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Tufts Medicare Preferred HMO 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 9

This formulary was updated on 02/04/2025. 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.thmp.org.

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Tufts Medicare Preferred HMO 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 02/04/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the 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 02/04/2025. 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 63. 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, unless the drug is on the specialty tier.

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 63.

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. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Smart Saver Rx, HMO Saver Rx, HMO Basic Rx, and HMO Basic No Rx members

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.

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: **1-844-265-1705**

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

Prescription Drug Benefits: Deductible (for Part D prescription drugs)	Tufts Medicare Preferred HMO Smart Saver Rx	Tufts Medicare Preferred HMO Saver Rx	Tufts Medicare Preferred HMO Basic No Rx	Tufts Medicare Preferred HMO Basic Rx
Deductible	This plan does not have a deductible.	This plan does not have a deductible.	This plan does not cover Part D prescription drugs	This plan does not have a deductible.
Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred HMO Smart Saver Rx	Tufts Medicare Preferred HMO Saver Rx	Tufts Medicare Preferred HMO Basic No Rx	Tufts Medicare Preferred HMO Basic Rx
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, and vitamins.	You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	This plan does not cover Part D prescription drugs	You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred HMO Smart Saver Rx			Tufts Medicare Preferred HMO Saver Rx			Tufts Medicare Preferred HMO Basic Rx		
Retail Cost Sharing—Preferred Pharmacy									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$6	\$12	\$18	\$6	\$12	\$18	\$4/\$0*	\$8/\$0*	\$12/\$0*
	* Worcester County Only								
Tier 3 (Preferred Brand)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A

Tufts Medicare Preferred HMO Value No Rx	Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime No Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
This plan does not cover Part D prescription drugs	This plan does not have a deductible.	This plan does not cover Part D prescription drugs	This plan does not have a deductible	
Tufts Medicare Preferred HMO Value No Rx	Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime No Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
This plan does not cover Part D prescription drugs	<p>You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	This plan does not cover Part D prescription drugs	<p>You pay the following until your total yearly drug costs reach \$2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	

Tufts Medicare Preferred HMO Value Rx			Tufts Medicare Preferred HMO Prime Rx			Tufts Medicare Preferred HMO Prime Rx Plus		
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Retail Cost Sharing—Preferred Pharmacy								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$0	\$0	\$0	N/A	N/A	N/A	N/A	N/A	N/A
\$4	\$8	\$12	N/A	N/A	N/A	N/A	N/A	N/A
23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	N/A	N/A	N/A	N/A	N/A	N/A
50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	N/A	N/A	N/A	N/A	N/A	N/A
33% of the cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred HMO Smart Saver Rx			Tufts Medicare Preferred HMO Saver Rx			Tufts Medicare Preferred HMO Basic Rx		
Retail Cost Sharing—Non-Preferred Pharmacy									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$14	\$28	\$42	\$14	\$28	\$42	\$14/\$6*	\$28/\$12*	\$42/\$18*
	* Worcester County Only								
Tier 2 (Generic)	\$20	\$40	\$60	\$20	\$40	\$60	\$19/\$11*	\$38/\$22*	\$57/\$33*
	* Worcester County Only								
Tier 3 (Preferred Brand)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A
Mail Order Cost Sharing									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$6	\$12	\$12	\$6	\$12	\$12	\$4/\$0*	\$8/\$0*	\$8/\$0*
	* Worcester County Only								
Tier 3 (Preferred Brand)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)
Tier 4 (Non-Preferred Drug)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Prescription Drug Benefits: Catastrophic Coverage	Tufts Medicare Preferred HMO Smart Saver Rx	Tufts Medicare Preferred HMO Saver Rx	Tufts Medicare Preferred HMO Basic Rx
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.		

