version 6

This formulary was updated on 08/19/2024. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit www.thpmp.org.

H2256_2026_18_C

Tufts Medicare Preferred HMO Group Retiree 2025 Formulary (List of Covered Drugs)

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 Tufts Health Plan. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred HMO.

This document includes the Drug List (formulary) for our plan which is current as of 08/19/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO 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. Tufts Medicare Preferred HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred HMO 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 Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.thpmp.org.

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 Tufts Medicare Preferred HMO Formulary?”*

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *“How do I request an exception to the Tufts Medicare Preferred HMO 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 08/19/2024. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. 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 Drugs*.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. 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?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Tufts Medicare Preferred HMO requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don’t get approval, Tufts Medicare Preferred HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that

Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?*” on page VI 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 Tufts Medicare Preferred HMO does not cover your drug, you have two options:

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

You can ask Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level.

Generally, Tufts Medicare Preferred HMO 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 your coverage is not approved after your first one-month 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.

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred HMO Member Services department.

For more information

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Tufts Medicare Preferred HMO, 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 www.medicare.gov.

Tufts Medicare Preferred HMO Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, *“How do I request an exception to the Tufts Medicare Preferred HMO Formulary?”* on page VI for information about how to request an exception.

EC: Enhanced Coverage Drug

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

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. For more information, please call Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30, or visit **www.thpmp.org**.

PA: Prior Authorization Required

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

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.

ST: Step Therapy Prior Authorization Applies

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred HMO for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, *"How do I request an exception to the Tufts Medicare Preferred HMO Formulary?"* on page VI for information about how to request an exception.

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

Part B Drug

No copayment is required and the cost of the medication does not apply to your Part D benefit.

NEDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications. Optum Specialty Pharmacy: **1-800-265-1705**

Additional coverage

Diabetic Testing Supplies: Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

Part B Vaccines: Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- COVID-19 vaccines
- Flu vaccines
- Pneumonia vaccines (i.e. Pneumovax 23 & Prevnar 13)

Part B Oral Anti-Cancer Drugs: Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral Anti-Cancer Drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

Table of Contents

Analgesics	3
Anesthetics	4
Anti-Addiction/Substance Abuse Treatment Agents	5
Antibacterials	5
Anticonvulsants	9
Antidementia Agents	11
Antidepressants	12
Antiemetics	13
Antifungals	14
Antigout Agents	14
Antimigraine Agents	15
Antimyasthenic Agents	15
Antimycobacterials	15
Antineoplastics	16
Antiparasitics	22
Antiparkinson Agents	23
Antipsychotics	24
Antispasticity Agents	25
Antivirals	26
Anxiolytics	28
Bipolar Agents	29
Blood Glucose Regulators	29
Blood Products and Modifiers	31
Cardiovascular Agents	32
Central Nervous System Agents	37
Dental and Oral Agents	39
Dermatological Agents	39
Electrolytes/Minerals/Metals/Vitamins	42
Gastrointestinal Agents	44
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	46
Genitourinary Agents	46
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	47
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	48
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	48
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	51
Hormonal Agents, Suppressant (Adrenal or Pituitary)	51
Hormonal Agents, Suppressant (Thyroid)	52
Immunological Agents	52
Inflammatory Bowel Disease Agents	56
Metabolic Bone Disease Agents	56
Miscellaneous Therapeutic Agents	57

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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

Ophthalmic Agents	58
Otic Agents.....	60
Respiratory Tract/Pulmonary Agents	61
Skeletal Muscle Relaxants	64
Sleep Disorder Agents.....	64

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 100mg, 200mg, 50mg</i>	1	
<i>celecoxib caps 400mg</i>	2	
<i>diclofenac epolamine</i>	3	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr tbec 50mg, 75mg</i>	1	
<i>diclofenac sodium dr tbec 25mg</i>	3	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	3	
<i>diflunisal tabs 500mg</i>	3	
<i>ec-naproxen tbec 500mg</i>	3	
<i>etodolac er</i>	3	
<i>etodolac tabs</i>	1	
<i>etodolac caps</i>	2	
<i>flurbiprofen tabs 100mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	1	
<i>naproxen dr tbec 375mg</i>	3	
<i>naproxen sodium cr tb24 375mg</i>	3	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp</i>	3	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 500mg</i>	3	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	2	
<i>salsalate tabs</i>	1	
<i>sulindac tabs</i>	1	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	3	QL(4 EA per 28 days)
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	3	QL(10 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	3	QL(30 EA per 30 days)
<i>methadone hcl tabs</i>	1	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	2	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	2	QL(600 ML per 30 days)
<i>morphine sulfate er tbcr</i>	1	QL(60 EA per 30 days)

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>tramadol hydrochloride er</i>	3	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs</i>	1	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	1	QL(3600 ML per 30 days)
<i>butorphanol tartrate soln</i>	3	QL(7.5 ML per 30 days)
<i>codeine sulfate tabs 15mg</i>	2	QL(180 EA per 30 days)
<i>codeine sulfate tabs 30mg, 60mg</i>	3	QL(180 EA per 30 days)
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	3	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	3	QL(120 EA per 30 days); PA; NEDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	1	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	QL(240 EA per 30 days)
<i>morphine sulfate tabs</i>	1	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	2	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	2	QL(900 ML per 30 days)
<i>oxycodone hydrochloride soln</i>	1	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	2	QL(240 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	3	QL(120 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	1	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	1	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	1	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	3	QL(120 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl prsy</i>	1	QL(100 ML per 30 days)
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride external soln</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>lidocaine/prilocaine crea</i>	2	QL(60 GM per 30 days)
<i>lidocaine oint 5%</i>	2	QL(100 GM per 30 days)
<i>lidocaine ptch 5%</i>	3	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	2	QL(100 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	3	
<i>disulfiram tabs</i>	3	
<i>naltrexone hcl tabs</i>	1	
VIVITROL	3	NEDS
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	1	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd</i>	2	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride inj 2mg/2ml</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	3	
OPVEE	2	QL(4 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	
NICOTROL INHALER	3	
NICOTROL NS	3	
TYRVAYA	3	
<i>varenicline starting month box</i>	3	QL(53 EA per 28 days)
<i>varenicline tartrate tabs 1mg</i>	2	QL(60 EA per 30 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	3	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	3	HI
ARIKAYCE	3	PA; NEDS
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	3	HI

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	3	HI
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	3	HI
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate inj 1gm</i>	3	NEDS
<i>tobramycin sulfate inj 1.2gm/30ml, 40mg/ml</i>	1	HI
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	3	HI
Antibacterials, Other		
<i>aztreonam inj 1gm</i>	3	HI
<i>aztreonam inj 2gm</i>	3	NEDS; HI
<i>clindacin-p</i>	2	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride</i>	3	
<i>clindamycin phosphate crea 2%</i>	3	
<i>clindamycin phosphate inj 9000mg/60ml</i>	1	HI
<i>clindamycin phosphate inj 900mg/6ml</i>	3	HI
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	3	NEDS; HI
<i>daptomycin</i>	3	NEDS; HI
<i>daptomycin/sodium chloride</i>	3	HI
IMPAVIDO	3	NEDS
<i>linezolid tabs</i>	3	
<i>linezolid susr</i>	3	NEDS
<i>linezolid inj 600mg/300ml</i>	3	HI
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	1	
<i>metronidazole vaginal</i>	2	
<i>metronidazole inj 500mg/100ml</i>	1	HI
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
NUVESSA	3	
<i>tigecycline</i>	3	NEDS
<i>tinidazole</i>	3	
<i>trimethoprim tabs</i>	2	
<i>vancomycin hcl inj 0.9%; 1gm/200ml</i>	1	HI
<i>vancomycin hcl inj 100gm, 10gm</i>	3	HI
<i>vancomycin hydrochloride caps</i>	2	
<i>vancomycin hydrochloride inj 1.75gm, 2gm</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	3	HI
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	1	HI
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	3	
<i>cefaclor susr 125mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	3	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	1	HI
<i>cefazolin sodium inj 1gm/50ml; 4%, 1gm, 2gm</i>	1	HI
<i>cefazolin sodium inj 10gm, 500mg</i>	2	HI
<i>cefazolin sodium inj 1gm</i>	3	HI
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	1	HI
<i>cefdinir</i>	1	
<i>cefepime</i>	3	HI
<i>cefepime hydrochloride inj 2gm</i>	3	HI
<i>cefepime/dextrose</i>	3	HI
<i>cefixime</i>	3	
<i>cefotetan inj 1gm, 2gm</i>	3	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	3	HI
<i>cefpodoxime proxetil tabs</i>	2	
<i>cefpodoxime proxetil susr</i>	3	
<i>cefprozil tabs</i>	2	
<i>cefprozil susr 125mg/5ml</i>	2	
<i>cefprozil susr 250mg/5ml</i>	3	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	3	HI
<i>ceftriaxone in iso-osmotic dextrose</i>	1	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	HI
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	3	HI
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin caps 750mg</i>	3	
<i>cephalexin susr, tabs</i>	2	
<i>tazicef inj 1gm, 2gm, 6gm</i>	3	HI
TEFLARO	3	NEDS; HI
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	3	
<i>amoxicillin/clavulanate potassium susr, tabs</i>	1	
<i>amoxicillin/clavulanate potassium chew</i>	3	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>ampicillin sodium inj</i>	3	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	3	HI
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	3	HI
<i>ampicillin caps 500mg</i>	1	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	3	HI
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	3	HI
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	1	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	3	HI
PENICILLIN G SODIUM	3	NEDS; HI
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	3	HI
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	2	HI
Carbapenems		
<i>ertapenem</i>	3	HI
<i>ertapenem sodium</i>	3	HI
<i>imipenem/cilastatin</i>	3	HI
<i>meropenem inj 500mg</i>	2	HI
<i>meropenem inj 1gm, 2gm</i>	3	HI
Macrolides		
<i>azithromycin tabs</i>	1	
<i>azithromycin pack, susr</i>	2	
<i>azithromycin inj 500mg</i>	3	HI
<i>clarithromycin er</i>	2	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin susr</i>	3	
DIFICID	3	NEDS
<i>erythromycin dr</i>	3	
<i>erythromycin ethylsuccinate tabs</i>	3	
<i>erythromycin cpep 250mg</i>	3	
Quinolones		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	3	
<i>levofloxacin in d5w</i>	2	HI
<i>levofloxacin oral soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	3	HI

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>moxifloxacin hydrochloride tabs 400mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium lotn 10%</i>	3	
<i>sulfadiazine tabs</i>	3	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
Tetracyclines		
DOXY 100	2	HI
<i>doxycycline hyclate caps</i>	1	
<i>doxycycline hyclate inj</i>	2	HI
<i>doxycycline hyclate tabs 100mg, 20mg</i>	1	
<i>doxycycline hyclate tabs 150mg</i>	3	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tabs</i>	1	
<i>doxycycline susr</i>	3	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	3	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>mondoxyne nl caps 100mg</i>	1	
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	3	NEDS
EPIDIOLEX	3	PA NSO; NEDS
EPRONTIA	3	
<i>felbamate</i>	3	
FINTEPLA	3	PA NSO; NEDS
FYCOMPA	3	
<i>lamotrigine er</i>	3	
<i>lamotrigine odt</i>	3	
<i>lamotrigine starter kit/blue</i>	3	
<i>lamotrigine starter kit/green</i>	3	
<i>lamotrigine starter kit/orange</i>	3	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	1	
NAYZILAM	3	QL(10 EA per 30 days); PA NSO
<i>roweepra tabs 500mg</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	3	
<i>subvenite starter kit/green</i>	3	
<i>subvenite starter kit/orange</i>	3	
<i>topiramate tabs</i>	1	
<i>topiramate csp</i>	3	
<i>valproic acid</i>	1	
Calcium Channel Modifying Agents		
<i>ethosuximide soln</i>	2	
<i>ethosuximide caps</i>	3	
<i>methsuximide</i>	2	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp</i>	2	
<i>clobazam tabs</i>	2	QL(60 EA per 30 days)
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	1	
DIACOMIT	3	PA NSO; NEDS
<i>diazepam rectal gel</i>	3	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	3	
<i>gabapentin tabs 600mg, 800mg</i>	1	
LIBERVANT	3	QL(10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>pregabalin caps</i>	1	
<i>pregabalin soln</i>	3	
<i>primidone tabs</i>	1	
SYMPAZAN FILM 5MG	3	
SYMPAZAN FILM 10MG, 20MG	3	NEDS
<i>tiagabine hydrochloride</i>	3	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin</i>	3	NEDS
<i>vigadrone</i>	3	NEDS
<i>vigpoder</i>	3	NEDS
ZTALMY	3	PA NSO; NEDS
Sodium Channel Agents		
APTIOM	3	
<i>carbamazepine er</i>	3	
<i>carbamazepine chew, tabs</i>	2	
<i>carbamazepine susp</i>	3	
<i>epitol</i>	2	
<i>lacosamide inj, oral soln</i>	3	
LACOSAMIDE TABS 100MG, 150MG	2	QL(60 EA per 30 days)
<i>lacosamide tabs 200mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	3	
<i>phenytek</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin chew, susp</i>	1	
<i>rufinamide susp</i>	3	NEDS
<i>rufinamide tabs 200mg</i>	3	
<i>rufinamide tabs 400mg</i>	3	NEDS
XCOPRI TABS	3	NEDS
XCOPRI TBPk 0	3	
XCOPRI TBPk 0	3	NEDS
ZONISADE	3	
<i>zonisamide</i>	1	
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC	2	
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide tabs</i>	2	
<i>galantamine hydrobromide soln</i>	3	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	3	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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 hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride tabs</i>	1	
<i>memantine hydrochloride soln</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	3	
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	1	
<i>bupropion hydrochloride tabs 75mg</i>	1	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	1	
ZURZUVAE CAPS 30MG	3	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	3	QL(28 EA per 14 days); PA NSO; NEDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	3	ST NSO; NEDS
MARPLAN	3	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	3	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	3	
<i>desvenlafaxine er</i>	2	
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	3	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	3	
FETZIMA	3	ST NSO
FETZIMA TITRATION PACK	3	ST NSO
<i>fluoxetine dr</i>	3	
<i>fluoxetine hydrochloride caps</i>	1	
<i>fluoxetine hydrochloride soln</i>	3	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	3	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>paroxetine hydrochloride susp</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	1	
TRINTELLIX	3	
<i>venlafaxine hcl er tb24 37.5mg</i>	2	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er cp24</i>	2	
VIIBRYD STARTER PACK	3	
<i>vilazodone hydrochloride</i>	3	
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	1	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	2	
<i>desipramine hydrochloride</i>	3	
<i>doxepin hcl caps 75mg</i>	2	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	3	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
<i>protriptyline hcl</i>	3	
<i>trimipramine maleate caps</i>	3	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	3	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	3	
<i>promethazine hcl inj</i>	1	
<i>promethazine hcl tabs 12.5mg</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	1	
<i>scopolamine</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 0, 40mg, 80mg</i>	3	PA BvD