Tufts Medicare Preferred HMO Value Rx			Tufts Medicare Preferred HMO Prime Rx			Tufts Medicare Preferred HMO Prime Rx Plus		
Retail Cost Sharing—Non-Preferred Pharmacy								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$14	\$28	\$42	\$4	\$8	\$12	\$2	\$4	\$6
\$19	\$38	\$57	\$8	\$16	\$24	\$4	\$8	\$12
23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$105)	23% of the cost (Insulin: \$30)	23% of the cost (Insulin: \$60)	23% of the cost (Insulin: \$90)
50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A
Mail Order Cost Sharing								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$0	\$0	\$0	\$4	\$8	\$8	\$2	\$4	\$4
\$4	\$8	\$8	\$8	\$16	\$16	\$4	\$8	\$8
23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$35)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$70)	23% of the cost (Insulin: \$30)	23% of the cost (Insulin: \$60)	23% of the cost (Insulin: \$60)
50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)	50% of the cost (Insulin: \$35)	50% of the cost (Insulin: \$70)	50% of the cost (Insulin: \$105)
33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
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After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine ptch 5%</i>	4	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	3	QL(100 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tabs</i>	4	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	5	NEDS
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	2	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	2	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 4mg/10ml</i>	2	
<i>naloxone hydrochloride liqd</i>	3	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	2	
<i>naloxone hydrochloride inj 2mg/2ml</i>	3	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	4	
OPVEE	3	QL(4 EA per 30 days)
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
TYRVAYA	4	
<i>varenicline starting month</i>	4	QL(53 EA per 28 days)
<i>varenicline tartrate tabs 1mg</i>	3	QL(60 EA per 30 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	4	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	HI
ARIKAYCE	5	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>	4	HI
<i>gentamicin sulfate crea 0.1%</i>	3	
<i>gentamicin sulfate inj 40mg/ml</i>	4	HI
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	4	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate</i>	2	
<i>streptomycin sulfate inj 1gm</i>	5	NEDS
<i>tobramycin sulfate inj 1.2gm/30ml, 40mg/ml</i>	2	HI
<i>tobramycin sulfate inj 10mg/ml, 80mg/2ml</i>	4	HI
Antibacterials, Other		
<i>aztreonam inj 1gm</i>	4	HI
<i>aztreonam inj 2gm</i>	5	NEDS; HI
<i>clindacin-p</i>	3	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate inj 9000mg/60ml</i>	2	HI
<i>clindamycin phosphate inj 900mg/6ml</i>	4	HI
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	NEDS; HI
<i>daptomycin</i>	5	NEDS; HI
<i>daptomycin/sodium chloride</i>	4	HI
IMPAVIDO	5	NEDS
<i>linezolid tabs</i>	4	
<i>linezolid susr</i>	5	NEDS
<i>linezolid inj 600mg/300ml</i>	4	HI
<i>methenamine hippurate</i>	4	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	2	
<i>metronidazole vaginal</i>	3	
<i>metronidazole inj 500mg/100ml</i>	2	HI
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
NUVESSA	4	
<i>tigecycline</i>	5	NEDS
<i>tinidazole</i>	4	
<i>trimethoprim tabs</i>	3	
<i>vancomycin hcl inj 0.9%; 1gm/200ml</i>	2	HI
<i>vancomycin hcl inj 100gm, 10gm</i>	4	HI
<i>vancomycin hydrochloride caps</i>	3	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	4	HI
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	HI
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	4	
<i>cefaclor susr 125mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil caps</i>	2	
<i>cefadroxil susr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	HI
<i>cefazolin sodium inj 1gm/50ml; 4%, 1gm, 2gm</i>	2	HI
<i>cefazolin sodium inj 10gm, 500mg</i>	3	HI
<i>cefazolin sodium inj 1gm</i>	4	HI
<i>cefazolin/dextrose inj 3gm/150ml; 4%</i>	2	HI
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	2	HI
<i>cefdinir</i>	2	
<i>cefepime</i>	4	HI
<i>cefepime hydrochloride inj 2gm</i>	4	HI
<i>cefepime/dextrose</i>	4	HI
<i>cefixime</i>	4	
<i>cefotetan inj 1gm, 2gm</i>	4	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>cefpodoxime proxetil tabs</i>	3	
<i>cefpodoxime proxetil susr</i>	4	
<i>cefprozil tabs</i>	3	
<i>cefprozil susr 125mg/5ml</i>	3	
<i>cefprozil susr 250mg/5ml</i>	4	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	HI
<i>ceftriaxone in iso-osmotic dextrose</i>	2	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	2	HI
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	4	HI
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin caps 750mg</i>	4	
<i>cephalexin susr, tabs</i>	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	HI
TEFLARO	5	NEDS; HI
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium susr, tabs</i>	2	
<i>amoxicillin/clavulanate potassium chew</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	2	
<i>ampicillin sodium inj</i>	4	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	4	HI
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	4	HI
<i>ampicillin caps 500mg</i>	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	4	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	2	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	HI
<i>penicillin g sodium</i>	5	NEDS; HI
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	HI
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	3	HI
Carbapenems		
<i>ertapenem</i>	4	HI
<i>ertapenem sodium</i>	4	HI
<i>imipenem/cilastatin</i>	4	HI
<i>meropenem inj 500mg</i>	3	HI
<i>meropenem inj 1gm, 2gm</i>	4	HI
Macrolides		
<i>azithromycin tabs</i>	2	
<i>azithromycin pack, susr</i>	3	
<i>azithromycin inj 500mg</i>	4	HI
<i>clarithromycin er</i>	3	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin susr</i>	4	
DIFICID	5	NEDS
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate tabs</i>	4	
Quinolones		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	4	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w inj 5%; 250mg/50ml, 5%; 500mg/100ml</i>	3	HI
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	4	HI
<i>levofloxacin oral soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotn 10%</i>	4	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	3	
Tetracyclines		
DOXY 100	3	HI
<i>doxycycline hyclate caps</i>	2	
<i>doxycycline hyclate inj</i>	3	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	
<i>doxycycline hyclate tabs 150mg</i>	4	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr</i>	4	
<i>minocycline hcl caps 75mg</i>	3	
<i>minocycline hcl tabs</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	3	
<i>mondoxyne nl caps 100mg</i>	2	
<i>tetracycline hydrochloride caps</i>	3	
VIBRAMYCIN SYRP	4	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLN, TABS	5	NEDS
EPIDIOLEX	5	PA NSO; NEDS
EPRONTIA	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA NSO; NEDS
FYCOMPA	4	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine tabs</i>	2	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	4	
<i>levetiracetam oral soln, tabs</i>	3	
<i>levetiracetam tb3d</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	2	
NAYZILAM	4	QL(10 EA per 30 days); PA NSO
<i>roweepra tabs 500mg</i>	3	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tabs</i>	2	
<i>topiramate cpsp</i>	4	
<i>valproic acid</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide soln</i>	3	
<i>ethosuximide caps</i>	4	
<i>methsuximide</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt</i>	3	
<i>clonazepam tabs</i>	1	
DIACOMIT	5	PA NSO; NEDS
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr tbec</i>	2	
<i>divalproex sodium dr csdr</i>	3	
<i>divalproex sodium er</i>	3	
<i>gabapentin caps</i>	2	
<i>gabapentin soln</i>	4	
<i>gabapentin tabs 600mg, 800mg</i>	2	
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	3	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin caps</i>	2	
<i>pregabalin soln</i>	4	
<i>primidone tabs</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	NEDS
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA NSO; NEDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA NSO; NEDS
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS
VIGAFYDE	5	PA NSO; NEDS
<i>vigpoder</i>	5	NEDS
ZTALMY	5	PA NSO; NEDS
Sodium Channel Agents		
APTIOM	4	
<i>carbamazepine er</i>	4	
<i>carbamazepine chew 100mg</i>	3	
<i>carbamazepine tabs</i>	3	
<i>carbamazepine susp</i>	4	
<i>epitol</i>	3	
<i>lacosamide tabs</i>	3	QL(60 EA per 30 days)

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<i>lacosamide inj, oral soln</i>	4	
<i>oxcarbazepine tabs</i>	3	
<i>oxcarbazepine susp</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	5	NEDS
<i>rufinamide tabs 200mg</i>	4	
<i>rufinamide tabs 400mg</i>	5	NEDS
XCOPRI TABS	5	NEDS
XCOPRI TBPk 0	4	
XCOPRI TBPk 0	5	NEDS
ZONISADE	4	
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>memantine/donepezil hydrochloride er</i>	3	
NAMZARIC	3	
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	3	
<i>donepezil hcl tabs 10mg</i>	2	
<i>donepezil hcl tabs 23mg</i>	3	
<i>donepezil hydrochloride tabs 5mg</i>	2	
<i>galantamine hydrobromide er</i>	3	
<i>galantamine hydrobromide tabs</i>	3	
<i>galantamine hydrobromide soln</i>	4	
<i>rivastigmine tartrate</i>	3	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	3	
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	3	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tabs</i>	2	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS
Monoamine Oxidase Inhibitors		
EMSAM	5	ST NSO; NEDS
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	4	
<i>desvenlafaxine er</i>	3	
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	2	
<i>escitalopram oxalate soln</i>	4	
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	4	
<i>fluoxetine hydrochloride caps</i>	1	
<i>fluoxetine hydrochloride soln</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	4	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>sertraline hcl conc</i>	3	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	4	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24</i>	3	
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	4	
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	3	

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<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	2	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	2	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	4	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate caps</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>meclizine hcl tabs</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>promethazine hcl inj</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant caps 0, 40mg, 80mg</i>	4	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol</i>	4	PA BvD
<i>granisetron hydrochloride tabs</i>	3	PA BvD
<i>ondansetron hcl soln</i>	2	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	PA BvD
Antifungals		
<i>Antifungals</i>		
<i>ABELCET</i>	4	PA
<i>amphotericin b liposome</i>	5	PA; NEDS
<i>amphotericin b inj</i>	4	PA
<i>clotrimazole crea</i>	2	
<i>clotrimazole soln, troc</i>	3	
<i>econazole nitrate crea</i>	2	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tabs</i>	2	
<i>fluconazole susr</i>	4	
<i>flucytosine caps</i>	5	NEDS

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<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	3	
<i>ketoconazole sham, tabs</i>	2	
<i>ketoconazole crea</i>	2	QL(120 GM per 30 days)
<i>klayesta</i>	2	
<i>micafungin</i>	4	
<i>miconazole 3 supp</i>	3	
<i>naftifine hcl</i>	4	
<i>naftifine hydrochloride crea</i>	4	
<i>nyamyc</i>	2	
<i>nystatin crea, oint, powd, susp</i>	2	
<i>nystatin tabs</i>	3	
<i>nystop</i>	2	
<i>posaconazole dr</i>	5	NEDS
<i>posaconazole susp</i>	5	NEDS
<i>terbinafine hcl tabs</i>	2	QL(42 EA per 42 days)
<i>terconazole crea</i>	3	
<i>terconazole supp</i>	4	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	NEDS
<i>voriconazole inj</i>	5	PA; NEDS
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine caps</i>	3	
<i>colchicine tabs 0.6mg</i>	3	
GLOPERBA	4	
<i>probenecid/colchicine</i>	3	
<i>probenecid tabs</i>	3	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
AIMOVIG	3	QL(1 ML per 30 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
NURTEC	4	PA
UBRELVY	4	PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 30 days); NEDS
<i>ergotamine tartrate/caffeine</i>	3	
<i>Prophylactic</i>		
<i>timolol maleate tabs 10mg, 5mg</i>	3	
<i>timolol maleate tabs 20mg</i>	4	
<i>Serotonin (5-HT) Receptor Agonist</i>		

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<i>naratriptan hcl</i>	2	
<i>rizatriptan benzoate</i>	2	
<i>rizatriptan benzoate odt</i>	2	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	
<i>sumatriptan soln</i>	4	
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	4	
<i>rifampin caps, inj</i>	4	
SIRTURO	5	PA; NEDS
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide tabs</i>	3	PA BvD
<i>cyclophosphamide caps</i>	4	PA BvD; SP-Optum Specialty
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
LEUKERAN	5	NEDS
MATULANE	5	NEDS
VALCHLOR	5	NEDS; SP-Optum Specialty
<i>Antiandrogens</i>		
<i>abiraterone acetate</i>	5	PA NSO; NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
ERLEADA TABS 240MG	5	PA NSO; NEDS
ERLEADA TABS 60MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>flutamide</i>	2	
<i>nilutamide</i>	5	NEDS
NUBEQA	5	PA NSO; NEDS; SP-Optum Specialty

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XTANDI	5	PA NSO; NEDS; SP-Optum Specialty
Antiangiogenic Agents		
<i>lenalidomide caps 2.5mg, 20mg</i>	5	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
POMALYST	5	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	5	PA NSO; NEDS
THALOMID	5	NEDS; SP-Optum Specialty
Antiestrogens/Modifiers		
EMCYT	5	NEDS
ORSERDU	5	PA NSO; NEDS
SOLTAMOX	5	NEDS
<i>tamoxifen citrate tabs</i>	3	
<i>toremifene citrate</i>	5	NEDS
Antimetabolites		
DROXIA	3	
<i>hydroxyurea caps</i>	3	
<i>mercaptopurine tabs</i>	4	
PURIXAN	5	NEDS
TABLOID	4	SP-Optum Specialty
Antineoplastics, Other		
AKEEGA	5	PA NSO; NEDS
<i>bortezomib inj 1mg, 2.5mg</i>	4	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	5	NEDS
<i>boruzu</i>	4	
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	4	
IBRANCE TABS 100MG, 125MG, 75MG	5	PA NSO; NEDS; SP-Optum Specialty
INREBIC	5	PA NSO; NEDS; SP-Optum Specialty
ITOVEBI TABS 9MG	5	PA NSO; NEDS
ITOVEBI TABS 3MG	5	QL(60 EA per 30 days); PA NSO; NEDS
IWILFIN	5	PA NSO; NEDS
KISQALI FEMARA 200 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LAZCLUZE TABS 240MG	5	PA NSO; NEDS

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LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>leucovorin calcium tabs</i>	2	
LONSURF	5	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	5	NEDS
OGSIVEO	5	PA NSO; NEDS
OJEMDA	5	PA NSO; NEDS
ONUREG	5	PA NSO; NEDS; SP-Optum Specialty
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
REVUFORJ	5	PA NSO; NEDS
SYNRIBO	5	NEDS
TRUSELTIQ	5	PA NSO; NEDS
VONJO	5	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	5	PA NSO; NEDS; SP-Optum Specialty
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	3	
<i>exemestane</i>	4	
<i>letrozole</i>	3	
<i>Enzyme Inhibitors</i>		
KYPROLIS	5	NEDS
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	5	PA NSO; NEDS
AUGTYRO	5	PA NSO; NEDS
AYVAKIT	5	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	5	PA NSO; NEDS
BOSULIF CAPS 50MG	5	PA NSO; NEDS
BOSULIF CAPS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	5	PA NSO; NEDS

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CABOMETYX	5	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	5	PA NSO; NEDS
CALQUENCE CAPS	5	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	5	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	5	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	5	PA NSO; NEDS; SP-Optum Specialty
DANZITEN	5	PA NSO; NEDS
<i>dasatinib</i>	5	PA NSO; NEDS
DAURISMO	5	PA NSO; NEDS; SP-Optum Specialty
ERIVEDGE	5	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	5	PA NSO; NEDS
FOTIVDA	5	PA NSO; NEDS
FRUZAQLA	5	PA NSO; NEDS
GAVRETO	5	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	5	PA NSO; NEDS
GILOTRIF	5	PA NSO; NEDS
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	5	PA NSO; NEDS
IDHIFA	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	5	PA NSO; NEDS