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>aprepitant caps 125mg</i>	3	PA BvD; NEDS
<i>dronabinol</i>	3	PA BvD
<i>granisetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron hcl soln</i>	1	PA BvD
<i>ondansetron hcl tabs 24mg</i>	1	PA BvD
<i>ondansetron hydrochloride tabs</i>	1	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	PA BvD
Antifungals		
<i>Antifungals</i>		
ABELCET	3	PA
<i>amphotericin b liposome</i>	3	PA; NEDS
<i>amphotericin b inj</i>	3	PA
<i>clotrimazole crea</i>	1	
<i>clotrimazole soln, troc</i>	2	
<i>econazole nitrate crea</i>	1	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tabs</i>	1	
<i>fluconazole susr</i>	3	
<i>flucytosine caps</i>	3	NEDS
<i>griseofulvin microsize</i>	3	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	3	
<i>itraconazole caps</i>	2	
<i>ketoconazole sham, tabs</i>	1	
<i>ketoconazole crea</i>	1	QL(120 GM per 30 days)
<i>klayesta</i>	1	
<i>micafungin</i>	3	
<i>miconazole 3 supp</i>	2	
<i>naftifine hcl</i>	3	
<i>naftifine hydrochloride crea</i>	3	
<i>nyamyc</i>	1	
<i>nystatin crea, oint, powd, susp</i>	1	
<i>nystatin tabs</i>	2	
<i>nystop</i>	1	
<i>posaconazole dr</i>	3	NEDS
<i>posaconazole susp</i>	3	NEDS
<i>terbinafine hcl tabs</i>	1	QL(42 EA per 42 days)
<i>terconazole crea</i>	2	
<i>terconazole supp</i>	3	
<i>voriconazole tabs</i>	3	
<i>voriconazole susr</i>	3	NEDS
<i>voriconazole inj</i>	3	PA; NEDS
Antigout Agents		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps</i>	2	
<i>colchicine tabs 0.6mg</i>	2	
GLOPERBA	3	
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG	2	QL(1 ML per 30 days); PA
EMGALITY INJ 120MG/ML	2	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	2	QL(3 ML per 30 days); PA
NURTEC	3	PA
UBRELVY	3	PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln</i>	3	QL(8 ML per 30 days); NEDS
<i>ergotamine tartrate/caffeine</i>	2	
Prophylactic		
<i>timolol maleate tabs 10mg, 5mg</i>	2	
<i>timolol maleate tabs 20mg</i>	3	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	
<i>rizatriptan benzoate odt</i>	1	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	2	
<i>sumatriptan succinate tabs</i>	1	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	3	
<i>sumatriptan soln</i>	3	
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	3	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
DAPSONE TABS	2	
<i>rifabutin</i>	3	
Antituberculars		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	3	
PRIFTIN	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>pyrazinamide tabs</i>	3	
<i>rifampin caps, inj</i>	3	
SIRTURO	3	PA; NEDS
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide tabs</i>	2	PA BvD
<i>cyclophosphamide caps</i>	3	PA BvD; SP-Optum Specialty
GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
LEUKERAN	3	NEDS
MATULANE	3	NEDS
VALCHLOR	3	NEDS; SP-Optum Specialty
<i>Antiandrogens</i>		
<i>abiraterone acetate</i>	3	PA NSO; NEDS; SP-Optum Specialty
<i>bicalutamide</i>	1	
ERLEADA TABS 240MG	3	PA NSO; NEDS
ERLEADA TABS 60MG	3	PA NSO; NEDS; SP-Optum Specialty
<i>flutamide</i>	1	
<i>nilutamide</i>	3	NEDS
NUBEQA	3	PA NSO; NEDS; SP-Optum Specialty
XTANDI	3	PA NSO; NEDS; SP-Optum Specialty
<i>Antiangiogenic Agents</i>		
<i>lenalidomide caps 2.5mg, 20mg</i>	3	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	3	PA NSO; NEDS; SP-Optum Specialty
POMALYST	3	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	3	PA NSO; NEDS
THALOMID	3	NEDS; SP-Optum Specialty
<i>Antiestrogens/Modifiers</i>		
EMCYT	3	NEDS
ORSERDU	3	PA NSO; NEDS
SOLTAMOX	3	NEDS
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	3	NEDS
<i>Antimetabolites</i>		
DROXIA	2	
<i>hydroxyurea caps</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>mercaptapurine tabs</i>	3	
PURIXAN	3	NEDS
TABLOID	3	SP-Optum Specialty
<i>Antineoplastics, Other</i>		
AKEEGA	3	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	3	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	3	NEDS
DOCETAXEL INJ 160MG/8ML	3	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	3	
IBRANCE TABS 100MG, 125MG, 75MG	3	PA NSO; NEDS; SP-Optum Specialty
INREBIC	3	PA NSO; NEDS; SP-Optum Specialty
IWILFIN	3	PA NSO; NEDS
KISQALI FEMARA 200 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
<i>leucovorin calcium tabs</i>	1	
LONSURF	3	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	NEDS
OGSIVEO	3	PA NSO; NEDS
OJEMDA	3	PA NSO; NEDS
ONUREG	3	PA NSO; NEDS; SP-Optum Specialty
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
SYNRIBO	3	NEDS
TRUSELTIQ	3	PA NSO; NEDS
VONJO	3	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	3	PA NSO; NEDS; SP-Optum Specialty
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	2	
<i>exemestane</i>	3	
<i>letrozole</i>	2	
<i>Enzyme Inhibitors</i>		
KYPROLIS	3	NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>Molecular Target Inhibitors</i>		
ALECENSA	3	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	3	PA NSO; NEDS
AUGTYRO	3	PA NSO; NEDS
AYVAKIT	3	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	3	PA NSO; NEDS
BOSULIF CAPS 50MG	3	PA NSO; NEDS
BOSULIF CAPS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	3	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	3	PA NSO; NEDS
CABOMETYX	3	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	3	PA NSO; NEDS
CALQUENCE CAPS	3	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	3	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	3	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	3	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	3	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	3	PA NSO; NEDS; SP-Optum Specialty
DAURISMO	3	PA NSO; NEDS; SP-Optum Specialty
ERIVEDGE	3	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	3	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	3	QL(90 EA per 30 days); NEDS; SP-Optum Specialty

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	3	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	3	PA NSO; NEDS
FOTIVDA	3	PA NSO; NEDS
FRUZAQLA	3	PA NSO; NEDS
GAVRETO	3	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	3	PA NSO; NEDS
GILOTRIF	3	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	3	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	3	PA NSO; NEDS
IDHIFA	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	3	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	3	PA NSO; NEDS
IMBRUVICA CAPS, TABS	3	PA NSO; NEDS; SP-Optum Specialty
INLYTA	3	PA NSO; NEDS; SP-Optum Specialty
INQOVI	3	PA NSO; NEDS; SP-Optum Specialty
JAKAFI	3	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	3	PA NSO; NEDS
KISQALI	3	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	3	PA NSO; NEDS
KRAZATI	3	PA NSO; NEDS
<i>lapatinib ditosylate</i>	3	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
LENVIMA 20 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	3	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 320MG	3	PA NSO; NEDS
LUMAKRAS TABS 120MG	3	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	3	PA NSO; NEDS; SP-Optum Specialty
LYTGOBI	3	PA NSO; NEDS
MEKINIST SOLR	3	PA NSO; NEDS
MEKINIST TABS	3	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	3	PA NSO; NEDS; SP-Optum Specialty
NERLYNX	3	PA NSO; NEDS; SP-Optum Specialty
NINLARO	3	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	3	PA NSO; NEDS; SP-Optum Specialty
OJJAARA	3	PA NSO; NEDS
<i>pazopanib hydrochloride</i>	3	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	3	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
QINLOCK	3	PA NSO; NEDS
RETEVMO CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	3	PA NSO; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
RETEVMO TABS 80MG	3	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	3	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA	3	PA NSO; NEDS
ROZLYTREK PACK	3	PA NSO; NEDS
ROZLYTREK CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	3	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	3	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	3	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate</i>	3	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	3	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	3	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	3	PA NSO; NEDS; SP-Optum Specialty
TABRECTA	3	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	3	PA NSO; NEDS
TAFINLAR CAPS	3	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	3	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	3	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	3	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	3	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	3	PA NSO; NEDS
TEPMETKO	3	PA NSO; NEDS
TIBSOVO	3	PA NSO; NEDS; SP-Optum Specialty

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
TRUQAP	3	PA NSO; NEDS
TUKYSA	3	PA NSO; NEDS
TURALIO	3	PA NSO; NEDS
VANFLYTA	3	PA NSO; NEDS
VENCLEXTA STARTING PACK	3	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	2	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	3	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	3	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	3	PA NSO; NEDS
VIZIMPRO	3	PA NSO; NEDS; SP-Optum Specialty
XALKORI CPSP	3	PA NSO; NEDS
XALKORI CAPS	3	PA NSO; NEDS; SP-Optum Specialty
XOSPATA	3	PA NSO; NEDS
XPOVIO	3	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	3	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	3	PA NSO; NEDS
ZEJULA TABS	3	PA NSO; NEDS
ZEJULA CAPS	3	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	3	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	3	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	3	PA NSO; NEDS; SP-Optum Specialty
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX	3	NEDS
OPDIVO	3	NEDS
YERVOY	3	NEDS
Retinoids		
<i>bexarotene caps</i>	3	NEDS; SP-Optum Specialty
<i>bexarotene gel</i>	3	PA NSO; NEDS
PANRETIN	3	NEDS
<i>tretinoin caps 10mg</i>	3	NEDS; SP-Optum Specialty
Treatment Adjuncts		
MESNEX TABS	3	NEDS
Antiparasitics		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
Anthelmintics		
<i>albendazole tabs</i>	3	
<i>ivermectin tabs</i>	2	
<i>praziquantel tabs</i>	2	
Antiprotozoals		
<i>atovaquone</i>	3	
<i>atovaquone/proguanil hcl</i>	3	
<i>chloroquine phosphate tabs 250mg</i>	2	
<i>chloroquine phosphate tabs 500mg</i>	3	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	3	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	PA BvD
<i>primaquine phosphate tabs</i>	3	
<i>pyrimethamine tabs</i>	3	NEDS
<i>quinine sulfate caps 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	1	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	3	
<i>entacapone</i>	2	
Dopamine Agonists		
<i>bromocriptine mesylate caps, tabs</i>	3	
KYNMOBI	3	NEDS
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	3	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	2	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt</i>	3	
<i>carbidopa tabs</i>	3	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>selegiline hcl caps</i>	2	
<i>selegiline hcl tabs</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tabs</i>	3	
<i>chlorpromazine hydrochloride conc, tabs</i>	3	
<i>fluphenazine decanoate inj</i>	3	
<i>fluphenazine hcl conc</i>	3	
<i>fluphenazine hcl tabs 1mg</i>	3	
<i>fluphenazine hydrochloride elix, inj</i>	3	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	3	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	3	
<i>haloperidol conc, tabs</i>	1	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	2	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	3	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	3	NEDS
ABILIFY MAINTENA	3	NEDS
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG	3	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	3	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole odt</i>	3	
<i>aripiprazole tabs</i>	1	
<i>aripiprazole soln</i>	2	
ARISTADA	3	NEDS
ARISTADA INITIO	3	NEDS
<i>asenapine maleate sl</i>	3	ST NSO
CAPLYTA	3	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT	3	ST NSO; NEDS
FANAPT TITRATION PACK	3	ST NSO
INVEGA HAFYERA	3	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NEDS
INVEGA TRINZA	3	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	3	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	3	QL(60 EA per 30 days)
LYBALVI	3	PA NSO; NEDS
NUPLAZID CAPS	3	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	3	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt</i>	2	
<i>olanzapine tabs</i>	1	
<i>olanzapine inj</i>	2	
<i>paliperidone er</i>	3	
PERSERIS	3	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	1	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	1	QL(60 EA per 30 days)
REXULTI	3	NEDS
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	
RISPERDAL CONSTA INJ 37.5MG, 50MG	3	NEDS
<i>risperidone er inj 12.5mg, 25mg</i>	3	
<i>risperidone er inj 37.5mg, 50mg</i>	3	NEDS
<i>risperidone odt</i>	2	
<i>risperidone tabs</i>	1	
<i>risperidone soln</i>	2	
SECUADO	3	NEDS
VRAYLAR CPPK	3	
VRAYLAR CAPS	3	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
ZYPREXA RELPREVV INJ 210MG	2	
ZYPREXA RELPREVV INJ 300MG, 405MG	3	NEDS
Treatment-Resistant		
<i>clozapine odt</i>	3	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	3	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	1	
<i>dantrolene sodium caps</i>	3	
<i>tizanidine hcl tabs 2mg</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>tizanidine hydrochloride tabs 4mg</i>	1	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	3	NEDS
LIVTENCITY	3	PA; NEDS
PREVYMIS TABS	3	PA; NEDS
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	3	NEDS
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	3	
<i>entecavir</i>	3	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	3	NEDS
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET	3	PA; NEDS; SP-Optum Specialty
<i>ribavirin caps</i>	2	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	2	SP-Optum Specialty
<i>sofosbuvir/velpatasvir</i>	3	PA; NEDS
VOSEVI	3	PA; NEDS; SP-Optum Specialty
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	3	NEDS
DOVATO	3	NEDS
GENVOYA	3	NEDS
ISENTRESS HD	3	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	3	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	2	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	3	QL(180 EA per 30 days); NEDS
JULUCA	3	NEDS
STRIBILD	3	NEDS
TIVICAY PD	3	
TIVICAY TABS 10MG	2	
TIVICAY TABS 25MG, 50MG	3	NEDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	3	NEDS
DELSTRIGO	3	NEDS
EDURANT	3	NEDS
<i>efavirenz</i>	3	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	3	NEDS
<i>etravirine</i>	3	NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
INTELENCE TABS 25MG	2	
<i>nevirapine er tb24 100mg</i>	1	
<i>nevirapine er tb24 400mg</i>	3	
<i>nevirapine tabs</i>	1	
<i>nevirapine susp</i>	3	
PIFELTRO	3	NEDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	3	
<i>abacavir sulfate/lamivudine</i>	3	
CIMDUO	3	NEDS
DESCOVY	3	NEDS
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	3	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	3	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	3	NEDS
EMTRIVA SOLN	3	
<i>lamivudine/zidovudine</i>	3	
<i>lamivudine soln 10mg/ml</i>	3	
<i>lamivudine tabs 150mg, 300mg</i>	2	
ODEFSEY	3	NEDS
<i>tenofovir disoproxil fumarate</i>	3	
TRIUMEQ	3	NEDS
TRIUMEQ PD	3	
TRIZIVIR	3	NEDS
VIREAD POWD	3	NEDS
VIREAD TABS 150MG, 200MG, 250MG	3	NEDS
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	3	NEDS
<i>maraviroc tabs 300mg</i>	3	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	3	QL(60 EA per 30 days); NEDS
RUKOBIA	3	NEDS
SELZENTRY SOLN	2	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	3	NEDS
SUNLENCA TBPK	3	NEDS
TYBOST	2	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	3	NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>atazanavir</i>	3	
<i>atazanavir sulfate caps 300mg</i>	3	
<i>darunavir</i>	3	NEDS
EVOTAZ	3	NEDS
<i>fosamprenavir calcium</i>	3	NEDS
LEXIVA SUSP	2	
<i>lopinavir/ritonavir</i>	3	
NORVIR SOLN	2	
NORVIR PACK	3	
PREZCOBIX	3	NEDS
PREZISTA SUSP	3	NEDS
PREZISTA TABS 75MG	3	
PREZISTA TABS 150MG	3	NEDS
REYATAZ PACK	3	NEDS
<i>ritonavir</i>	2	
SYMTUZA	3	NEDS
VIRACEPT TABS 250MG	2	
VIRACEPT TABS 625MG	3	NEDS
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps, susr</i>	2	
RELENZA DISKHALER	2	
<i>rimantadine hydrochloride</i>	3	
XOFLUZA TBPk 40MG, 80MG	2	QL(1 EA per 7 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	3	PA
<i>acyclovir caps, tabs</i>	1	
<i>acyclovir susp</i>	3	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hydrochloride</i>	1	
Antiviral, Coronavirus Agents		
LAGEVRIO	2	QL(40 EA per 5 days)
PAXLOVID TBPk 150MG; 100MG	2	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TBPk 150MG; 100MG	2	QL(30 EA per 5 days); \$0 Copay
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	2	
<i>clorazepate dipotassium tabs</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>diazepam intensol</i>	2	
<i>diazepam tabs</i>	1	
<i>diazepam soln</i>	2	
<i>lorazepam intensol</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	3	
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	2	PA
BYETTA	3	PA
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	2	PA
<i>nateglinide</i>	1	
OZEMPIC	2	PA
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	2	PA