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IMBRUVICA CAPS, TABS	5	PA NSO; NEDS; SP-Optum Specialty
IMKELDI	5	PA NSO; NEDS
INLYTA	5	PA NSO; NEDS; SP-Optum Specialty
INQOVI	5	PA NSO; NEDS; SP-Optum Specialty
JAKAFI	5	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	5	PA NSO; NEDS
KISQALI	5	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	5	PA NSO; NEDS
KRAZATI	5	PA NSO; NEDS
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	5	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 240MG, 320MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG	5	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	5	PA NSO; NEDS; SP-Optum Specialty
LYTGOBI	5	PA NSO; NEDS
MEKINIST SOLR	5	PA NSO; NEDS
MEKINIST TABS	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	5	PA NSO; NEDS; SP-Optum Specialty
NERLYNX	5	PA NSO; NEDS; SP-Optum Specialty
NINLARO	5	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	5	PA NSO; NEDS; SP-Optum Specialty
OJJAARA	5	PA NSO; NEDS
<i>pazopanib hydrochloride</i>	5	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	5	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
QINLOCK	5	PA NSO; NEDS
RETEVMO CAPS	5	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	5	PA NSO; NEDS
RETEVMO TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS
REZLIDHIA	5	PA NSO; NEDS
ROZLYTREK PACK	5	PA NSO; NEDS
ROZLYTREK CAPS	5	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA	5	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	5	PA NSO; NEDS; SP-Optum Specialty
TABRECTA	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	5	PA NSO; NEDS
TAFINLAR CAPS	5	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	5	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	5	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	5	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	5	PA NSO; NEDS
TEPMETKO	5	PA NSO; NEDS
TIBSOVO	5	PA NSO; NEDS; SP-Optum Specialty
TRUQAP	5	PA NSO; NEDS
TUKYSA	5	PA NSO; NEDS
TURALIO	5	PA NSO; NEDS
VANFLYTA	5	PA NSO; NEDS
VENCLEXTA STARTING PACK	5	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	5	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	5	PA NSO; NEDS
VIZIMPRO	5	PA NSO; NEDS; SP-Optum Specialty
XALKORI CPSP	5	PA NSO; NEDS
XALKORI CAPS	5	PA NSO; NEDS; SP-Optum Specialty
XOSPATA	5	PA NSO; NEDS
XPOVIO	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO; NEDS
ZEJULA TABS	5	PA NSO; NEDS
ZEJULA CAPS	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF	5	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	5	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	5	PA NSO; NEDS; SP-Optum Specialty
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX	5	NEDS
OPDIVO	5	NEDS
YERVOY	5	NEDS
Retinoids		
<i>bexarotene caps</i>	5	NEDS; SP-Optum Specialty
<i>bexarotene gel</i>	5	PA NSO; NEDS
PANRETIN	5	NEDS
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
Treatment Adjuncts		
<i>mesna tabs</i>	5	NEDS
MESNEX TABS	5	NEDS
VORANIGO TABS 40MG	5	PA NSO; NEDS
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	4	
<i>ivermectin tabs</i>	3	
<i>praziquantel tabs</i>	3	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tabs 250mg</i>	3	
<i>chloroquine phosphate tabs 500mg</i>	4	
COARTEM	4	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>mefloquine hydrochloride</i>	3	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate inj</i>	4	
<i>pentamidine isethionate inhalation solr</i>	4	PA BvD
<i>primaquine phosphate tabs</i>	4	
<i>pyrimethamine tabs</i>	5	NEDS
<i>quinine sulfate caps 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hcl soln</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	3	
Dopamine Agonists		
<i>bromocriptine mesylate caps, tabs</i>	4	
KYNMOBI	5	NEDS
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	4	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tabs</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	4	
<i>selegiline hcl caps</i>	3	
<i>selegiline hcl tabs</i>	4	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc, tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl conc</i>	4	
<i>fluphenazine hcl tabs 1mg</i>	4	
<i>fluphenazine hydrochloride elix, inj</i>	4	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate inj</i>	3	
<i>haloperidol lactate</i>	4	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	3	
<i>molindone hydrochloride</i>	3	
<i>perphenazine tabs</i>	3	
<i>pimozide</i>	4	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tabs 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY ASIMTUFI	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA	5	NEDS
ABILIFY MYCITE MAINTENANCE KIT TBPk 10MG	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT TBPk 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>aripiprazole odt</i>	4	
<i>aripiprazole tabs</i>	2	
<i>aripiprazole soln</i>	3	
ARISTADA	5	NEDS
ARISTADA INITIO	5	NEDS
<i>asenapine maleate sl</i>	4	ST NSO
CAPLYTA	5	QL(30 EA per 30 days); PA NSO; NEDS
FANAPT	5	ST NSO; NEDS
FANAPT TITRATION PACK	4	ST NSO
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	5	NEDS
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	PA NSO; NEDS
NUPLAZID CAPS	5	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt</i>	3	
<i>olanzapine tabs</i>	2	
<i>olanzapine inj</i>	3	
OPIPZA	5	PA NSO; NEDS
<i>paliperidone er</i>	4	
PERSERIS	5	NEDS
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	5	NEDS
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	NEDS
<i>risperidone er inj 12.5mg, 25mg</i>	4	
<i>risperidone er inj 37.5mg, 50mg</i>	5	NEDS
<i>risperidone odt</i>	3	
<i>risperidone tabs</i>	1	
<i>risperidone soln</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
SECUADO	5	NEDS
VRAYLAR CPPK	4	
VRAYLAR CAPS	5	NEDS
<i>ziprasidone hcl</i>	3	
<i>ziprasidone mesylate</i>	3	
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
Treatment-Resistant		
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium caps</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	NEDS
LIVTENCITY	5	PA; NEDS
PREVYMIS TABS	5	PA; NEDS
PREVYMIS PACK 20MG	4	PA
PREVYMIS PACK 120MG	5	PA; NEDS
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	NEDS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	4	
<i>lamivudine tabs 100mg</i>	3	
VEMLIDY	5	NEDS
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	PA; NEDS; SP-Optum Specialty
<i>ribavirin caps</i>	3	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	3	SP-Optum Specialty
<i>sofosbuvir/velpatasvir</i>	5	PA; NEDS
VOSEVI	5	PA; NEDS; SP-Optum Specialty
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	NEDS
DOVATO	5	NEDS
GENVOYA	5	NEDS
ISENTRESS HD	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	4	
ISENTRESS TABS	5	QL(120 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
JULUCA	5	NEDS
STRIBILD	5	NEDS
TIVICAY PD	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	NEDS
DELSTRIGO	5	NEDS
EDURANT	5	NEDS
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>etravirine</i>	5	NEDS
INTELENCE TABS 25MG	3	
<i>nevirapine er tb24 100mg</i>	2	
<i>nevirapine er tb24 400mg</i>	4	
<i>nevirapine tabs</i>	2	
<i>nevirapine susp</i>	4	
PIFELTRO	5	NEDS
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	NEDS
DESCOVY	5	NEDS
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	5	NEDS
EMTRIVA SOLN	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine soln 10mg/ml</i>	4	
<i>lamivudine tabs 150mg, 300mg</i>	3	
ODEFSEY	5	NEDS
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	NEDS
TRIUMEQ PD	4	
TRIZIVIR	5	NEDS
VIREAD POWD	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 150MG, 200MG, 250MG	5	NEDS
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	NEDS
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days); NEDS
RUKOBIA	5	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	NEDS
SUNLENCA TBPK	5	NEDS
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	NEDS
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
<i>darunavir</i>	5	NEDS
EVOTAZ	5	NEDS
<i>fosamprenavir calcium</i>	5	NEDS
LEXIVA SUSP	3	
<i>lopinavir/ritonavir</i>	4	
NORVIR SOLN	3	
NORVIR PACK	4	
PREZCOBIX	5	NEDS
PREZISTA SUSP	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG	5	NEDS
REYATAZ PACK	5	NEDS
<i>ritonavir</i>	3	
SYMTUZA	5	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	5	NEDS
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	3	
<i>oseltamivir phosphate caps, susr</i>	3	
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride</i>	4	
XOFLUZA TBPK 40MG, 80MG	3	QL(1 EA per 7 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	PA
<i>acyclovir caps, tabs</i>	2	
<i>acyclovir susp</i>	4	
<i>famciclovir tabs</i>	3	
<i>valacyclovir hydrochloride</i>	2	

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Antiviral, Coronavirus Agents		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TBPK 300MG; 100MG	3	QL(30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
Benzodiazepines		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	3	
<i>clorazepate dipotassium tabs</i>	4	
<i>diazepam intensol</i>	3	
<i>diazepam tabs</i>	2	
<i>diazepam soln</i>	3	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	2	
<i>oxazepam</i>	4	
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	PA
BYETTA	4	PA
<i>glimepiride tabs 1mg, 2mg, 4mg</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	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	