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>saxagliptin hydrochloride</i>	1	
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	
SYMLINPEN 120	3	NEDS
SYMLINPEN 60	3	NEDS
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRULICITY	2	PA
XIGDUO XR	2	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide susp</i>	3	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<i>Insulins</i>		
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN LISPRO	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG PENFILL	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	3	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
<i>enoxaparin sodium inj 300mg/3ml</i>	2	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	3	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	3	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	3	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NEDS
HEPARIN SODIUM/D5W INJ 5%; 40UNIT/ML	1	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	2	
XARELTO TABS	2	
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	2	
MOZOBIL	3	NEDS
NEULASTA	3	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	3	NEDS
<i>plerixafor</i>	3	NEDS
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	3	NEDS; SP-Optum Specialty

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROMACTA	3	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	3	NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
UDENYCA ONBODY	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS; SP-Optum Specialty
ZARXIO	3	NEDS; SP-Optum Specialty
Hemostasis Agents		
<i>aminocaproic acid inj, oral soln</i>	1	
<i>aminocaproic acid tabs 500mg</i>	1	
<i>tranexamic acid tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	2	
CABLIVI	3	NEDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	3	PA; NEDS; SP-Optum Specialty
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	3	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	3	PA; NEDS
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride caps</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tabs</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril tabs</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>enalapril maleate tabs</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	2	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digoxin oral soln</i>	1	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
DOFETILIDE CAPS 125MCG	2	
<i>dofetilide caps 250mcg, 500mcg</i>	2	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	2	
MULTAQ	2	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	3	
<i>quinidine gluconate cr</i>	3	
<i>quinidine sulfate tabs</i>	2	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tabs</i>	1	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 75mg</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	2	
<i>pindolol tabs</i>	3	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	1	
<i>nifedipine er</i>	2	
<i>nimodipine caps</i>	3	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	3	
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	3	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	3	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la</i>	3	
<i>taztia xt</i>	2	
<i>tiadytl er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	3	
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24 200mg</i>	3	
<i>verapamil hydrochloride er tbc 180mg</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>candesartan cilexetil/hydrochlorothiazide</i>	1	
CORLANOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	2	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>ivabradine hydrochloride</i>	3	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	3	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	3	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	1	
TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	2	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
Diuretics, Loop		
<i>bumetanide inj</i>	1	
<i>bumetanide tabs</i>	2	
<i>ethacrynic acid tabs</i>	3	
<i>furosemide oral soln, tabs</i>	1	
<i>furosemide inj</i>	3	
<i>toremide tabs</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	
<i>triamterene caps</i>	3	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>fenofibrate caps 130mg, 43mg</i>	2	
<i>fenofibrate caps 150mg, 50mg</i>	3	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium</i>	1	
FLOLIPID	2	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>lovastatin tabs</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light powd</i>	2	
<i>cholestyramine light pack</i>	3	
<i>cholestyramine powd</i>	2	
<i>cholestyramine pack</i>	3	
<i>colestipol hcl gran</i>	1	
<i>colestipol hcl pack, tabs</i>	3	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	3	
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	2	PA
<i>prevalite powd</i>	2	
<i>prevalite pack</i>	3	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone</i>	2	
KERENDIA	3	PA
<i>spironolactone tabs</i>	1	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
FARXIGA	2	
JARDIANCE	2	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tabs</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	3	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	3	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tabs</i>	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tabs</i>	1	
<i>amphetamine/dextroamphetamine cp24</i>	2	
<i>dextroamphetamine sulfate er</i>	3	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	3	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	3	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	3	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>clonidine hydrochloride er</i>	2	
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	3	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	
<i>dexmethylphenidate hydrochloride cp24</i>	3	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	
<i>guanfacine hydrochloride er</i>	2	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	3	
<i>methylphenidate hydrochloride er (la)</i>	3	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	3	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	3	
<i>methylphenidate hydrochloride er tb24</i>	3	
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	3	
<i>methylphenidate hydrochloride tabs</i>	1	
<i>methylphenidate hydrochloride soln</i>	2	
<i>methylphenidate hydrochloride chew</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
Central Nervous System, Other		
ADDYI	3	EC
ADIPEX-P	3	EC; PA
AUSTEDO	3	PA; NEDS; SP-Optum Specialty
CONTRACE	3	PA
<i>diethylpropion hcl</i>	2	EC
<i>diethylpropion hcl er</i>	2	EC
INGREZZA	3	PA; NEDS
NUEDEXTA	2	PA
<i>phendimetrazine tartrate er</i>	2	EC
<i>phentermine hcl tabs 37.5mg</i>	2	EC
<i>phentermine hydrochloride caps</i>	2	EC
QSYMIA	3	EC; PA
RADICAVA ORS	3	PA; NEDS; SP-Optum Specialty
<i>riluzole</i>	3	
<i>tetrabenazine</i>	3	PA; SP-Optum Specialty
VEOZAH	3	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	2	
SAVELLA TITRATION PACK	2	
Multiple Sclerosis Agents		
AVONEX PEN	3	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	3	NEDS; SP-Optum Specialty
BETASERON	3	NEDS; SP-Optum Specialty
<i>dalfampridine er</i>	2	SP-Optum Specialty
<i>dimethyl fumarate</i>	3	SP-Optum Specialty
<i>fingolimod hydrochloride</i>	3	NEDS
<i>glatiramer acetate inj 40mg/ml</i>	3	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj 20mg/ml</i>	3	QL(30 ML per 30 days); NEDS
KESIMPTA	3	PA; NEDS; SP-Optum Specialty
MAYZENT	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPk 0.25MG	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPk 0.25MG	3	SP-Optum Specialty
PLEGRIDY	3	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	3	NEDS; SP-Optum Specialty
REBIF	3	ST; NEDS; SP-Optum Specialty
REBIF REBIDOSE	3	ST; NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	3	ST; NEDS; SP-Optum Specialty
REBIF TITRATION PACK	3	ST; NEDS; SP-Optum Specialty
<i>teriflunomide</i>	3	
VUMERITY	3	NEDS; SP-Optum Specialty
ZEPOSIA	3	NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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 7-DAY STARTER PACK	3	NEDS
ZEPOSIA STARTER KIT	3	NEDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	3	
<i>chlorhexidine gluconate soln</i>	1	
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	3	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 1.1</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm crea</i>	1	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>acutane</i>	3	
<i>acitretin</i>	3	
<i>adapalene gel</i>	3	PA
<i>amnesteem</i>	3	
<i>avita</i>	1	PA
<i>azelaic acid</i>	3	
<i>claravis</i>	3	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	3	
<i>clindamycin/benzoyl peroxide</i>	3	
<i>isotretinoin caps</i>	3	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	3	
<i>metronidazole lotn 0.75%</i>	3	
MYORISAN	3	
NEUAC	3	
<i>rosadan crea</i>	1	
<i>rosadan gel</i>	3	
<i>tazarotene crea</i>	2	PA
<i>tazarotene gel</i>	3	PA
<i>tretinoin microsphere</i>	3	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
ZENATANE	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>Dermatitis and Pruritus Agents</i>		
<i>amcinonide crea</i>	3	
<i>ammonium lactate crea, lotn</i>	1	
<i>betamethasone dipropionate augmented crea, lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	2	
<i>betamethasone dipropionate augmented gel</i>	3	
BETAMETHASONE DIPROPIONATE CREA	2	
<i>betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate oint</i>	3	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>clobetasol propionate e</i>	3	QL(240 GM per 30 days)
CLOBETASOL PROPIONATE SHAM	2	QL(236 ML per 30 days)
<i>clobetasol propionate crea, oint</i>	1	QL(240 GM per 30 days)
<i>clobetasol propionate soln</i>	2	QL(200 ML per 30 days)
<i>clobetasol propionate gel</i>	2	QL(240 GM per 30 days)
<i>clodan</i>	2	QL(236 ML per 30 days)
DESONIDE CREA, OINT	2	
<i>desoximetasone crea</i>	3	
DESRX	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	3	
FLUOCINONIDE GEL, OINT, SOLN	2	
<i>fluocinonide crea</i>	2	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate crea, oint</i>	3	
HYDROCORTISONE BUTYRATE OINT	2	
HYDROCORTISONE VALERATE CREA	2	
<i>hydrocortisone valerate oint</i>	3	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>pimecrolimus</i>	3	
<i>prednicarbate oint</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>selenium sulfide</i>	1	
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
TRITOCIN	2	
Dermatological Agents, Other		
<i>calcipotriene crea</i>	2	QL(120 GM per 30 days)
<i>calcipotriene oint</i>	3	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	3	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	3	
<i>clotrimazole/betamethasone dipropionate crea</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn</i>	3	
<i>diclofenac sodium gel 3%</i>	2	QL(200 GM per 30 days)
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil soln</i>	3	
<i>imiquimod crea 5%</i>	2	
<i>imiquimod crea 3.75%</i>	3	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide oint</i>	1	
OTEZLA TABS 20MG, 30MG	3	QL(60 EA per 30 days); PA; NEDS
<i>podofilox</i>	3	
PROCTOFOAM HC	3	
SANTYL	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
Pediculicides/Scabicides		
<i>malathion</i>	3	
<i>permethrin crea</i>	2	
Topical Anti-infectives		
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	1	
CICLOPIROX SHAM	2	
<i>ciclopirox gel, susp</i>	2	
<i>clindamycin phosphate gel 1%</i>	1	
CLINDAMYCIN PHOSPHATE LOTN 1%	2	
<i>clindamycin phosphate external soln 1%</i>	1	
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	1	
MENTAX	3	
<i>mupirocin oint</i>	1	QL(44 GM per 30 days)

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>mupirocin crea</i>	3	QL(180 GM per 30 days)
SULFAMYLON CREA	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	2	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	2	PA BvD
<i>carglumic acid</i>	3	PA; NEDS
CLINIMIX 6/5	2	PA BvD
CLINIMIX 8/10	2	PA BvD
CLINIMIX E 8/10	2	PA BvD
<i>dextrose 10%</i>	1	
<i>dextrose 10%/sodium chloride 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose/sodium chloride</i>	1	
<i>effer-k tbf 25meq</i>	1	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	3	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	3	
<i>klor-con</i>	2	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>magnesium sulfate inj 50%</i>	3	
PLENAMINE	2	PA BvD
<i>potassium chloride er tbc</i>	1	
<i>potassium chloride er cpr</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.225%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	3	
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	3	
<i>potassium citrate er</i>	3	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	PA BvD
PROSOL	2	PA BvD
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	1	
<i>sodium chloride inj 2.5meq/ml, 4meq/ml</i>	3	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	2	PA BvD

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	PA BvD
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	NEDS
<i>deferasirox pack</i>	3	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	2	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	3	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	3	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	3	SP-Optum Specialty
<i>penicillamine tabs</i>	3	NEDS
<i>trientine hydrochloride</i>	3	NEDS
Phosphate Binders		
<i>calcium acetate caps</i>	3	
<i>calcium acetate tabs 667mg</i>	3	
<i>sevelamer carbonate</i>	3	
VELPHORO	3	NEDS
Potassium Binders		
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	3	
Vitamins		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid inj</i>	2	EC
<i>folic acid tabs 1mg</i>	2	EC
NASCOBAL SOLN	3	EC
<i>phytonadione tabs</i>	2	EC
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
<i>vitamin d caps 1.25mg</i>	2	EC
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
LINZESS	2	
<i>lubiprostone</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
MOVANTIK	2	
OSMOPREP	3	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	3	PA
<i>alosetron hydrochloride tabs 1mg</i>	3	PA; NEDS
<i>loperamide hcl caps</i>	2	
XERMELO	3	PA; NEDS; SP-Optum Specialty
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	3	
<i>dicyclomine hydrochloride caps, tabs</i>	1	
<i>glycopyrrolate soln</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
Gastrointestinal Agents, Other		
CLENPIQ	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl inj, oral soln</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	3	QL(30 GM per 30 days)
<i>opium</i>	1	
<i>opium tincture tinc 1%</i>	1	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	3	
RECTIV	3	QL(30 GM per 30 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	3	
VOWST	3	PA; NEDS
XIFAXAN TABS 550MG	3	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs</i>	3	
<i>famotidine tabs 20mg, 40mg</i>	1	
Protectants		
<i>misoprostol</i>	2	
<i>sucrafate tabs</i>	2	
<i>sucrafate susp</i>	3	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>esomeprazole magnesium cpdr</i>	2	
<i>esomeprazole magnesium pack</i>	3	
<i>lansoprazole cpdr</i>	1	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole cpdr 20mg, 40mg</i>	1	
<i>pantoprazole sodium tbec</i>	1	
<i>rabeprazole sodium</i>	1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	3	NEDS
CHOLBAM	3	PA; NEDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium conc 100mg/5ml</i>	3	
CYSTAGON	3	
<i>dichlorphenamide</i>	3	PA; NEDS
ENDARI	3	NEDS
<i>l-glutamine</i>	3	NEDS
<i>miglustat</i>	3	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	3	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	3	PA; NEDS; SP-Optum Specialty
PROLASTIN-C	3	PA; NEDS
PYRUKYND	3	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	3	PA; NEDS; SP-Optum Specialty
REVCOVI	3	NEDS
<i>sapropterin dihydrochloride</i>	3	PA; NEDS; SP-Optum Specialty
<i>sodium phenylbutyrate powd, tabs</i>	3	NEDS
SUCRAID	3	NEDS
WELIREG	3	PA NSO; NEDS
YARGESA	3	PA; NEDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	3	
GEMTESA	3	
<i>mirabegron er</i>	2	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>oxybutynin chloride tabs 2.5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	3	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tamsulosin hydrochloride</i>	1	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tabs</i>	3	
CAVERJECT IMPULSE	3	EC
CAVERJECT INJ 20MCG, 40MCG	3	EC
EDEX INJ 10MCG, 20MCG, 40MCG	3	EC
ELMIRON	3	
MUSE	3	EC
<i>sildenafil citrate tabs 100mg, 50mg</i>	2	QL(4 EA per 30 days); EC
<i>sildenafil tabs 25mg</i>	2	QL(4 EA per 30 days); EC
<i>tiopronin dr</i>	3	NEDS
<i>vardenafil hydrochloride</i>	2	QL(4 EA per 30 days); EC
<i>vardenafil hydrochloride odt</i>	2	QL(4 EA per 30 days); EC
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEPO-MEDROL	2	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate +rfd</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tabs</i>	2	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>kenalog-10</i>	1	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>prednisolone sodium phosphate oral soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral soln 5mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml</i>	3	
<i>prednisolone soln, tabs</i>	3	
<i>prednisone tbpk</i>	2	
<i>prednisone soln</i>	3	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
SOLU-CORTEF INJ 100MG	3	
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin acetate soln 0.01%</i>	1	
<i>desmopressin acetate soln 0.01%</i>	3	
GENOTROPIN	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG	3	PA; NEDS; SP-Optum Specialty
<i>genotropin miniquick inj 1.8mg</i>	3	PA; NEDS; SP-Optum Specialty
INCRELEX	3	PA; NEDS; SP-Optum Specialty
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps</i>	3	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate inj</i>	1	
<i>testosterone pump gel 1.62%</i>	2	
<i>testosterone pump gel 1%</i>	3	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	2	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
Estrogens		
<i>amabelz tabs 0.5mg; 0.1mg</i>	2	
<i>amabelz tabs 1mg; 0.5mg</i>	3	
<i>amethia</i>	3	
<i>apri</i>	1	
<i>ashlyna</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	3	
<i>briellyn</i>	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	3	
<i>dotti</i>	3	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	2	
<i>eluryng</i>	3	
<i>enilloring</i>	3	
<i>estradiol valerate inj</i>	3	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol oral tabs</i>	1	
<i>estradiol crea, ptwk</i>	2	
<i>estradiol pttw, vaginal tabs</i>	3	
ESTRING	3	
<i>etonogestrel/ethinyl estradiol</i>	2	
<i>falmina</i>	3	
<i>finzala</i>	2	
<i>fyavolv tabs 5mcg; 1mg</i>	2	
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	3	
<i>haloette</i>	3	
<i>iclevia</i>	3	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
<i>introvale</i>	3	
<i>jinteli</i>	2	
<i>joyeaux</i>	3	
<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>junel fe 24</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>larin fe 1/20</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	3	
<i>levonorgestrel/ethinyl estradiol</i>	3	
<i>levora 0.15/30-28</i>	3	
<i>marlissa</i>	3	
<i>mibelas 24 fe</i>	2	
<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>necon 0.5/35-28</i>	3	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREA	2	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
<i>tarina fe 1/20 eq</i>	3	
<i>taysofy</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>velivet</i>	3	
<i>vyfemla</i>	3	
<i>xulane</i>	2	
<i>yuvafem</i>	3	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	3	
Progestins		
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-SUBQ PROVERA 104	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>errin</i>	1	
<i>heather</i>	1	
LILETTA	2	
<i>medroxyprogesterone acetate inj, tabs</i>	1	
<i>megestrol acetate tabs</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	2	
<i>megestrol acetate susp 625mg/5ml</i>	3	
NEXPLANON	2	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
ARMOUR THYROID	3	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tabs</i>	1	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tabs</i>	2	
NIVA THYROID	3	
<i>np thyroid 120</i>	1	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline</i>	2	
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	3	NEDS
KORLYM	3	QL(120 EA per 30 days); PA; NEDS
<i>lanreotide acetate</i>	3	NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>leuprolide acetate inj 1mg/0.2ml</i>	3	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	3	NEDS
LUPRON DEPOT (3-MONTH)	3	NEDS
LUPRON DEPOT (4-MONTH)	3	NEDS
LUPRON DEPOT (6-MONTH)	3	NEDS
<i>mifepristone tabs 300mg</i>	3	QL(120 EA per 30 days); PA; NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	1	
<i>octreotide acetate inj 1000mcg/ml</i>	3	NEDS; SP-Optum Specialty
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	3	SP-Optum Specialty
ORGOVYX	3	PA NSO; NEDS
SIGNIFOR	3	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	3	NEDS
SOMAVERT	3	PA; NEDS; SP-Optum Specialty
SYNAREL	3	NEDS
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	3	PA; NEDS
HAEGARDA	3	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	3	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunoglobulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	3	PA BvD; NEDS; HI
CUVITRU	3	PA BvD; NEDS
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS; HI
GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS; HI
HIZENTRA	3	PA BvD; NEDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS; HI
PRIVIGEN	3	PA BvD; NEDS; HI
<i>Immunological Agents, Other</i>		
ARCALYST	3	PA; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
BENLYSTA	3	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN	3	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	3	PA; NEDS
COSENTYX INJ 125MG/5ML	3	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	3	PA; NEDS; SP-Optum Specialty
DUPIXENT	3	PA; NEDS; SP-Optum Specialty
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	3	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	3	QL(110 EA per 365 days); PA; NEDS
RINVOQ	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
RINVOQ LQ	3	QL(360 ML per 30 days); PA; NEDS
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 600MG/10ML	3	PA; NEDS
SKYRIZI INJ 150MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 180MG/1.2ML	3	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	3	QL(2.4 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML	3	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	3	PA; NEDS
XELJANZ XR	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	3	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	3	PA; NEDS
XOLAIR INJ 150MG/ML	3	PA; NEDS; SP-Optum Specialty
<i>Immunostimulants</i>		
ACTIMMUNE	3	NEDS; SP-Optum Specialty
BESREMI	3	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	3	QL(4 ML per 28 days); NEDS; SP-Optum Specialty

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>Immunosuppressants</i>		
<i>azathioprine tabs 50mg</i>	2	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	3	PA BvD
<i>cyclosporine modified</i>	3	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	3	PA BvD
ENBREL MINI	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	3	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENVARUSUS XR TB24 0.75MG, 1MG	3	PA BvD
ENVARUSUS XR TB24 4MG	3	PA BvD; NEDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	3	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	3	PA BvD
<i>gengraf caps 100mg, 25mg</i>	3	PA BvD
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
JYLAMVO	3	NEDS
<i>leflunomide</i>	1	
<i>methotrexate sodium tabs</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml</i>	1	PA BvD
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mycophenolate mofetil caps, tabs</i>	2	PA BvD
<i>mycophenolate mofetil susr</i>	3	PA BvD; NEDS
<i>mycophenolic acid dr</i>	3	PA BvD
NULOJIX	3	NEDS
PEGASYS INJ 180MCG/0.5ML	3	QL(4 ML per 28 days); NEDS; SP-Optum Specialty

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
PROGRAF PACK	3	PA BvD
REZUROCK	3	PA; NEDS
<i>sirolimus tabs</i>	3	PA BvD
<i>sirolimus soln</i>	3	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	PA BvD
TREXALL	3	
XATMEP	3	
Vaccines		
ABRYSSVO	2	
ACTHIB INJ 0	2	
ADACEL	2	
AREXVY	2	
BCG VACCINE INJ 50MG	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGERIX-B	2	PA BvD
GARDASIL 9	2	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	PA BvD
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXCHIQ	2	
IXIARO	2	
JYNNEOS	2	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
MRESVIA	2	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	PA BvD

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA BvD
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	
STAMARIL	2	
<i>tdvax</i>	2	
TENIVAC	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	3	
<i>mesalamine dr</i>	3	
<i>mesalamine er</i>	3	
<i>mesalamine enem, kit, supp</i>	3	
<i>sulfasalazine tabs, tbec</i>	1	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	3	NEDS
<i>budesonide cpep 3mg</i>	3	
<i>budesonide foam 2mg</i>	3	
CORTIFOAM FOAM	3	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	3	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	3	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
CALCITONIN SALMON INJ	2	
<i>calcitonin-salmon soln</i>	2	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>calcitriol soln 1mcg/ml</i>	3	
<i>cinacalcet hydrochloride</i>	3	
<i>paricalcitol caps</i>	3	
PROLIA	3	PA
RAYALDEE	3	NEDS
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	3	
<i>teriparatide</i>	3	PA; NEDS
XGEVA	3	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol prep pads</i>	1	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	1	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	1	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	1	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	1	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	1	
<i>curity gauze pads 2"x2" 12 ply</i>	1	
<i>droplet pen needles 29gx10mm</i>	1	
<i>gauze pads 2"x2"</i>	1	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	1	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	1	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	2	PA BvD
<i>levocarnitine tabs</i>	3	
NUTRILIPID	2	PA BvD
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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	
OMNIPOD GO 40 UNITS/DAY	3	
<i>phendimetrazine tartrate</i>	2	EC
SAXENDA	3	EC
<i>sodium chloride 0.9%</i>	2	
<i>sterile water for irrigation</i>	1	
<i>teclite insulin syringe u-100/0.5ml/30g x 1/2"</i>	1	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	1	
<i>trueplus pen needles 29gx12mm</i>	1	
WEGOVY	3	EC
XENICAL	3	EC
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	3	
<i>bacitracin/polymyxin b</i>	1	
<i>brimonidine tartrate/timolol maleate</i>	3	
<i>cyclopentolate hcl soln 2%</i>	1	
<i>cyclopentolate hydrochloride</i>	1	
<i>cyclosporine emul 0.05%</i>	3	
CYSTARAN	3	NEDS
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	3	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone susp</i>	1	
<i>neomycin/polymyxin/dexamethasone oint</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	2	
<i>tobramycin/dexamethasone</i>	2	
XIIDRA	3	
<i>Ophthalmic Anti-allergy Agents</i>		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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
ALOCRIL	3	
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	3	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	3	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 1.5%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
NATACYN	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin</i>	1	
<i>trifluridine</i>	3	
XDEMVY	3	PA; NEDS
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	3	
<i>bromfenac sodium soln 0.07%</i>	2	
<i>bromfenac sodium soln 0.075%</i>	3	
BROMSITE	3	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	3	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>difluprednate</i>	3	
FLAREX	2	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	3	
FML	2	
ILEVRO	2	
<i>ketorolac tromethamine</i>	1	
LOTEMAX OINT	3	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate</i>	2	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	3	
BETIMOL	3	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLN 0.1%	2	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>brimonidine tartrate soln 0.1%</i>	2	
<i>brimonidine tartrate soln 0.15%</i>	3	
<i>brinzolamide</i>	3	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tabs</i>	3	
PHOSPHOLINE IODIDE SOLR 0.125%	2	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	2	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN	2	
<i>tafluprost</i>	3	
<i>travoprost</i>	3	
VYZULTA	3	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>ciprofloxacin soln 0.2%</i>	3	
CORTISPORIN-TC	3	
<i>flac</i>	3	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	3	
<i>neomycin/polymyxin/hc</i>	3	

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin otic soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	PA BvD
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(720 EA per 90 days); ST
FLOVENT DISKUS AEPB 50MCG/BLIST	3	ST
<i>flunisolide soln 0.025%</i>	2	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 100mcg/act</i>	3	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	3	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 50mcg/act</i>	3	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	3	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	3	QL(72 GM per 90 days); ST
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(48 GM per 90 days)
<i>mometasone furoate susp 50mcg/act</i>	2	QL(102 GM per 90 days)
QVAR REDHALER	2	QL(63.6 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	1	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	1	QL(120 ML per 90 days)
<i>cyproheptadine hcl syrp</i>	3	
<i>cyproheptadine hydrochloride tabs</i>	1	
<i>desloratadine</i>	2	
<i>diphenhydramine hydrochloride inj</i>	1	
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride syrp</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>levocetirizine dihydrochloride tabs</i>	1	
Antileukotrienes		
<i>montelukast sodium chew, pack, tabs</i>	1	
<i>zafirlukast</i>	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	3	NEDS
LONHALA MAGNAIR STARTER KIT	3	NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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
SPIRIVA RESPIMAT	2	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate nebu</i>	1	PA BvD
<i>albuterol sulfate syrp, tabs</i>	3	
<i>arformoterol tartrate</i>	3	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL(2 EA per 1 days)
<i>formoterol fumarate nebu</i>	3	PA BvD
<i>levalbuterol hcl nebu</i>	3	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	3	PA BvD
<i>levalbuterol nebu</i>	3	PA BvD
PROAIR RESPICLICK	2	QL(6 EA per 90 days)
SEREVENT DISKUS	2	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	2	QL(12 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	3	PA; NEDS
KALYDECO TABS	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	3	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	3	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	3	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
PULMOZYME	3	PA BvD; NEDS; SP-Optum Specialty
TOBI PODHALER	3	NEDS; SP-Optum Specialty
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
Phosphodiesterase Inhibitors, Airways Disease		
<i>elixophyllin</i>	1	
<i>roflumilast</i>	3	
<i>theophylline er tb24</i>	3	
<i>theophylline er tb12 100mg, 200mg</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	3	
<i>theophylline elix</i>	1	
Pulmonary Antihypertensives		
ADEMPAS	3	PA; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>alyq</i>	3	PA; SP-Optum Specialty
<i>ambrisentan</i>	3	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	3	PA; NEDS; SP-Optum Specialty
OPSUMIT	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	3	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	3	PA
ORENITRAM TBCR 5MG	3	PA; NEDS
<i>sildenafil citrate tabs 20mg</i>	2	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	3	PA; SP-Optum Specialty
TRACLEER TBSO	3	PA; NEDS; SP-Optum Specialty
VENTAVIS	3	PA; NEDS
<i>Pulmonary Fibrosis Agents</i>		
OFEV	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	3	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	3	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	3	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	3	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine soln</i>	3	PA BvD
ANORO ELLIPTA	2	QL(180 EA per 90 days)
<i>benzonatate</i>	2	EC
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
BREO ELLIPTA	2	QL(180 EA per 90 days)
BREYNA	3	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	2	QL(32.1 GM per 90 days)
BRONCHITOL	3	NEDS
COMBIVENT RESPIMAT	2	QL(24 GM per 90 days)
FASENRA PEN	3	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	3	PA
FASENRA INJ 30MG/ML	3	PA; NEDS
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	QL(3 EA per 90 days)
<i>hydrocodone bitartrate/homatropine methylbromide soln, tabs</i>	2	EC
<i>hydrocodone/homatropine soln</i>	2	EC

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025

Last Updated: 08/19/2024

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>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
<i>promethazine dm</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
STIOLTO RESPIMAT	2	QL(12 GM per 90 days)
TRELEGY ELLIPTA	2	QL(180 EA per 90 days)
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	2	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	
<i>flurazepam hydrochloride</i>	1	
<i>ramelteon</i>	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	3	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	1	
<i>triazolam</i>	2	
<i>zaleplon</i>	1	
<i>zolpidem tartrate tabs</i>	1	
Wakefulness Promoting Agents		
<i>armodafinil</i>	2	PA
<i>modafinil tabs</i>	1	PA
SODIUM OXYBATE	3	PA; NEDS

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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 #
<i>abacavir</i>	27
<i>abacavir sulfate/lamivudine</i>	27
ABELCET	14
ABILIFY ASIMTUFII	24
ABILIFY MAINTENA	24
ABILIFY MYCITE MAINTENANCE KIT	24
ABILIFY MYCITE STARTER KIT	24
<i>abiraterone acetate</i>	16
ABRYSVO	55
<i>acamprosate calcium dr</i>	5
<i>acarbose</i>	29
<i>accutane</i>	39
<i>acebutolol hydrochloride</i>	33
<i>acetaminophen/codeine</i>	4
<i>acetazolamide</i>	60
<i>acetazolamide er</i>	60
<i>acetic acid</i>	60
<i>acetic acid 0.25%</i>	47
<i>acetylcysteine</i>	63
<i>acitretin</i>	39
ACTHIB	55
ACTIMMUNE	53
<i>acyclovir</i>	28
<i>acyclovir sodium</i>	28
ADACEL	55
<i>adapalene</i>	39
ADDYI	38
<i>adefovir dipivoxil</i>	26
ADEMPAS	62
ADIPEX-P	38
ADTHYZA	51
AIMOVIG	15
AKEEGA	17
<i>albendazole</i>	23
<i>albuterol sulfate</i>	62
<i>albuterol sulfate hfa</i>	62
<i>alcohol prep pads</i>	57
ALECENSA	18
<i>alendronate sodium</i>	56
<i>alfuzosin hcl er</i>	47

Drug Name	Page #
<i>aliskiren</i>	34
<i>allopurinol</i>	15
ALOCRIAL	59
<i>alosetron hydrochloride</i>	45
ALPHAGAN P	60
<i>alprazolam</i>	28
<i>alprazolam er</i>	28
ALUNBRIG	18
<i>alyq</i>	63
<i>amabelz</i>	49
<i>amantadine hcl</i>	28
<i>ambrisentan</i>	63
<i>amcinonide</i>	40
<i>amethia</i>	49
<i>amikacin sulfate</i>	5
<i>amiloride hcl</i>	35
<i>amiloride/hydrochlorothiazide</i>	34
<i>aminocaproic acid</i>	32
AMINOSYN II	42
AMINOSYN-PF 7%	42
<i>amiodarone hydrochloride</i>	33
<i>amitriptyline hcl</i>	13
<i>amitriptyline hydrochloride</i>	13
<i>amlodipine besylate</i>	34
<i>amlodipine besylate/atorvastatin calcium</i>	34
<i>amlodipine besylate/benazepril hydrochloride</i>	34
<i>amlodipine besylate/valsartan</i>	34
<i>amlodipine/olmesartan medoxomil</i>	34
<i>amlodipine/valsartan/hydrochlorothiazide</i>	34
<i>ammonium lactate</i>	40
<i>amnesteam</i>	39
<i>amoxapine</i>	13
<i>amoxicillin</i>	7
<i>amoxicillin/clavulanate potassium</i>	7
<i>amoxicillin/clavulanate potassium er</i>	7
<i>amphetamine/dextroamphetamine</i>	37
<i>amphotericin b</i>	14
<i>amphotericin b liposome</i>	14
<i>ampicillin</i>	8
<i>ampicillin sodium</i>	8
<i>ampicillin/sulbactam</i>	8
<i>ampicillin-sulbactam</i>	8
<i>anagrelide hydrochloride</i>	31