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<i>miglitol</i>	1	
MOUNJARO	3	PA
<i>nateglinide</i>	1	
OZEMPIC	3	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	3	PA
<i>saxagliptin hydrochloride</i>	1	
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	
SYMLINPEN 120	5	NEDS
SYMLINPEN 60	5	NEDS
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRULICITY	3	PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
<i>insulin lispro junior kwikpen</i>	3	
<i>insulin lispro kwikpen</i>	3	
<i>insulin lispro protamine/insulin lispro kwikpen</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR FLEXTOUCH	3	
<i>novolin 70/30</i>	3	
<i>novolin 70/30 flexpen</i>	3	
<i>novolin n</i>	3	
<i>novolin n flexpen</i>	3	
<i>novolin r</i>	3	
<i>novolin r flexpen</i>	3	
<i>novolog</i>	3	
<i>novolog flexpen</i>	3	
<i>novolog mix 70/30</i>	3	
<i>novolog mix 70/30 prefilled flexpen</i>	3	
<i>novolog penfill</i>	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	4	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium inj 300mg/3ml</i>	3	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
XARELTO STARTER PACK	3	
XARELTO TABS	3	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
MOZOBIL	5	NEDS
NEULASTA	5	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	5	NEDS
<i>plerixafor</i>	5	NEDS
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	SP-Optum Specialty
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP-Optum Specialty
PROMACTA	5	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA ONBODY	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty
ZARXIO	5	NEDS; SP-Optum Specialty
Hemostasis Agents		
<i>aminocaproic acid inj, oral soln</i>	2	
<i>aminocaproic acid tabs 500mg</i>	2	
<i>tranexamic acid tabs</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	1	
DOPTELET	5	PA; NEDS; SP-Optum Specialty
<i>prasugrel hydrochloride</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	5	PA; NEDS
<i>midodrine hcl</i>	3	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride caps</i>	3	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	

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<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	
<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>	2	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
<i>digitek tabs 0.125mg, 0.25mg</i>	2	
<i>digoxin oral soln</i>	2	
<i>digoxin inj 0.25mg/ml</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	3	
MULTAQ	3	
<i>propafenone hcl</i>	3	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tabs 300mg</i>	3	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tabs</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	3	
<i>atenolol tabs</i>	1	
<i>bisoprolol fumarate</i>	3	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 75mg</i>	3	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	

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<i>nebivolol hydrochloride</i>	3	
<i>pindolol tabs</i>	4	
<i>propranolol hcl er cp24 120mg, 160mg</i>	3	
<i>propranolol hcl soln</i>	3	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	3	
<i>nimodipine caps</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	
<i>diltiazem hcl cd</i>	3	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er cp12</i>	4	
<i>diltiazem hcl er tb24 300mg, 360mg, 420mg</i>	4	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	3	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	3	
<i>tiadytl er</i>	3	
<i>verapamil hcl er cp24 100mg, 300mg</i>	4	
<i>verapamil hcl er tbc 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	4	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	4	
<i>verapamil hydrochloride er tbc 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
Cardiovascular Agents, Other		
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	2	
<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	

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<i>atenolol/chlorthalidone</i>	3	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	3	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
CORLANOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	3	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>ivabradine hydrochloride</i>	4	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	3	
<i>metyrosine</i>	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	4	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	3	
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTURNA HCT TABS 150MG; 12.5MG, 300MG; 12.5MG, 300MG; 25MG	3	
<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>	2	
<i>bumetanide tabs</i>	3	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide oral soln</i>	2	
<i>furosemide inj</i>	4	
<i>toremide tabs</i>	3	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	2	
<i>triamterene caps</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	2	
<i>metolazone</i>	2	

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Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	3	
<i>fenofibrate caps 130mg, 43mg</i>	3	
<i>fenofibrate caps 150mg, 50mg</i>	4	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tabs</i>	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
FLOLIPID	3	
<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	
Dyslipidemics, Other		
<i>cholestyramine light powd</i>	3	
<i>cholestyramine light pack</i>	4	
<i>cholestyramine powd</i>	3	
<i>cholestyramine pack</i>	4	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl pack, tabs</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	PA
<i>prevalite powd</i>	3	
<i>prevalite pack</i>	4	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone</i>	3	
KERENDIA	4	PA
<i>spironolactone tabs</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	
JARDIANCE	3	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tabs</i>	3	

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<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>nitroglycerin transdermal</i>	3	
<i>nitroglycerin soln 0.4mg/spray</i>	4	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	4	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tabs</i>	2	
<i>amphetamine/dextroamphetamine cp24</i>	3	
<i>dextroamphetamine sulfate er</i>	4	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
<i>clonidine hydrochloride er</i>	3	
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	4	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	
<i>dexmethylphenidate hydrochloride cp24</i>	4	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>guanfacine hydrochloride er</i>	3	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	4	
<i>methylphenidate hydrochloride er (la)</i>	4	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	4	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	4	
<i>methylphenidate hydrochloride er tb24</i>	4	
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	4	
<i>methylphenidate hydrochloride tabs</i>	2	
<i>methylphenidate hydrochloride soln</i>	3	
<i>methylphenidate hydrochloride chew</i>	4	
Central Nervous System, Other		
AUSTEDO	5	PA; NEDS; SP-Optum Specialty

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AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 6MG	5	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	5	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	5	QL(90 EA per 30 days); PA; NEDS
COBENFY	5	QL(60 EA per 30 days); PA NSO; NEDS
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO; NEDS
INGREZZA	5	PA; NEDS
NUEDEXTA	3	PA
RADICAVA ORS	5	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	5	PA; NEDS
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA; SP-Optum Specialty
VEOZAH	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AVONEX PEN	5	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BETASERON	5	NEDS; SP-Optum Specialty
<i>dalfampridine er</i>	3	SP-Optum Specialty
<i>dimethyl fumarate</i>	4	SP-Optum Specialty
<i>fingolimod hydrochloride</i>	5	NEDS
<i>glatiramer acetate inj 40mg/ml</i>	5	QL(12 ML per 28 days); NEDS
<i>glatiramer acetate inj 20mg/ml</i>	5	QL(30 ML per 30 days); NEDS
KESIMPTA	5	PA; NEDS; SP-Optum Specialty
MAYZENT	5	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	4	SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	5	NEDS; SP-Optum Specialty
PLEGRIDY	5	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	5	NEDS; SP-Optum Specialty
REBIF	5	ST; NEDS; SP-Optum Specialty
REBIF REBIDOSE	5	ST; NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	5	ST; NEDS; SP-Optum Specialty
REBIF TITRATION PACK	5	ST; NEDS; SP-Optum Specialty
<i>teriflunomide</i>	4	
VUMERITY	5	NEDS; SP-Optum Specialty
ZEPOSIA	5	NEDS
ZEPOSIA 7-DAY STARTER PACK	5	NEDS
ZEPOSIA STARTER KIT	5	NEDS

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Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate soln</i>	1	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm crea</i>	2	
<i>sodium fluoride crea</i>	2	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene gel</i>	4	PA
<i>amnesteem</i>	4	
<i>avita</i>	2	PA
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	4	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>isotretinoin caps</i>	4	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
MYORISAN	4	
NEUAC	4	
<i>rosadan crea</i>	2	
<i>rosadan gel</i>	4	
<i>tazarotene crea 0.1%</i>	3	PA
<i>tazarotene crea 0.05%</i>	4	PA
<i>tazarotene gel</i>	4	PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	3	PA
ZENATANE	4	
<i>Dermatitis and Pruritus Agents</i>		
<i>amcinonide crea</i>	4	
<i>ammonium lactate crea, lotn</i>	2	

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<i>betamethasone dipropionate augmented crea, lotn</i>	2	
<i>betamethasone dipropionate augmented oint</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate crea, lotn</i>	3	
<i>betamethasone dipropionate oint</i>	4	
<i>betamethasone valerate crea, lotn, oint</i>	3	
<i>clobetasol propionate e</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate crea, oint</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL(200 ML per 30 days)
<i>clobetasol propionate sham</i>	3	QL(236 ML per 30 days)
<i>clobetasol propionate gel</i>	3	QL(240 GM per 30 days)
<i>clodan</i>	3	QL(236 ML per 30 days)
<i>desonide crea, oint</i>	3	
<i>desoximetasone crea</i>	4	
DESRX	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide topical</i>	4	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide</i>	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	3	
<i>halobetasol propionate crea, oint</i>	4	
<i>hydrocortisone butyrate oint</i>	3	
<i>hydrocortisone valerate crea</i>	3	
<i>hydrocortisone valerate oint</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	3	
<i>pimecrolimus</i>	4	
<i>prednicarbate oint</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
TRITOCIN	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>Dermatological Agents, Other</i>		
<i>calcipotriene crea</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	4	
<i>clotrimazole/betamethasone dipropionate crea</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>diclofenac sodium gel 3%</i>	3	QL(200 GM per 30 days)
<i>fluorouracil crea 5%</i>	3	
<i>fluorouracil soln</i>	4	
<i>imiquimod crea 5%</i>	3	
<i>imiquimod crea 3.75%</i>	4	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide oint</i>	2	
OTEZLA TABS 20MG, 30MG	5	QL(60 EA per 30 days); PA; NEDS
<i>podofilox</i>	4	
PROCTOFOAM HC	4	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin crea</i>	3	
<i>Topical Anti-infectives</i>		
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, sham, susp</i>	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>ery</i>	4	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin soln 2%</i>	2	
MENTAX	4	
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
<i>mupirocin crea</i>	4	QL(180 GM per 30 days)
SULFAMYLON CREA	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

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Drug Name	Drug Tier	Requirements/Limits
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	3	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	3	PA BvD
<i>carglumic acid</i>	5	PA; NEDS
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 8/10	3	PA BvD
<i>dextrose 10%</i>	2	
<i>dextrose 10%/sodium chloride 0.2%</i>	2	
<i>dextrose 10%/sodium chloride 0.45%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.3%</i>	2	
<i>dextrose 5%/sodium chloride 0.33%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.9%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	2	
<i>dextrose/sodium chloride</i>	2	
<i>effe-r-k tbe-f 25meq</i>	1	
<i>glucose (dextrose) 50%</i>	2	
<i>glucose (dextrose) 70%</i>	2	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con</i>	3	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	

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<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
PLENAMINE	3	PA BvD
<i>potassium chloride er tbc</i>	2	
<i>potassium chloride er cpcr</i>	3	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.225%</i>	2	
<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>	4	
<i>potassium chloride pack, oral soln</i>	3	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	2	
<i>potassium chloride inj 2meq/ml</i>	4	
<i>potassium citrate er</i>	4	
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	3	PA BvD
PROSOL	3	PA BvD
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 4meq/ml</i>	4	
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	3	PA BvD
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	3	PA BvD
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox pack</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	4	SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	4	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	5	NEDS; SP-Optum Specialty
<i>penicillamine tabs</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS
Phosphate Binders		
<i>calcium acetate caps</i>	4	
<i>calcium acetate tabs 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	NEDS
Potassium Binders		
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sps</i>	4	
Vitamins		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<i>vitamin d caps 1.25mg</i>	1	EC
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose soln</i>	2	
LINZESS	3	
<i>lubiprostone</i>	4	
MOVANTIK	3	
OSMOPREP	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA; NEDS
<i>loperamide hcl caps</i>	3	
XERMELO	5	PA; NEDS; SP-Optum Specialty
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	4	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	
Gastrointestinal Agents, Other		
CLENPIQ	3	

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<i>gavilyte-c</i>	3	
<i>gavilyte-g</i>	3	
<i>gavilyte-n/ flavor pack</i>	3	
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	4	QL(30 GM per 30 days)
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
<i>peg-3350/electrolytes</i>	3	
<i>peg-3350/electrolytes/ascorbate</i>	4	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	3	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	4	
RECTIV	4	QL(30 GM per 30 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	4	
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol tabs</i>	4	
VOWST	5	PA; NEDS
XIFAXAN TABS 550MG	5	PA; NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tabs</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tabs</i>	3	
<i>sucralfate susp</i>	4	
Proton Pump Inhibitors		
DEXLANSOPRAZOLE	4	
<i>esomeprazole magnesium cpdr</i>	3	
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	4	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium tbec</i>	2	
<i>rabeprazole sodium</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	NEDS
CHOLBAM	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON	4	
<i>dichlorphenamide</i>	5	PA; NEDS
ENDARI	5	NEDS
<i>l-glutamine</i>	5	NEDS
<i>miglustat</i>	5	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	5	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	5	PA; NEDS; SP-Optum Specialty
PROLASTIN-C	5	PA; NEDS
PYRUKYND	5	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	5	PA; NEDS; SP-Optum Specialty
REVCOVI	5	NEDS
<i>sapropterin dihydrochloride</i>	5	PA; NEDS; SP-Optum Specialty
<i>sodium phenylbutyrate powd, tabs</i>	5	NEDS
SUCRAID	5	NEDS
WELIREG	5	PA NSO; NEDS
<i>yargesa</i>	5	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	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	4	
GEMTESA	4	
<i>mirabegron er</i>	3	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	3	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>oxybutynin chloride tabs 2.5mg</i>	3	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate</i>	4	
<i>tolterodine tartrate er</i>	4	
<i>tropium chloride</i>	3	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	

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<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	3	
ELMIRON	4	
<i>sildenafil citrate tabs 100mg, 25mg, 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>	5	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)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
DEPO-MEDROL	3	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate +rfid</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	3	
<i>hydrocortisone sodium succinate inj 100mg</i>	4	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	
<i>kenalog-10</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 5mg/5ml</i>	3	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml</i>	4	
<i>prednisolone soln, tabs</i>	4	
<i>prednisone tbpk</i>	3	
<i>prednisone soln</i>	4	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
SOLU-CORTEF INJ 100MG	4	