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>anastrozole</i>	17	<i>azithromycin</i>	8
ANORO ELLIPTA	63	<i>aztreonam</i>	6
<i>apraclonidine</i>	60	<i>bacitracin</i>	59
<i>aprepitant</i>	13	<i>bacitracin/polymyxin b</i>	58
<i>apri</i>	49	<i>baclofen</i>	25
APTIOM	11	<i>balsalazide disodium</i>	56
APTIVUS	27	BALVERSA	18
ARCALYST	52	<i>balziva</i>	49
AREXVY	55	BAQSIMI ONE PACK	30
<i>arformoterol tartrate</i>	62	BAQSIMI TWO PACK	30
ARIKAYCE	5	BCG VACCINE	55
<i>aripiprazole</i>	24	<i>bd insulin syringe safetyglide/1ml/29g x</i>	57
<i>aripiprazole odt</i>	24	<i>1/2"</i>	
ARISTADA	24	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	57
ARISTADA INITIO	24	<i>5/16"</i>	
<i>armodafinil</i>	64	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	57
ARMOUR THYROID	51	<i>12.7mm</i>	
<i>asenapine maleate sl</i>	24	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	57
<i>ashlyna</i>	49	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	57
<i>aspirin/dipyridamole er</i>	32	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	57
<i>atazanavir</i>	28	<i>bd pen needle/original/ultra-fine/29g x</i>	57
<i>atazanavir sulfate</i>	28	<i>12.7mm</i>	
<i>atenolol</i>	33	BELSOMRA	64
<i>atenolol/chlorthalidone</i>	34	<i>benazepril hcl</i>	32
<i>atomoxetine</i>	37	<i>benazepril hydrochloride</i>	32
<i>atomoxetine hydrochloride</i>	37	<i>benazepril</i>	34
<i>atorvastatin calcium</i>	36	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atovaquone</i>	23	BENLYSTA	53
<i>atovaquone/proguanil hcl</i>	23	<i>benzonatate</i>	63
<i>atropine sulfate</i>	58	<i>benztropine mesylate</i>	23
ATROVENT HFA	61	<i>bepotastine besilate</i>	59
AUGTYRO	18	BERINERT	52
AUSTEDO	38	BESIVANCE	59
AUVELITY	12	BESREMI	53
<i>aviane</i>	49	<i>betaine anhydrous</i>	46
<i>avita</i>	39	BETAMETHASONE DIPROPIONATE	40
AVONEX	38	<i>betamethasone dipropionate augmented</i>	40
AVONEX PEN	38	<i>betamethasone valerate</i>	40
AYVAKIT	18	BETASERON	38
<i>azathioprine</i>	54	<i>betaxolol hcl</i>	60
<i>azelaic acid</i>	39	<i>bethanechol chloride</i>	47
<i>azelastine hcl</i>	59	BETIMOL	60
<i>azelastine hcl</i>	61	BEVESPI AEROSPHERE	63
<i>azelastine hydrochloride</i>	61	<i>bexarotene</i>	22

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
BEXSERO	55	<i>butorphanol tartrate</i>	4
<i>bicalutamide</i>	16	BYDUREON BCISE	29
BICILLIN L-A	8	BYETTA	29
BIKTARVY	26	<i>cabergoline</i>	51
<i>bimatoprost</i>	60	CABLIVI	32
<i>bisoprolol fumarate</i>	33	CABOMETYX	18
<i>bisoprolol fumarate/hydrochlorothiazide</i>	34	<i>calcipotriene</i>	41
BIVIGAM	52	CALCITONIN SALMON	56
BOOSTRIX	55	<i>calcitonin-salmon</i>	56
<i>bortezomib</i>	17	<i>calcitriol</i>	41
<i>bosentan</i>	63	<i>calcitriol</i>	56
BOSULIF	18	<i>calcium acetate</i>	44
BRAFTOVI	18	CALQUENCE	18
BREO ELLIPTA	63	<i>camila</i>	50
BREYNA	63	<i>candesartan cilexetil</i>	32
BREZTRI AEROSPHERE	63	<i>candesartan cilexetil/hydrochlorothiazide</i>	35
<i>briellyn</i>	49	CAPLYTA	24
BRILINTA	32	CAPRELSA	18
<i>brimonidine tartrate</i>	60	<i>captopril</i>	32
<i>brimonidine tartrate/timolol maleate</i>	58	<i>carbamazepine</i>	11
<i>brinzolamide</i>	60	<i>carbamazepine er</i>	11
BRIVIACT	9	<i>carbidopa</i>	23
<i>bromfenac</i>	59	<i>carbidopa/levodopa</i>	23
<i>bromfenac sodium</i>	59	<i>carbidopa/levodopa er</i>	23
<i>bromocriptine mesylate</i>	23	<i>carbidopa/levodopa odt</i>	23
BROMSITE	59	<i>carbidopa/levodopa/entacapone</i>	23
BRONCHITOL	63	<i>carglumic acid</i>	42
BRUKINSA	18	<i>carteolol hcl</i>	60
<i>budesonide</i>	56	<i>cartia xt</i>	34
<i>budesonide</i>	61	<i>carvedilol</i>	33
<i>budesonide er</i>	56	CAVERJECT	47
<i>bumetanide</i>	35	CAVERJECT IMPULSE	47
<i>buprenorphine</i>	3	CAYSTON	62
<i>buprenorphine hcl</i>	5	<i>cefaclor</i>	7
<i>buprenorphine hcl/naloxone hcl</i>	5	<i>cefadroxil</i>	7
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	5	<i>cefazolin</i>	7
<i>bupropion hcl</i>	12	<i>cefazolin sodium</i>	7
<i>bupropion hydrochloride</i>	12	<i>cefazolin sodium/dextrose</i>	7
<i>bupropion hydrochloride er (sr)</i>	5	<i>cefdinir</i>	7
<i>bupropion hydrochloride er (sr)</i>	12	<i>cefepime</i>	7
<i>bupropion hydrochloride er (xl)</i>	12	<i>cefepime hydrochloride</i>	7
<i>buspironone hcl</i>	28	<i>cefepime/dextrose</i>	7
<i>buspironone hydrochloride</i>	28	<i>cefixime</i>	7
		<i>cefotetan</i>	7

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>cefoxitin sodium</i>	7	<i>clindamycin palmitate hydrochloride</i>	6
<i>cefpodoxime proxetil</i>	7	<i>clindamycin phosphate</i>	6
<i>cefprozil</i>	7	<i>clindamycin phosphate</i>	41
<i>ceftazidime</i>	7	<i>clindamycin phosphate/benzoyl peroxide</i>	39
<i>ceftriaxone in iso-osmotic dextrose</i>	7	<i>clindamycin/benzoyl peroxide</i>	39
<i>ceftriaxone sodium</i>	7	CLINIMIX 6/5	42
<i>ceftriaxone/dextrose</i>	7	CLINIMIX 8/10	42
<i>cefuroxime axetil</i>	7	CLINIMIX E 8/10	42
<i>cefuroxime sodium</i>	7	<i>clobazam</i>	10
<i>celecoxib</i>	3	CLOBETASOL PROPIONATE	40
<i>cephalexin</i>	7	<i>clobetasol propionate e</i>	40
<i>cevimeline hydrochloride</i>	39	<i>clodan</i>	40
CHEMET	44	<i>clomipramine hydrochloride</i>	13
<i>chlorhexidine gluconate</i>	39	<i>clonazepam</i>	10
<i>chloroquine phosphate</i>	23	<i>clonazepam odt</i>	10
<i>chlorpromazine hcl</i>	24	<i>clonidine</i>	32
<i>chlorpromazine hydrochloride</i>	24	<i>clonidine hydrochloride</i>	32
<i>chlorthalidone</i>	35	<i>clonidine hydrochloride er</i>	37
CHOLBAM	46	<i>clopidogrel</i>	32
<i>cholestyramine</i>	36	<i>clorazepate dipotassium</i>	28
<i>cholestyramine light</i>	36	<i>clotrimazole</i>	14
CICLOPIROX	41	<i>clotrimazole/betamethasone dipropionate</i>	41
<i>ciclopirox nail lacquer</i>	41	<i>clozapine</i>	25
<i>ciclopirox olamine</i>	41	<i>clozapine odt</i>	25
<i>cidofovir</i>	26	COARTEM	23
<i>cilostazol</i>	32	<i>codeine sulfate</i>	4
CIMDUO	27	<i>colchicine</i>	15
<i>cimetidine</i>	45	<i>colestipol hcl</i>	36
<i>cinacalcet hydrochloride</i>	57	<i>colistimethate sodium</i>	6
<i>ciprofloxacin</i>	8	COMBIVENT RESPIMAT	63
<i>ciprofloxacin</i>	60	COMETRIQ	18
<i>ciprofloxacin hcl</i>	8	COMPLERA	26
<i>ciprofloxacin hydrochloride</i>	8	<i>constulose</i>	44
<i>ciprofloxacin hydrochloride</i>	59	CONTRAVE	38
<i>ciprofloxacin i.v.-in d5w</i>	8	COPIKTRA	18
<i>ciprofloxacin/dexamethasone</i>	60	CORLANOR	35
<i>citalopram hydrobromide</i>	12	CORTIFOAM	56
<i>claravis</i>	39	CORTISPORIN-TC	60
<i>clarithromycin</i>	8	COSENTYX	53
<i>clarithromycin er</i>	8	COSENTYX SENSOREADY PEN	53
CLENPIQ	45	COSENTYX UNOREADY	53
<i>clindacin-p</i>	6	COTELIC	18
<i>clindamycin hcl</i>	6	CREON	46
<i>clindamycin hydrochloride</i>	6	<i>cromolyn sodium</i>	46

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>cromolyn sodium</i>	59	<i>dexamethasone intensol</i>	47
<i>cromolyn sodium</i>	62	<i>dexamethasone sodium phosphate</i>	48
<i>curity gauze pads 2"x2" 12 ply</i>	57	<i>dexamethasone sodium phosphate</i>	59
CUVITRU	52	<i>dexamethasone sodium phosphate + rfid</i>	47
<i>cyanocobalamin</i>	44	DEXLANSOPRAZOLE	45
<i>cyclobenzaprine hydrochloride</i>	64	<i>dexmethylphenidate hcl</i>	37
<i>cyclopentolate hcl</i>	58	<i>dexmethylphenidate hcl er</i>	37
<i>cyclopentolate hydrochloride</i>	58	<i>dexmethylphenidate hydrochloride</i>	37
<i>cyclophosphamide</i>	16	<i>dexmethylphenidate hydrochloride er</i>	37
<i>cyclosporine</i>	54	<i>dextroamphetamine sulfate</i>	37
<i>cyclosporine</i>	58	<i>dextroamphetamine sulfate er</i>	37
<i>cyclosporine modified</i>	54	<i>dextrose 10%</i>	42
<i>cyproheptadine hcl</i>	61	<i>dextrose 10%/sodium chloride 0.2%</i>	42
<i>cyproheptadine hydrochloride</i>	61	<i>dextrose 10%/sodium chloride 0.45%</i>	42
CYSTAGON	46	<i>dextrose 2.5%/sodium chloride 0.45%</i>	42
CYSTARAN	58	<i>dextrose 5%</i>	42
<i>dabigatran etexilate</i>	31	<i>dextrose 5%/sodium chloride 0.2%</i>	42
<i>dalfampridine er</i>	38	<i>dextrose 5%/sodium chloride 0.3%</i>	42
<i>danazol</i>	48	<i>dextrose 5%/sodium chloride 0.33%</i>	42
<i>dantrolene sodium</i>	25	<i>dextrose 5%/sodium chloride 0.45%</i>	42
DAPSONE	15	<i>dextrose 5%/sodium chloride 0.9%</i>	42
DAPTACEL	55	<i>dextrose 50%</i>	42
<i>daptomycin</i>	6	<i>dextrose 70%</i>	42
<i>daptomycin/sodium chloride</i>	6	<i>dextrose/sodium chloride</i>	42
<i>darifenacin hydrobromide er</i>	47	DIACOMIT	10
<i>darunavir</i>	28	<i>diazepam</i>	29
DARZALEX	22	<i>diazepam intensol</i>	29
DAURISMO	18	<i>diazepam rectal gel</i>	10
<i>deblitane</i>	50	<i>diazoxide</i>	30
<i>deferasirox</i>	44	<i>dichlorphenamide</i>	46
DELSTRIGO	26	<i>diclofenac epolamine</i>	3
DENGVAXIA	55	<i>diclofenac potassium</i>	3
DEPO-MEDROL	47	<i>diclofenac sodium</i>	3
DEPO-SUBQ PROVERA 104	50	<i>diclofenac sodium</i>	41
DESCOVY	27	<i>diclofenac sodium</i>	59
<i>desipramine hydrochloride</i>	13	<i>diclofenac sodium dr</i>	3
<i>desloratadine</i>	61	<i>diclofenac sodium er</i>	3
<i>desmopressin acetate</i>	48	<i>dicloxacillin sodium</i>	8
<i>desogestrel/ethinyl estradiol</i>	49	<i>dicyclomine hcl</i>	45
DESONIDE	40	<i>dicyclomine hydrochloride</i>	45
<i>desoximetasone</i>	40	<i>diethylpropion hcl</i>	38
DESRX	40	<i>diethylpropion hcl er</i>	38
<i>desvenlafaxine er</i>	12	DIFICID	8
<i>dexamethasone</i>	48	<i>diflunisal</i>	3

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>difluprednate</i>	59	DUPIXENT	53
<i>digitek</i>	33	<i>dutasteride</i>	47
<i>digoxin</i>	33	<i>dutasteride/tamsulosin hydrochloride</i>	47
<i>dihydroergotamine mesylate</i>	15	<i>ec-naproxen</i>	3
<i>diltiazem hcl</i>	34	<i>econazole nitrate</i>	14
<i>diltiazem hcl cd</i>	34	EDEX	47
<i>diltiazem hcl er</i>	34	EDURANT	26
<i>diltiazem hydrochloride</i>	34	<i>efavirenz</i>	26
<i>diltiazem hydrochloride er</i>	34	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	26
<i>dilt-xr</i>	34	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	26
<i>dimethyl fumarate</i>	38	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	26
<i>diphenhydramine hydrochloride</i>	61	<i>effe-r-k</i>	42
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	55	ELIGARD	51
<i>disulfiram</i>	5	ELIQUIS	31
<i>divalproex sodium</i>	10	ELIQUIS STARTER PACK	31
<i>divalproex sodium dr</i>	10	<i>elixophyllin</i>	62
<i>divalproex sodium er</i>	10	ELMIRON	47
DOCETAXEL	17	<i>eluryng</i>	49
DOFETILIDE	33	EMCYT	16
<i>donepezil hcl</i>	11	EMGALITY	15
<i>donepezil hydrochloride</i>	11	EMSAM	12
DOPTELET	32	<i>emtricitabine</i>	27
<i>dorzolamide hcl/timolol maleate</i>	58	<i>emtricitabine/tenofovir disoproxil</i>	27
<i>dorzolamide hydrochloride</i>	60	<i>emtricitabine/tenofovir disoproxil fumarate</i>	27
<i>dorzolamide hydrochloride/timolol maleate pf</i>	58	EMTRIVA	27
<i>dotti</i>	49	<i>enalapril maleate</i>	33
DOVATO	26	<i>enalapril maleate/hydrochlorothiazide</i>	35
<i>doxazosin mesylate</i>	47	ENBREL	54
<i>doxepin hcl</i>	13	ENBREL MINI	54
<i>doxepin hydrochloride</i>	13	ENBREL SURECLICK	54
DOXY 100	9	ENDARI	46
<i>doxycycline</i>	9	<i>endocet</i>	4
<i>doxycycline hyclate</i>	9	ENGERIX-B	55
<i>doxycycline monohydrate</i>	9	<i>enilloring</i>	49
DRIZALMA SPRINKLE	12	<i>enoxaparin sodium</i>	31
<i>dronabinol</i>	14	<i>entacapone</i>	23
<i>droplet pen needles 29gx10mm</i>	57	<i>entecavir</i>	26
<i>drospirenone/ethinyl estradiol</i>	49	ENTRESTO	35
DROXIA	16	<i>enulose</i>	44
<i>droxidopa</i>	32	ENVARUS XR	54
<i>duloxetine hcl</i>	12	EPIDIOLEX	9
<i>duloxetine hydrochloride</i>	12	<i>epinastine hcl</i>	59
		<i>epinephrine</i>	62