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<i>triamcinolone acetonide inj 40mg/ml</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	4	
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate soln 0.01% (refrigerated)</i>	4	
GENOTROPIN	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP-Optum Specialty
INCRELEX	5	PA; NEDS; SP-Optum Specialty
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump gel 1.62%</i>	3	
<i>testosterone pump gel 1%</i>	4	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	
<i>Estrogens</i>		
<i>amabelz</i>	3	
<i>amethia</i>	4	
<i>apri</i>	2	
<i>ashlyna</i>	4	
<i>aviane</i>	4	
<i>azurette</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	4	
<i>dotti</i>	4	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>estradiol valerate inj</i>	4	
<i>estradiol/norethindrone acetate</i>	3	
<i>estradiol oral tabs</i>	2	
<i>estradiol crea, ptwk</i>	3	
<i>estradiol ptw, vaginal tabs</i>	4	
ESTRING	4	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	4	
<i>finzala</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tabs 5mcg; 1mg</i>	3	
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	4	
<i>haloette</i>	4	
<i>iclevia</i>	4	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>introvale</i>	4	
<i>jinteli</i>	3	
<i>joyeaux</i>	4	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>larin 1.5/30</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol</i>	4	
<i>levora 0.15/30-28</i>	4	
<i>marlissa</i>	4	
<i>mibelas 24 fe</i>	3	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>portia-28</i>	4	
PREMARIN CREA	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
<i>tarina fe 1/20 eq</i>	4	
<i>taysofy</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	4	
<i>turqoz</i>	4	
<i>velivet</i>	4	
<i>vyfemla</i>	4	
<i>xulane</i>	3	
<i>yuvafem</i>	4	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	4	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	2	
<i>gallifrey</i>	3	
<i>heather</i>	2	
LILETTA	3	
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	
<i>megestrol acetate tabs</i>	2	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
NEXPLANON	3	
<i>norethindrone acetate tabs</i>	3	
<i>progesterone caps</i>	3	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tabs</i>	3	
NIVA THYROID TABS 15MG	4	
<i>niva thyroid tabs 120mg, 30mg, 60mg, 90mg</i>	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABS	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline</i>	3	
ELIGARD	4	
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	NEDS
KORLYM	5	QL(120 EA per 30 days); PA; NEDS
<i>lanreotide acetate</i>	5	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
<i>mifepristone tabs 300mg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	4	SP-Optum Specialty
<i>octreotide acetate inj 1000mcg/ml</i>	5	NEDS; SP-Optum Specialty
ORGOVYX	5	PA NSO; NEDS
SIGNIFOR	5	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	5	NEDS
SOMAVERT	5	PA; NEDS; SP-Optum Specialty
SYNAREL	5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA; NEDS
HAEGARDA	5	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
<i>Immunoglobulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS; HI
CUVITRU	5	PA BvD; NEDS
FLEBOGAMMA DIF INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
HIZENTRA	5	PA BvD; NEDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
PRIVIGEN	5	PA BvD; NEDS; HI
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA; NEDS
BENLYSTA	5	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN	5	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	5	PA; NEDS
COSENTYX INJ 125MG/5ML	5	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	PA; NEDS; SP-Optum Specialty
DUPIXENT	5	PA; NEDS; SP-Optum Specialty
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NEDS
RINVOQ	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
RINVOQ LQ	5	QL(360 ML per 30 days); PA; NEDS
SKYRIZI PEN	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 600MG/10ML	5	PA; NEDS
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
TAVNEOS	5	PA; NEDS
XELJANZ XR	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	5	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; NEDS
XOLAIR INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
Immunostimulants		
ACTIMMUNE	5	NEDS; SP-Optum Specialty
BESREMI	5	PA NSO; NEDS
PEGASYS INJ 180MCG/ML	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
Immunosuppressants		
<i>azathioprine tabs 50mg</i>	3	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	4	PA BvD
<i>cyclosporine modified</i>	4	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	4	PA BvD
ENBREL MINI	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENVARUSUS XR TB24 0.75MG, 1MG	4	PA BvD
ENVARUSUS XR TB24 4MG	5	PA BvD; NEDS
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	4	PA BvD
GENGRAF CAPS 100MG, 25MG	4	PA BvD
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
JYLAMVO	5	NEDS
<i>leflunomide</i>	2	
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	3	PA BvD
<i>mycophenolate mofetil susr</i>	5	PA BvD; NEDS
<i>mycophenolic acid dr</i>	4	PA BvD
NULOJIX	5	NEDS
PEGASYS INJ 180MCG/0.5ML	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PROGRAF PACK	4	PA BvD
REZUROCK	5	PA; NEDS
<i>sirolimus tabs</i>	4	PA BvD
<i>sirolimus soln</i>	5	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	PA BvD
TREXALL	4	
XATMEP	4	
Vaccines		
ABRYSVO	6	
ACTHIB INJ 0	6	
ADACEL	6	
AREXVY	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
DENGVAXIA	6	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B	6	PA BvD
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
INFANRIX	6	
IPOL INACTIVATED IPV	6	
IXCHIQ	6	
IXIARO	6	
JYNNEOS	6	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
M-M-R II	6	
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
MRESVIA	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENBRAYA	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
QUADRACEL	6	
RABAVERT	6	
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	
STAMARIL	6	
TDVAX	6	
TENIVAC	6	
TICOVAC	6	
TRUMENBA	6	
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
VAXCHORA	6	
YF-VAX	6	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine enem, kit, supp</i>	4	
<i>sulfasalazine tabs, tbec</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	NEDS
<i>budesonide cpep 3mg</i>	4	
<i>budesonide foam 2mg</i>	4	
CORTIFOAM FOAM	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	3	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride</i>	4	
<i>paricalcitol caps</i>	4	
PROLIA	4	PA
RAYALDEE	5	NEDS
<i>risedronate sodium</i>	3	
<i>risedronate sodium dr</i>	4	
<i>teriparatide</i>	5	PA; NEDS
XGEVA	5	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	2	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>droplet pen needles 29gx10mm</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	2	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	2	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
<i>levocarnitine tabs</i>	4	
NUTRILIPID	3	PA BvD
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	4	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	

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OMNIPOD 5 LIBRE2 PLUS G6	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
OMNIPOD GO 10 UNITS/DAY	4	
OMNIPOD GO 15 UNITS/DAY	4	
OMNIPOD GO 20 UNITS/DAY	4	
OMNIPOD GO 25 UNITS/DAY	4	
OMNIPOD GO 30 UNITS/DAY	4	
OMNIPOD GO 35 UNITS/DAY	4	
OMNIPOD GO 40 UNITS/DAY	4	
<i>sodium chloride 0.9%</i>	3	
<i>sterile water for irrigation</i>	2	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	2	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	2	
<i>trueplus pen needles 29gx12mm</i>	2	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	4	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	4	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride</i>	2	
<i>cyclosporine emul 0.05%</i>	4	
CYSTARAN	5	NEDS
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone susp</i>	2	
<i>neomycin/polymyxin/dexamethasone oint</i>	3	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	

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

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

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<i>neomycin/polymyxin/hc</i>	4	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	PA BvD
FLOVENT DISKUS AEPB 100MCG/BLIST	4	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(720 EA per 90 days); ST
FLOVENT DISKUS AEPB 50MCG/BLIST	4	ST
<i>flunisolide soln 0.025%</i>	3	QL(150 ML per 90 days)
<i>fluticasone propionate diskus aepb 100mcg/act</i>	4	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	4	QL(720 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 50mcg/act</i>	4	ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	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>	3	QL(102 GM per 90 days)
QVAR REDIHALER	3	QL(63.6 GM per 90 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(120 ML per 90 days)
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	3	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>levocetirizine dihydrochloride tabs</i>	2	
<i>Antileukotrienes</i>		
<i>montelukast sodium chew, pack, tabs</i>	2	
<i>zafirlukast</i>	4	
<i>Bronchodilators, Anticholinergic</i>		
<i>atrovent hfa</i>	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	3	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	3	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
LONHALA MAGNAIR STARTER KIT	5	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)

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Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(51 GM per 90 days)
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate syrp, tabs</i>	4	
<i>arformoterol tartrate</i>	4	PA BvD
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(2 EA per 1 days)
<i>formoterol fumarate nebu</i>	4	PA BvD
<i>levalbuterol hcl nebu</i>	4	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	PA BvD
<i>levalbuterol nebu</i>	4	PA BvD
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA; NEDS
KALYDECO TABS	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	5	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
PULMOZYME	5	PA BvD; NEDS; SP-Optum Specialty
TOBI PODHALER	5	NEDS; SP-Optum Specialty
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
Phosphodiesterase Inhibitors, Airways Disease		
<i>elixophyllin</i>	2	
<i>roflumilast</i>	4	
<i>theophylline er tb24</i>	3	
<i>theophylline er tb12</i>	4	
<i>theophylline elix</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; NEDS
<i>alyq</i>	4	PA; SP-Optum Specialty
<i>ambrisentan</i>	5	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	5	PA; NEDS; SP-Optum Specialty
OPSUMIT	5	PA; NEDS