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>epitol</i>	11	FASENRA	63
<i>eplerenone</i>	36	FASENRA PEN	63
EPRONTIA	9	<i>felbamate</i>	9
<i>ergotamine tartrate/caffeine</i>	15	<i>felodipine er</i>	34
ERIVEDGE	18	<i>fenofibrate</i>	36
ERLEADA	16	<i>fenofibrate micronized</i>	35
<i>erlotinib hydrochloride</i>	18	<i>fenofibric acid dr</i>	36
<i>errin</i>	51	<i>fentanyl</i>	3
<i>ertapenem</i>	8	<i>fentanyl citrate oral transmucosal</i>	4
<i>ertapenem sodium</i>	8	FETZIMA	12
<i>ery</i>	41	FETZIMA TITRATION PACK	12
<i>erythromycin</i>	8	<i>finasteride</i>	47
<i>erythromycin</i>	41	<i>fingolimod hydrochloride</i>	38
<i>erythromycin</i>	59	FINTEPLA	9
<i>erythromycin dr</i>	8	<i>finzala</i>	49
<i>erythromycin ethylsuccinate</i>	8	FIRMAGON	51
<i>escitalopram oxalate</i>	12	<i>flac</i>	60
<i>esomeprazole magnesium</i>	46	FLAREX	59
<i>estradiol</i>	49	FLEBOGAMMA DIF	52
<i>estradiol valerate</i>	49	<i>flecainide acetate</i>	33
<i>estradiol/norethindrone acetate</i>	49	FLOLIPID	36
ESTRING	49	FLOVENT DISKUS	61
<i>eszopiclone</i>	64	<i>fluconazole</i>	14
<i>ethacrynic acid</i>	35	<i>fluconazole in sodium chloride</i>	14
<i>ethambutol hydrochloride</i>	15	<i>flucytosine</i>	14
<i>ethosuximide</i>	10	<i>fludrocortisone acetate</i>	48
<i>etodolac</i>	3	<i>flunisolide</i>	61
<i>etodolac er</i>	3	<i>fluocinolone acetonide</i>	40
<i>etonogestrel/ethinyl estradiol</i>	49	<i>fluocinolone acetonide</i>	60
<i>etravirine</i>	26	<i>fluocinolone acetonide body</i>	40
<i>euthyrox</i>	51	<i>fluocinolone acetonide scalp</i>	40
<i>everolimus</i>	19	<i>fluocinolone acetonide topical</i>	40
<i>everolimus</i>	54	FLUOCINONIDE	40
EVOTAZ	28	<i>fluocinonide emulsified base</i>	40
<i>exemestane</i>	17	<i>fluorometholone</i>	59
EXKIVITY	19	<i>flurouracil</i>	41
<i>ezetimibe</i>	36	<i>fluoxetine dr</i>	12
<i>ezetimibe/simvastatin</i>	36	<i>fluoxetine hydrochloride</i>	12
<i>falmina</i>	49	<i>fluphenazine decanoate</i>	24
<i>famciclovir</i>	28	<i>fluphenazine hcl</i>	24
<i>famotidine</i>	45	<i>fluphenazine hydrochloride</i>	24
FANAPT	24	<i>flurazepam hcl</i>	64
FANAPT TITRATION PACK	24	<i>flurazepam hydrochloride</i>	64
FARXIGA	36	<i>flurbiprofen</i>	3

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>flurbiprofen sodium</i>	59	<i>gentak</i>	59
<i>flutamide</i>	16	<i>gentamicin sulfate</i>	6
<i>fluticasone propionate</i>	40	<i>gentamicin sulfate</i>	59
<i>fluticasone propionate</i>	61	<i>gentamicin sulfate/0.9% sodium chloride</i>	5
<i>fluticasone propionate diskus</i>	61	GENVOYA	26
<i>fluticasone propionate hfa</i>	61	GILOTRIF	19
<i>fluticasone propionate/salmeterol</i>	63	<i>glatiramer acetate</i>	38
<i>fluticasone propionate/salmeterol diskus</i>	63	GLEOSTINE	16
<i>fluvastatin</i>	36	<i>glimepiride</i>	29
<i>fluvastatin sodium er</i>	36	<i>glipizide</i>	29
<i>fluvoxamine maleate</i>	12	<i>glipizide er</i>	29
FML	59	<i>glipizide/metformin hydrochloride</i>	29
<i>folic acid</i>	44	GLOPERBA	15
<i>fondaparinux sodium</i>	31	GLUCAGEN HYPOKIT	30
<i>formoterol fumarate</i>	62	GLUCAGON EMERGENCY KIT	30
<i>fosamprenavir calcium</i>	28	GLUCAGON EMERGENCY KIT FOR	30
<i>fosinopril sodium</i>	33	LOW BLOOD SUGAR	
<i>fosinopril sodium/hydrochlorothiazide</i>	35	<i>glyburide</i>	29
FOTIVDA	19	<i>glyburide micronized</i>	29
FRAGMIN	31	<i>glyburide/metformin hydrochloride</i>	29
FRUZAQLA	19	<i>glycopyrrolate</i>	45
<i>furosemide</i>	35	<i>glydo</i>	4
FUZEON	27	GLYXAMBI	29
<i>fyavolv</i>	49	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	57
FYCOMPA	9	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	57
<i>gabapentin</i>	10	<i>granisetron hydrochloride</i>	14
<i>galantamine hydrobromide</i>	11	<i>griseofulvin microsize</i>	14
<i>galantamine hydrobromide er</i>	11	<i>griseofulvin ultramicrosize</i>	14
GAMMAGARD LIQUID	52	<i>guanfacine hydrochloride er</i>	37
GAMMAPLEX	52	GVOKE HYPOPEN 1-PACK	30
GARDASIL 9	55	GVOKE HYPOPEN 2-PACK	30
<i>gatifloxacin</i>	59	GVOKE KIT	30
<i>gauze pads 2"x2"</i>	57	GVOKE PFS	30
<i>gavilyte-c</i>	45	HAEGARDA	52
<i>gavilyte-g</i>	45	<i>halobetasol propionate</i>	40
<i>gavilyte-n/flavor pack</i>	45	<i>haloette</i>	49
GAVRETO	19	<i>haloperidol</i>	24
<i>gefitinib</i>	19	<i>haloperidol decanoate</i>	24
<i>gemfibrozil</i>	36	<i>haloperidol lactate</i>	24
GEMTESA	47	HAVRIX	55
<i>generlac</i>	44	<i>heather</i>	51
GENGRAF	54	<i>heparin sodium</i>	31
GENOTROPIN	48	HEPARIN SODIUM/D5W	31
GENOTROPIN MINIQUICK	48	HEPLISAV-B	55

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
HIBERIX	55	<i>hydroxyzine pamoate</i>	61
HIZENTRA	52	IBRANCE	17
HUMALOG	30	IBRANCE	19
HUMALOG JUNIOR KWIKPEN	30	<i>ibu</i>	3
HUMALOG KWIKPEN	30	<i>ibuprofen</i>	3
HUMALOG MIX 50/50	30	<i>icatibant acetate</i>	52
HUMALOG MIX 50/50 KWIKPEN	30	<i>iclevia</i>	49
HUMALOG MIX 75/25	30	ICLUSIG	19
HUMALOG MIX 75/25 KWIKPEN	30	<i>icosapent ethyl</i>	36
HUMIRA	54	IDHIFA	19
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	54	ILEVRO	59
HUMIRA PEN	54	<i>imatinib mesylate</i>	19
HUMIRA PEN-CD/UC/HS STARTER HUMIRA PEN-PEDIATRIC UC STARTER PACK	54	IMBRUVICA	19
HUMIRA PEN-PS/UV STARTER	54	<i>imipenem/cilastatin</i>	8
HUMULIN 70/30	30	<i>imipramine hcl</i>	13
HUMULIN 70/30 KWIKPEN	30	<i>imipramine hydrochloride</i>	13
HUMULIN N	30	<i>imiquimod</i>	41
HUMULIN N KWIKPEN	30	IMOVAX RABIES (H.D.C.V.)	55
HUMULIN R	30	IMPAVIDO	6
HUMULIN R U-500 (CONCENTRATED)	30	IMVEXXY MAINTENANCE PACK	49
HUMULIN R U-500 KWIKPEN	30	IMVEXXY STARTER PACK	49
<i>hydralazine hcl</i>	37	INCRELEX	48
<i>hydralazine hydrochloride</i>	37	INCRUSE ELLIPTA	61
<i>hydrochlorothiazide</i>	35	<i>indapamide</i>	35
<i>hydrocodone bitartrate/acetaminophen</i>	4	<i>indomethacin</i>	3
<i>hydrocodone bitartrate/homatropine methylbromide</i>	63	INFANRIX	55
<i>hydrocodone/acetaminophen</i>	4	INGREZZA	38
<i>hydrocodone/homatropine</i>	63	INLYTA	19
<i>hydrocortisone</i>	40	INQOVI	19
<i>hydrocortisone</i>	48	INREBIC	17
<i>hydrocortisone</i>	56	INSULIN LISPRO	30
HYDROCORTISONE BUTYRATE	40	INTELENCE	27
HYDROCORTISONE VALERATE	40	INTRALIPID	57
<i>hydrocortisone/acetic acid</i>	60	<i>introvale</i>	49
<i>hydromorphone hcl</i>	4	INVEGA HAFYERA	24
<i>hydromorphone hcl er</i>	3	INVEGA SUSTENNA	24
<i>hydroxychloroquine sulfate</i>	23	INVEGA TRINZA	25
<i>hydroxyurea</i>	16	IPOL INACTIVATED IPV	55
<i>hydroxyzine hcl</i>	61	<i>ipratropium bromide</i>	61
<i>hydroxyzine hydrochloride</i>	61	<i>ipratropium bromide/albuterol sulfate</i>	64
		<i>irbesartan</i>	32
		<i>irbesartan/hydrochlorothiazide</i>	35
		ISENTRESS	26
		ISENTRESS HD	26

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>isoniazid</i>	15	<i>ketorolac tromethamine</i>	59
<i>isosorbide dinitrate</i>	36	KINRIX	55
<i>isosorbide mononitrate</i>	37	KISQALI	19
<i>isosorbide mononitrate er</i>	37	KISQALI FEMARA 200 DOSE	17
<i>isotonic gentamicin</i>	6	KISQALI FEMARA 400 DOSE	17
<i>isotretinoin</i>	39	KISQALI FEMARA 600 DOSE	17
<i>itraconazole</i>	14	<i>klayesta</i>	14
<i>ivabradine hydrochloride</i>	35	<i>klor-con</i>	43
<i>ivermectin</i>	23	<i>klor-con 10</i>	43
IWILFIN	17	<i>klor-con 8</i>	43
IXCHIQ	55	<i>klor-con m10</i>	43
IXIARO	55	<i>klor-con m15</i>	43
JAKAFI	19	<i>klor-con m20</i>	43
<i>jantoven</i>	31	<i>klor-con/ef</i>	43
JANUMET	29	KORLYM	51
JANUMET XR	29	KOSELUGO	19
JANUVIA	29	<i>kourzeq</i>	39
JARDIANCE	36	<i>k-prime</i>	42
JAYPIRCA	19	KRAZATI	19
JENTADUETO	29	KYNSMOBI	23
JENTADUETO XR	29	KYPROLIS	17
<i>jinteli</i>	49	<i>labetalol hydrochloride</i>	33
<i>joyeaux</i>	49	<i>lacosamide</i>	11
JULUCA	26	<i>lactated ringers</i>	43
<i>junel 1.5/30</i>	49	<i>lactulose</i>	44
<i>junel 1/20</i>	49	LAGEVRIO	28
<i>junel fe 1.5/30</i>	49	<i>lamivudine</i>	26
<i>junel fe 1/20</i>	49	<i>lamivudine</i>	27
<i>junel fe 24</i>	49	<i>lamivudine/zidovudine</i>	27
JYLAMVO	54	<i>lamotrigine</i>	9
JYNNEOS	55	<i>lamotrigine er</i>	9
KALYDECO	62	<i>lamotrigine odt</i>	9
<i>kariva</i>	49	<i>lamotrigine starter kit/blue</i>	9
<i>kcl 0.075%/d5w/nacl 0.45%</i>	42	<i>lamotrigine starter kit/green</i>	9
<i>kcl 0.15%/d5w/nacl 0.2%</i>	42	<i>lamotrigine starter kit/orange</i>	9
<i>kcl 0.15%/d5w/nacl 0.45%</i>	42	<i>lanreotide acetate</i>	51
<i>kcl 0.15%/d5w/nacl 0.9%</i>	42	<i>lansoprazole</i>	46
<i>kcl 0.3%/d5w/nacl 0.45%</i>	42	LANTUS	30
<i>kcl 0.3%/d5w/nacl 0.9%</i>	43	LANTUS SOLOSTAR	30
<i>kelnor 1/35</i>	49	<i>lapatinib ditosylate</i>	19
<i>kenalog-10</i>	48	<i>larin 1.5/30</i>	49
KERENDIA	36	<i>larin 1/20</i>	49
KESIMPTA	38	<i>larin fe 1.5/30</i>	49
<i>ketoconazole</i>	14	<i>larin fe 1/20</i>	50

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>latanoprost</i>	60	<i>lidocaine/prilocaine</i>	5
<i>leflunomide</i>	54	LILETTA	51
<i>lenalidomide</i>	16	<i>linezolid</i>	6
LENVIMA 10 MG DAILY DOSE	19	LINZESS	44
LENVIMA 12MG DAILY DOSE	19	<i>liothyronine sodium</i>	51
LENVIMA 14 MG DAILY DOSE	19	<i>lisinopril</i>	33
LENVIMA 18 MG DAILY DOSE	19	<i>lisinopril/hydrochlorothiazide</i>	35
LENVIMA 20 MG DAILY DOSE	20	<i>lithium</i>	29
LENVIMA 24 MG DAILY DOSE	20	<i>lithium carbonate</i>	29
LENVIMA 4 MG DAILY DOSE	20	<i>lithium carbonate er</i>	29
LENVIMA 8 MG DAILY DOSE	20	LIVTENCITY	26
<i>lessina</i>	50	LOKELMA	44
<i>letrozole</i>	17	LONHALA MAGNAIR REFILL KIT	61
<i>leucovorin calcium</i>	17	LONHALA MAGNAIR STARTER KIT	61
LEUKERAN	16	LONSURF	17
<i>leuprolide acetate</i>	52	<i>loperamide hcl</i>	45
<i>levalbuterol</i>	62	<i>lopinavir/ritonavir</i>	28
<i>levalbuterol hcl</i>	62	<i>lorazepam</i>	29
<i>levalbuterol hydrochloride</i>	62	<i>lorazepam intensol</i>	29
LEVEMIR FLEXTOUCH	30	LORBRENA	20
<i>levetiracetam</i>	9	<i>losartan potassium</i>	32
<i>levetiracetam er</i>	9	<i>losartan potassium/hydrochlorothiazide</i>	35
<i>levobunolol hcl</i>	60	LOTEMAX	59
<i>levocarnitine</i>	57	<i>loteprednol etabonate</i>	59
<i>levocetirizine dihydrochloride</i>	61	<i>lovastatin</i>	36
<i>levofloxacin</i>	8	<i>loxapine</i>	24
<i>levofloxacin</i>	59	<i>lubiprostone</i>	44
<i>levofloxacin in d5w</i>	8	LUMAKRAS	20
<i>levonest</i>	50	LUMIGAN	60
<i>levonorgestrel and ethinyl estradiol</i>	50	LUPRON DEPOT (1-MONTH)	52
<i>levonorgestrel/ethinyl estradiol</i>	50	LUPRON DEPOT (3-MONTH)	52
<i>levora 0.15/30-28</i>	50	LUPRON DEPOT (4-MONTH)	52
<i>levo-t</i>	51	LUPRON DEPOT (6-MONTH)	52
<i>levothyroxine sodium</i>	51	<i>lurasidone hydrochloride</i>	25
<i>levoxyl</i>	51	LYBALVI	25
LEXIVA	28	LYNPARZA	20
<i>l-glutamine</i>	46	LYSODREN	17
LIBERVANT	10	LYTGOBI	20
<i>lidocaine</i>	5	<i>magnesium sulfate</i>	43
<i>lidocaine hcl</i>	4	<i>malathion</i>	41
<i>lidocaine hcl jelly</i>	4	<i>maraviroc</i>	27
<i>lidocaine hydrochloride</i>	4	<i>marlissa</i>	50
<i>lidocaine hydrochloride viscous</i>	39	MARPLAN	12
<i>lidocaine viscous</i>	39	MATULANE	16

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>matzim la</i>	34	<i>metoprolol succinate er</i>	33
MAVYRET	26	<i>metoprolol tartrate</i>	33
MAYZENT	38	<i>metoprolol/hydrochlorothiazide</i>	35
MAYZENT STARTER PACK	38	<i>metronidazole</i>	6
<i>meclizine hcl</i>	13	<i>metronidazole</i>	39
<i>medroxyprogesterone acetate</i>	51	<i>metronidazole vaginal</i>	6
<i>mefloquine hcl</i>	23	<i>metirosine</i>	35
<i>megestrol acetate</i>	51	<i>mexiletine hcl</i>	33
MEKINIST	20	<i>mibelas 24 fe</i>	50
MEKTOVI	20	<i>micafungin</i>	14
<i>meloxicam</i>	3	<i>miconazole 3</i>	14
<i>memantine hcl titration pak</i>	12	<i>microgestin 1.5/30</i>	50
<i>memantine hydrochloride</i>	12	<i>microgestin 1/20</i>	50
<i>memantine hydrochloride er</i>	12	<i>microgestin fe 1.5/30</i>	50
MENACTRA	55	<i>microgestin fe 1/20</i>	50
MENQUADFI	55	<i>midodrine hcl</i>	32
MENTAX	41	<i>mifepristone</i>	52
MENVEO	55	<i>miglitol</i>	29
<i>mercaptopurine</i>	17	<i>miglustat</i>	46
<i>meropenem</i>	8	<i>minocycline hcl</i>	9
<i>mesalamine</i>	56	<i>minocycline hydrochloride</i>	9
<i>mesalamine dr</i>	56	<i>minoxidil</i>	37
<i>mesalamine er</i>	56	<i>mirabegron er</i>	47
MESNEX	22	<i>mirtazapine</i>	12
<i>metformin hydrochloride</i>	29	<i>mirtazapine odt</i>	12
<i>metformin hydrochloride er</i>	29	<i>misoprostol</i>	45
<i>methadone hcl</i>	3	M-M-R II	55
<i>methazolamide</i>	60	<i>modafinil</i>	64
<i>methenamine hippurate</i>	6	<i>moexipril hcl</i>	33
<i>methenamine mandelate</i>	6	<i>molindone hydrochloride</i>	24
<i>methimazole</i>	52	<i>mometasone furoate</i>	40
<i>methotrexate</i>	54	<i>mometasone furoate</i>	61
<i>methotrexate sodium</i>	54	<i>mondoxyne nl</i>	9
<i>methsuximide</i>	10	<i>montelukast sodium</i>	61
<i>methylphenidate hydrochloride</i>	37	<i>morphine sulfate</i>	4
<i>methylphenidate hydrochloride cd</i>	37	<i>morphine sulfate er</i>	3
<i>methylphenidate hydrochloride er</i>	37	MOUNJARO	29
<i>methylphenidate hydrochloride er (la)</i>	37	MOVANTIK	45
<i>methylprednisolone</i>	48	<i>moxifloxacin hydrochloride/sodium</i>	8
<i>methylprednisolone acetate</i>	48	<i>hydrochloride</i>	
<i>methylprednisolone dose pack</i>	48	<i>moxifloxacin hydrochloride</i>	9
<i>metoclopramide hcl</i>	45	<i>moxifloxacin hydrochloride</i>	59
<i>metoclopramide hydrochloride</i>	45	MOZOBIL	31
<i>metolazone</i>	35	MRESVIA	55

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
MULTAQ	33	<i>nevirapine er</i>	27
<i>mupirocin</i>	41	NEXPLANON	51
MUSE	47	<i>niacin er</i>	36
<i>mycophenolate mofetil</i>	54	NICOTROL INHALER	5
<i>mycophenolic acid dr</i>	54	NICOTROL NS	5
MYORISAN	39	<i>nifedipine er</i>	34
MYRBETRIQ	47	<i>nikki</i>	50
<i>nabumetone</i>	3	<i>nilutamide</i>	16
<i>nadolol</i>	33	<i>nimodipine</i>	34
<i>nafticillin sodium</i>	8	NINLARO	20
<i>naftifine hcl</i>	14	<i>nitazoxanide</i>	23
<i>naftifine hydrochloride</i>	14	<i>nitisinone</i>	46
<i>naloxone hcl</i>	5	<i>nitrofurantoin macrocrystals</i>	6
<i>naloxone hydrochloride</i>	5	<i>nitrofurantoin monohydrate/macrocrystals</i>	6
<i>naltrexone hcl</i>	5	<i>nitroglycerin</i>	37
NAMZARIC	11	<i>nitroglycerin</i>	45
<i>naproxen</i>	3	<i>nitroglycerin transdermal</i>	37
<i>naproxen dr</i>	3	NIVA THYROID	51
<i>naproxen sodium</i>	3	<i>norelgestromin/ethinyl estradiol</i>	50
<i>naproxen sodium cr</i>	3	<i>norethindrone acetate</i>	51
<i>naratriptan hcl</i>	15	<i>norethindrone acetate/ethinyl estradiol</i>	50
NASCOBAL	44	<i>norethindrone acetate/ethinyl</i>	50
NATACYN	59	<i>estradiol/ferrous fumarate</i>	
<i>nateglinide</i>	29	<i>nortrel 0.5/35 (28)</i>	50
NAYZILAM	9	<i>nortrel 1/35</i>	50
<i>nebivolol hydrochloride</i>	33	<i>nortrel 7/7/7</i>	50
<i>necon 0.5/35-28</i>	50	<i>nortriptyline hcl</i>	13
<i>nefazodone hydrochloride</i>	12	<i>nortriptyline hydrochloride</i>	13
<i>neomycin sulfate</i>	6	NORVIR	28
<i>neomycin/bacitracin/polymyxin</i>	58	NOVOLIN 70/30	30
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	58	NOVOLIN 70/30 FLEXPEN	30
<i>one</i>		NOVOLIN N	31
<i>neomycin/polymyxin/dexamethasone</i>	58	NOVOLIN N FLEXPEN	31
<i>neomycin/polymyxin/gramicidin</i>	58	NOVOLIN R	31
<i>neomycin/polymyxin/hc</i>	60	NOVOLIN R FLEXPEN	31
<i>neomycin/polymyxin/hydrocortisone</i>	58	NOVOLOG	31
<i>neomycin/polymyxin/hydrocortisone</i>	61	NOVOLOG FLEXPEN	31
<i>neo-polycin</i>	58	NOVOLOG MIX 70/30	31
<i>neo-polycin hc</i>	58	NOVOLOG MIX 70/30 PREFILLED	31
NERLYNX	20	FLEXPEN	
NEUAC	39	NOVOLOG PENFILL	31
NEULASTA	31	<i>np thyroid 120</i>	51
NEULASTA ONPRO KIT	31	<i>np thyroid 15</i>	51
<i>nevirapine</i>	27	<i>np thyroid 30</i>	51

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>np thyroid 60</i>	51	OMNIPOD DASH PODS (GEN 4)	57
<i>np thyroid 90</i>	51	OMNIPOD GO 10 UNITS/DAY	57
NUBEQA	16	OMNIPOD GO 15 UNITS/DAY	57
NUEDEXTA	38	OMNIPOD GO 20 UNITS/DAY	57
NULOJIX	54	OMNIPOD GO 25 UNITS/DAY	57
NUPLAZID	25	OMNIPOD GO 30 UNITS/DAY	57
NURTEC	15	OMNIPOD GO 35 UNITS/DAY	58
NUTRILIPID	57	OMNIPOD GO 40 UNITS/DAY	58
NUVESSA	6	<i>ondansetron hcl</i>	14
<i>nyamyc</i>	14	<i>ondansetron hydrochloride</i>	14
<i>nystatin</i>	14	<i>ondansetron odt</i>	14
<i>nystatin/triamcinolone</i>	41	ONUREG	17
<i>nystatin/triamcinolone acetamide</i>	41	OPDIVO	22
<i>nystop</i>	14	<i>opium</i>	45
OCTAGAM	52	<i>opium tincture</i>	45
<i>octreotide acetate</i>	52	OPSUMIT	63
ODEFSEY	27	OPVEE	5
ODOMZO	20	<i>oralone dental paste</i>	39
OFEV	63	ORENCIA	53
<i>ofloxacin</i>	59	ORENCIA CLICKJECT	53
<i>ofloxacin</i>	61	ORENITRAM	63
OGSIVEO	17	ORENITRAM TITRATION KIT MONTH	63
OJEMDA	17	1	
OJJAARA	20	ORENITRAM TITRATION KIT MONTH	63
<i>olanzapine</i>	25	2	
<i>olanzapine odt</i>	25	ORENITRAM TITRATION KIT MONTH	63
<i>olmesartan medoxomil</i>	32	3	
<i>olmesartan</i>	35	ORGOVYX	52
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		ORKAMBI	62
<i>olmesartan medoxomil/hydrochlorothiazide</i>	35	ORSERDU	16
<i>olopatadine hcl</i>	59	<i>oseltamivir phosphate</i>	28
<i>olopatadine hydrochloride</i>	59	OSMOPREP	45
<i>omega-3-acid ethyl esters</i>	36	OSPHENA	51
<i>omeprazole</i>	46	OTEZLA	41
<i>omeprazole dr</i>	46	OTEZLA	53
OMNIPOD 5 G6 INTRO KIT (GEN 5)	57	<i>oxacillin sodium</i>	8
OMNIPOD 5 G6 PODS (GEN 5)	57	<i>oxaprozin</i>	3
OMNIPOD 5 G7 INTRO KIT (GEN 5)	57	<i>oxazepam</i>	29
OMNIPOD 5 G7 PODS (GEN 5)	57	<i>oxcarbazepine</i>	11
OMNIPOD CLASSIC PDM STARTER	57	<i>oxybutynin chloride</i>	47
KIT (GEN 3)		<i>oxybutynin chloride er</i>	47
OMNIPOD CLASSIC PODS (GEN 3)	57	<i>oxycodone hydrochloride</i>	4
OMNIPOD DASH INTRO KIT (GEN 4)	57	<i>oxycodone/acetaminophen</i>	4
OMNIPOD DASH PDM KIT (GEN 4)	57	OZEMPIC	29

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>paclitaxel</i>	17	<i>phytonadione</i>	44
<i>paliperidone er</i>	25	PIFELTRO	27
PANRETIN	22	<i>pilocarpine hcl</i>	60
<i>pantoprazole sodium</i>	46	<i>pilocarpine hydrochloride</i>	39
<i>paricalcitol</i>	57	<i>pimecrolimus</i>	40
<i>paroxetine hcl</i>	12	<i>pimozide</i>	24
<i>paroxetine hydrochloride</i>	13	<i>pindolol</i>	33
PAXLOVID	28	<i>pioglitazone hcl</i>	29
<i>pazopanib hydrochloride</i>	20	<i>pioglitazone hcl/metformin hcl</i>	29
PEDIARIX	55	<i>pioglitazone hcl-glimepiride</i>	29
PEDVAX HIB	55	<i>pioglitazone hydrochloride</i>	29
<i>peg-3350/electrolytes</i>	45	<i>piperacillin sodium/tazobactam sodium</i>	8
<i>peg-3350/electrolytes/ascorbate</i>	45	PIQRAY 200MG DAILY DOSE	20
<i>peg-3350/nacl/na bicarbonate/kcl</i>	45	PIQRAY 250MG DAILY DOSE	20
<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	45	PIQRAY 300MG DAILY DOSE	20
<i>ascorbate/ascorbic</i>		<i>pirfenidone</i>	63
PEGASYS	53	<i>piroxicam</i>	3
PEGASYS	54	<i>pitavastatin calcium</i>	36
PEMAZYRE	20	PLEGRIDY	38
PENBRAYA	55	PLEGRIDY STARTER PACK	38
<i>penicillamine</i>	44	PLENAMINE	43
<i>penicillin g potassium</i>	8	<i>plerixafor</i>	31
<i>penicillin g potassium in iso-osmotic</i>	8	<i>podofilox</i>	41
<i>dextrose</i>		<i>polycin</i>	58
PENICILLIN G SODIUM	8	<i>polymyxin b sulfate/trimethoprim sulfate</i>	58
<i>penicillin v potassium</i>	8	POMALYST	16
PENTACEL	55	<i>portia-28</i>	50
<i>pentamidine isethionate</i>	23	<i>posaconazole</i>	14
<i>pentoxifylline er</i>	35	<i>posaconazole dr</i>	14
<i>perindopril erbumine</i>	33	<i>potassium chloride</i>	43
<i>perio gard</i>	39	<i>potassium chloride er</i>	43
<i>permethrin</i>	41	<i>potassium chloride/dextrose/sodium</i>	43
<i>perphenazine</i>	24	<i>chloride</i>	
PERSERIS	25	<i>potassium citrate er</i>	43
<i>phendimetrazine tartrate</i>	58	PRALUENT	36
<i>phendimetrazine tartrate er</i>	38	<i>pramipexole dihydrochloride</i>	23
<i>phenelzine sulfate</i>	12	<i>prasugrel hydrochloride</i>	32
<i>phenobarbital</i>	10	<i>pravastatin sodium</i>	36
<i>phentermine hcl</i>	38	<i>praziquantel</i>	23
<i>phentermine hydrochloride</i>	38	<i>prazosin hydrochloride</i>	32
<i>phenytek</i>	11	<i>prednicarbate</i>	40
<i>phenytoin</i>	11	<i>prednisolone</i>	48
<i>phenytoin sodium extended</i>	11	<i>prednisolone acetate</i>	59
PHOSPHOLINE IODIDE	60	<i>prednisolone sodium phosphate</i>	48

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>prednisolone sodium phosphate</i>	60	<i>propranolol hcl er</i>	33
<i>prednisone</i>	48	<i>propranolol hydrochloride</i>	34
<i>pregabalin</i>	10	<i>propranolol hydrochloride er</i>	34
PREHEVBRIO	55	<i>propylthiouracil</i>	52
PREMARIN	50	PROQUAD	56
PREMASOL	43	PROSOL	43
<i>premium lidocaine</i>	5	<i>protriptyline hcl</i>	13
PREMPHASE	50	PULMOZYME	62
<i>prenatal</i>	44	PURIXAN	17
<i>prevalite</i>	36	<i>pyrazinamide</i>	16
PREVYMIS	26	<i>pyridostigmine bromide</i>	15
PREZCOBIX	28	<i>pyridostigmine bromide er</i>	15
PREZISTA	28	<i>pyrimethamine</i>	23
PRIFTIN	15	PYRUKYND	46
<i>primaquine phosphate</i>	23	PYRUKYND TAPER PACK	46
<i>primidone</i>	10	QINLOCK	20
PRIORIX	56	QSYMIA	38
PRIVIGEN	52	QUADRACEL	56
PROAIR RESPICLICK	62	<i>quetiapine fumarate</i>	25
<i>probenecid</i>	15	<i>quinapril hydrochloride</i>	33
<i>probenecid/colchicine</i>	15	<i>quinapril/hydrochlorothiazide</i>	35
<i>prochlorperazine</i>	13	<i>quinidine gluconate cr</i>	33
<i>prochlorperazine edisylate</i>	13	<i>quinidine sulfate</i>	33
<i>prochlorperazine maleate</i>	13	<i>quinine sulfate</i>	23
PROCRIT	31	QVAR REDIHALER	61
PROCTOFOAM HC	41	RABAVERT	56
<i>procto-med hc</i>	56	<i>rabeprazole sodium</i>	46
<i>proctosol hc</i>	56	RADICAVA ORS	38
<i>proctozone-hc</i>	56	<i>raloxifene hydrochloride</i>	51
<i>progesterone</i>	51	<i>ramelteon</i>	64
PROGRAF	55	<i>ramipril</i>	33
PROLASTIN-C	46	<i>ranolazine er</i>	35
PROLENSA	60	<i>rasagiline mesylate</i>	23
PROLIA	57	RAYALDEE	57
PROMACTA	32	REBIF	38
<i>promethazine dm</i>	64	REBIF REBIDOSE	38
<i>promethazine hcl</i>	13	REBIF REBIDOSE TITRATION PACK	38
<i>promethazine hydrochloride</i>	13	REBIF TITRATION PACK	38
<i>promethazine hydrochloride plain</i>	13	RECOMBIVAX HB	56
<i>promethazine vc/codeine</i>	64	RECTIV	45
<i>promethazine/codeine</i>	64	RELENZA DISKHALER	28
<i>propafenone hcl</i>	33	<i>repaglinide</i>	29
<i>propafenone hydrochloride er</i>	33	REPATHA	36
<i>propranolol hcl</i>	33	REPATHA PUSHTRONEX SYSTEM	36

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
REPATHA SURECLICK	36	RYBELSUS	29
RESTASIS	58	RYDAPT	21
RESTASIS MULTIDOSE	58	<i>salsalate</i>	3
RETACRIT	32	SANTYL	41
RETEVMO	20	<i>sapropterin dihydrochloride</i>	46
REVCIVI	46	SAVELLA	38
REVLIMID	16	SAVELLA TITRATION PACK	38
REXULTI	25	<i>saxagliptin hydrochloride</i>	30
REYATAZ	28	<i>saxagliptin hydrochloride/metformin</i>	30
REZLIDHIA	21	<i>hydrochloride er</i>	
REZUROCK	55	SAXENDA	58
RHOPRESSA	60	SCEMBLIX	21
<i>ribavirin</i>	26	<i>scopolamine</i>	13
<i>rifabutin</i>	15	SECUADO	25
<i>rifampin</i>	16	<i>selegiline hcl</i>	24
<i>riluzole</i>	38	<i>selenium sulfide</i>	41
<i>rimantadine hydrochloride</i>	28	SELZENTRY	27
RINVOQ	53	SEREVENT DISKUS	62
RINVOQ LQ	53	<i>sertraline hcl</i>	13
<i>risedronate sodium</i>	57	<i>sertraline hydrochloride</i>	13
<i>risedronate sodium dr</i>	57	<i>sevelamer carbonate</i>	44
RISPERDAL CONSTA	25	<i>sf 5000 plus</i>	39
<i>risperidone</i>	25	<i>sharobel</i>	51
<i>risperidone er</i>	25	SHINGRIX	56
<i>risperidone odt</i>	25	SIGNIFOR	52
<i>ritonavir</i>	28	<i>sildenafil</i>	47
<i>rivastigmine tartrate</i>	11	<i>sildenafil citrate</i>	47
<i>rivastigmine transdermal system</i>	11	<i>sildenafil citrate</i>	63
<i>rizatriptan benzoate</i>	15	<i>silver sulfadiazine</i>	41
<i>rizatriptan benzoate odt</i>	15	SIMBRINZA	58
ROCKLATAN	58	<i>simvastatin</i>	36
<i>roflumilast</i>	62	<i>sirolimus</i>	55
<i>ropinirole er</i>	23	SIRTURO	16
<i>ropinirole hcl</i>	23	SKYRIZI	53
<i>ropinirole hydrochloride</i>	23	SKYRIZI PEN	53
<i>rosadan</i>	39	<i>sodium chloride</i>	43
<i>rosuvastatin calcium</i>	36	<i>sodium chloride 0.45%</i>	43
ROTARIX	56	<i>sodium chloride 0.9%</i>	58
ROTATEQ	56	<i>sodium fluoride 1.1</i>	39
<i>roweepa</i>	9	<i>sodium fluoride 5000 plus</i>	39
ROZLYTREK	21	<i>sodium fluoride 5000 ppm</i>	39
RUBRACA	21	SODIUM OXYBATE	64
<i>rufinamide</i>	11	<i>sodium phenylbutyrate</i>	46
RUKOBIA	27	<i>sodium polystyrene sulfonate</i>	44

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	45	<i>sumatriptan</i>	15
<i>sofosbuvir/velpatasvir</i>	26	<i>sumatriptan succinate</i>	15
<i>solifenacin succinate</i>	47	<i>sumatriptan succinate refill</i>	15
SOLTAMOX	16	<i>sunitinib malate</i>	21
SOLU-CORTEF	48	SUNLENCA	27
SOMATULINE DEPOT	52	SYMLINPEN 120	30
SOMAVERT	52	SYMLINPEN 60	30
<i>sorafenib</i>	21	SYMPAZAN	10
<i>sorafenib tosylate</i>	21	SYMTUZA	28
<i>sorine</i>	33	SYNAREL	52
<i>sotalol hcl</i>	33	SYNJARDY	30
<i>sotalol hydrochloride (af)</i>	33	SYNJARDY XR	30
SPIRIVA RESPIMAT	62	SYNRIBO	17
<i>spironolactone</i>	36	SYNTHROID	51
<i>spironolactone/hydrochlorothiazide</i>	35	TABLOID	17
SPRITAM	10	TABRECTA	21
SPRYCEL	21	<i>tacrolimus</i>	41
<i>sps</i>	44	<i>tacrolimus</i>	55
<i>ssd</i>	41	<i>tadalafil</i>	47
STAMARIL	56	<i>tadalafil</i>	63
STELARA	53	TAFINLAR	21
<i>sterile water for irrigation</i>	58	<i>tafluprost</i>	60
STIOLTO RESPIMAT	64	TAGRISSE	21
STIVARGA	21	TALZENNA	21
<i>streptomycin sulfate</i>	6	<i>tamoxifen citrate</i>	16
STRIBILD	26	<i>tamsulosin hydrochloride</i>	47
STRIVERDI RESPIMAT	62	<i>tarina fe 1/20 eq</i>	50
<i>subvenite</i>	10	TASIGNA	21
<i>subvenite starter kit/blue</i>	10	<i>tasimelteon</i>	64
<i>subvenite starter kit/green</i>	10	TAVNEOS	53
<i>subvenite starter kit/orange</i>	10	<i>taysofy</i>	50
SUCRAID	46	<i>tazarotene</i>	39
<i>sucralfate</i>	45	<i>tazicef</i>	7
<i>sulfacetamide sodium</i>	9	<i>taztia xt</i>	34
<i>sulfacetamide sodium</i>	59	TAZVERIK	21
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	58	<i>tdvax</i>	56
<i>sulfadiazine</i>	9	<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	58
<i>sulfamethoxazole/trimethoprim</i>	9	TEFLARO	7
<i>sulfamethoxazole/trimethoprim ds</i>	9	TEKTRUNA HCT	35
SULFAMYLON	42	<i>telmisartan</i>	32
<i>sulfasalazine</i>	56	<i>telmisartan/amlodipine</i>	35
<i>sulindac</i>	3	<i>telmisartan/hydrochlorothiazide</i>	35
		<i>temazepam</i>	64

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
TENIVAC	56	<i>torseamide</i>	35
<i>tenofovir disoproxil fumarate</i>	27	TOUJEO MAX SOLOSTAR	31
TEPMETKO	21	TOUJEO SOLOSTAR	31
<i>terazosin hcl</i>	47	TRACLEER	63
<i>terazosin hydrochloride</i>	47	TRADJENTA	30
<i>terbinafine hcl</i>	14	<i>tramadol hydrochloride</i>	4
<i>terconazole</i>	14	<i>tramadol hydrochloride er</i>	4
<i>teriflunomide</i>	38	<i>tramadol hydrochloride/acetaminophen</i>	4
<i>teriparatide</i>	57	<i>trandolapril</i>	33
<i>testosterone</i>	48	<i>trandolapril/verapamil hcl er</i>	35
<i>testosterone cypionate</i>	48	<i>tranexamic acid</i>	32
<i>testosterone enanthate</i>	48	<i>tranylcypromine sulfate</i>	12
<i>testosterone pump</i>	48	TRAVASOL	43
<i>tetrabenazine</i>	38	<i>travoprost</i>	60
<i>tetracycline hydrochloride</i>	9	<i>trazodone hydrochloride</i>	13
THALOMID	16	TRECTOR	16
<i>theophylline</i>	62	TRELEGY ELLIPTA	64
<i>theophylline er</i>	62	TRESIBA	31
<i>thioridazine hcl</i>	24	TRESIBA FLEXTOUCH	31
<i>thiothixene</i>	24	<i>tretinoin</i>	22
THYROID	51	<i>tretinoin</i>	39
<i>tiadylt er</i>	34	<i>tretinoin microsphere</i>	39
<i>tiagabine hydrochloride</i>	10	TREXALL	55
TIBSOVO	21	<i>triamcinolone acetonide</i>	41
TICOVAC	56	<i>triamcinolone acetonide</i>	48
<i>tigecycline</i>	6	<i>triamcinolone acetonide dental paste</i>	39
<i>timolol maleate</i>	15	<i>triamterene</i>	35
<i>timolol maleate</i>	60	<i>triamterene/hydrochlorothiazide</i>	35
<i>timolol maleate ophthalmic gel forming</i>	60	<i>triazolam</i>	64
<i>tinidazole</i>	6	<i>trientine hydrochloride</i>	44
<i>tiopronin dr</i>	47	<i>trifluoperazine hcl</i>	24
TIVICAY	26	<i>trifluoperazine hydrochloride</i>	24
TIVICAY PD	26	<i>trifluridine</i>	59
<i>tizanidine hcl</i>	25	<i>trihexyphenidyl hcl</i>	23
<i>tizanidine hydrochloride</i>	26	<i>trihexyphenidyl hydrochloride</i>	23
TOBI PODHALER	62	<i>trimethoprim</i>	6
TOBRADEX ST	58	<i>trimipramine maleate</i>	13
<i>tobramycin</i>	59	TRINTELLIX	13
<i>tobramycin sulfate</i>	6	<i>tri-sprintec</i>	50
<i>tobramycin/dexamethasone</i>	58	TRITOCIN	41
<i>tolterodine tartrate</i>	47	TRIUMEQ	27
<i>tolterodine tartrate er</i>	47	TRIUMEQ PD	27
<i>topiramate</i>	10	<i>trivora-28</i>	50
<i>toremifene citrate</i>	16	TRIZIVIR	27

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
TROPHAMINE	44	VEMLIDY	26
<i>tropium chloride</i>	47	VENCLEXTA	22
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	58	VENCLEXTA STARTING PACK	22
<i>trueplus pen needles 29gx12mm</i>	58	<i>venlafaxine hcl er</i>	13
TRULICITY	30	<i>venlafaxine hydrochloride</i>	13
TRUMENBA	56	<i>venlafaxine hydrochloride er</i>	13
TRUQAP	22	VENTAVIS	63
TRUSELTIQ	17	VEOZAH	38
TUKYSA	22	<i>verapamil hcl</i>	34
TURALIO	22	<i>verapamil hcl er</i>	34
<i>turqoz</i>	50	<i>verapamil hcl sr</i>	34
TWINRIX	56	<i>verapamil hydrochloride</i>	34
TYBOST	27	<i>verapamil hydrochloride er</i>	34
TYPHIM VI	56	VERQUVO	37
TYRVAYA	5	VERSACLOZ	25
UBRELVY	15	VERZENIO	22
UDENYCA	32	VIBRAMYCIN	9
UDENYCA ONBODY	32	<i>vigabatrin</i>	11
<i>unithroid</i>	51	<i>vigadrone</i>	11
<i>ursodiol</i>	45	<i>vigpoder</i>	11
<i>valacyclovir hydrochloride</i>	28	VIIBRYD STARTER PACK	13
VALCHLOR	16	<i>vilazodone hydrochloride</i>	13
<i>valganciclovir</i>	26	VIRACEPT	28
<i>valganciclovir hydrochloride</i>	26	VIREAD	27
<i>valproic acid</i>	10	<i>vitamin d</i>	44
<i>valsartan</i>	32	VITRAKVI	22
<i>valsartan/hydrochlorothiazide</i>	35	VIVITROL	5
VALTOCO 10 MG DOSE	10	VIZIMPRO	22
VALTOCO 15 MG DOSE	10	VONJO	17
VALTOCO 20 MG DOSE	10	<i>voriconazole</i>	14
VALTOCO 5 MG DOSE	11	VOSEVI	26
<i>vancomycin</i>	7	VOWST	45
<i>vancomycin hcl</i>	6	VRAYLAR	25
<i>vancomycin hydrochloride</i>	6	VUMERITY	38
VANFLYTA	22	<i>vyfemla</i>	50
VAQTA	56	VYZULTA	60
<i>ildenafil hydrochloride</i>	47	<i>warfarin sodium</i>	31
<i>ildenafil hydrochloride odt</i>	47	WEGOVI	58
<i>varenicline starting month box</i>	5	WELIREG	46
<i>varenicline tartrate</i>	5	<i>wixela inhub</i>	64
VARIVAX	56	XALKORI	22
<i>velivet</i>	50	XARELTO	31
VELPHORO	44	XARELTO STARTER PACK	31
		XATMEP	55

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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	Page #	Drug Name	Page #
XCOPRI	11	ZTALMY	11
XDEMVIY	59	ZURZUVAE	12
XELJANZ	53	ZYDELIG	22
XELJANZ XR	53	ZYKADIA	22
XENICAL	58	ZYPREXA RELPREVV	25
XERMELO	45		
XGEVA	57		
XIFAXAN	45		
XIGDUO XR	30		
XIIDRA	58		
XOFLUZA	28		
XOLAIR	53		
XOSPATA	22		
XPOVIO	22		
XPOVIO 60 MG TWICE WEEKLY	22		
XPOVIO 80 MG TWICE WEEKLY	22		
XTANDI	16		
<i>xulane</i>	50		
YARGESA	46		
YERVOY	22		
YF-VAX	56		
<i>yuvafem</i>	50		
<i>zafemy</i>	50		
<i>zafirlukast</i>	61		
<i>zaleplon</i>	64		
ZARXIO	32		
ZEJULA	22		
ZELBORAF	22		
ZENATANE	39		
ZENPEP	46		
ZEPOSIA	38		
ZEPOSIA 7-DAY STARTER PACK	39		
ZEPOSIA STARTER KIT	39		
<i>zidovudine</i>	27		
<i>ziprasidone hcl</i>	25		
<i>ziprasidone mesylate</i>	25		
ZIRGAN	59		
<i>zoledronic acid</i>	57		
ZOLINZA	17		
<i>zolpidem tartrate</i>	64		
ZONISADE	11		
<i>zonisamide</i>	11		
ZOSYN	8		
<i>zovia 1/35</i>	50		

Formulary ID: 25502, Version: 6, Effective Date: 01/01/2025
Last Updated: 08/19/2024

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

a Point32Health company

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Someone who speaks English 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية بمساعدتك.

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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 08/19/2024. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit www.thpmp.org.



1 Wellness Way
Canton, MA 02021

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).