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ORENITRAM TITRATION KIT MONTH 1	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	4	PA; SP-Optum Specialty
TRACLEER TBSO	5	PA; NEDS; SP-Optum Specialty
VENTAVIS	5	PA; NEDS
Pulmonary Fibrosis Agents		
OFEV	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	4	PA BvD
ANORO ELLIPTA	3	QL(180 EA per 90 days)
<i>benzonatate</i>	2	EC
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	4	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
BRONCHITOL	5	NEDS
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
FASENRA PEN	5	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	4	PA
FASENRA INJ 30MG/ML	5	PA; NEDS
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	3	QL(3 EA per 90 days)
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>ipratropium bromide/albuterol sulfate</i>	2	PA BvD
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
<i>promethazine/phenylephrine/codeine</i>	2	EC
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)

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<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs</i>	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	
<i>eszopiclone</i>	2	
<i>flurazepam hcl</i>	2	
<i>flurazepam hydrochloride</i>	2	
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA; NEDS
<i>temazepam caps 15mg, 30mg, 7.5mg</i>	2	
<i>triazolam</i>	3	
<i>zaleplon</i>	2	
<i>zolpidem tartrate tabs</i>	2	
Wakefulness Promoting Agents		
<i>armodafinil</i>	3	PA
<i>modafinil tabs</i>	2	PA
<i>sodium oxybate</i>	5	PA; NEDS

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		<i>amlodipine besylate/atorvastatin calcium</i>	33
		<i>amlodipine besylate/benazepril hydrochloride</i>	33
		<i>amlodipine besylate/valsartan</i>	33
		<i>amlodipine/olmesartan medoxomil</i>	33
		<i>amlodipine/valsartan/hydrochlorothiazide</i>	33
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		<i>amphetamine/dextroamphetamine</i>	36
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<i>acamprosate calcium dr</i>	5		
<i>acarbose</i>	28		
<i>accutane</i>	38		
<i>acebutolol hydrochloride</i>	32		
<i>acetaminophen/codeine</i>	4		
<i>acetazolamide</i>	58		
<i>acetazolamide er</i>	58		
<i>acetic acid</i>	58		
<i>acetic acid 0.25%</i>	46		
<i>acetylcysteine</i>	61		
<i>acitretin</i>	38		
ACTHIB	53		
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<i>acyclovir</i>	27		
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ADACEL	53		
<i>adapalene</i>	38		
<i>adefovir dipivoxil</i>	25		
ADEMPAS	60		
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<i>arformoterol tartrate</i>	60	BALVERSA	17
ARIKAYCE	5	<i>balziva</i>	47
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ARISTADA INITIO	24	<i>bd insulin syringe safetyglide/1ml/29g x</i>	55
<i>armodafinil</i>	62	<i>1/2"</i>	
ARMOUR THYROID	49	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	55
<i>asenapine maleate sl</i>	24	<i>5/16"</i>	
<i>ashlyna</i>	47	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	55
<i>aspirin/dipyridamole er</i>	31	<i>12.7mm</i>	
<i>atazanavir</i>	27	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	55
<i>atazanavir sulfate</i>	27	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	55
<i>atenolol</i>	32	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	55
<i>atenolol/chlorthalidone</i>	34	<i>bd pen needle/original/ultra-fine/29g x</i>	55
<i>atomoxetine</i>	36	<i>12.7mm</i>	
<i>atomoxetine hydrochloride</i>	36	BELSOMRA	62
<i>atorvastatin calcium</i>	35	<i>benazepril hcl</i>	32
<i>atovaquone</i>	22	<i>benazepril hydrochloride</i>	32
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<i>briellyn</i>	47	CAPRELSA	18
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<i>brimonidine tartrate/timolol maleate</i>	56	<i>carbamazepine er</i>	10
<i>brinzolamide</i>	58	<i>carbidopa</i>	23
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<i>buprenorphine hcl/naloxone hcl</i>	5	<i>cefazolin sodium/dextrose</i>	7
<i>buprenorphine hydrochloride/naloxone</i>	5	<i>cefazolin/dextrose</i>	7
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<i>bupropion hydrochloride</i>	11	<i>cefepime hydrochloride</i>	7
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<i>ceftriaxone sodium</i>	7	CLINIMIX 8/10	41
<i>ceftriaxone/dextrose</i>	7	CLINIMIX E 8/10	41
<i>cefuroxime axetil</i>	7	<i>clobazam</i>	10
<i>cefuroxime sodium</i>	7	<i>clobetasol propionate</i>	39
<i>celecoxib</i>	3	<i>clobetasol propionate e</i>	39
<i>cephalexin</i>	7	<i>clodan</i>	39
<i>cevimeline hydrochloride</i>	38	<i>clomipramine hydrochloride</i>	12
CHEMET	42	<i>clonazepam</i>	10
<i>chlorhexidine gluconate</i>	38	<i>clonazepam odt</i>	10
<i>chloroquine phosphate</i>	22	<i>clonidine</i>	31
<i>chlorpromazine hcl</i>	23	<i>clonidine hydrochloride</i>	31
<i>chlorpromazine hydrochloride</i>	23	<i>clonidine hydrochloride er</i>	36
<i>chlorthalidone</i>	34	<i>clopidogrel</i>	31
CHOLBAM	44	<i>clorazepate dipotassium</i>	28
<i>cholestyramine</i>	35	<i>clotrimazole</i>	13
<i>cholestyramine light</i>	35	<i>clotrimazole/betamethasone dipropionate</i>	40
<i>ciclopirox</i>	40	<i>clozapine</i>	25
<i>ciclopirox nail lacquer</i>	40	<i>clozapine odt</i>	25
<i>ciclopirox olamine</i>	40	COARTEM	22
<i>cidofovir</i>	25	COBENFY	37
<i>cilostazol</i>	31	COBENFY STARTER PACK	37
CIMDUO	26	<i>codeine sulfate</i>	4
<i>cimetidine</i>	44	<i>colchicine</i>	14
<i>cinacalcet hydrochloride</i>	55	<i>colestipol hcl</i>	35
<i>ciprofloxacin</i>	8	<i>colistimethate sodium</i>	6
<i>ciprofloxacin</i>	58	COMBIVENT RESPIMAT	61
<i>ciprofloxacin hcl</i>	8	COMETRIQ	18
<i>ciprofloxacin hydrochloride</i>	8	COMPLERA	26
<i>ciprofloxacin hydrochloride</i>	57	<i>constulose</i>	43
<i>ciprofloxacin i.v.-in d5w</i>	8	COPIKTRA	18
<i>ciprofloxacin/dexamethasone</i>	58	CORLANOR	34
<i>citalopram hydrobromide</i>	12	CORTIFOAM	54
<i>claravis</i>	38	CORTISPORIN-TC	58
<i>clarithromycin</i>	8	COSENTYX	51
<i>clarithromycin er</i>	8	COSENTYX SENSOREADY PEN	51
CLENPIQ	43	COSENTYX UNOREADY	51
<i>clindacin-p</i>	6	COTELLIC	18
<i>clindamycin hcl</i>	6	CREON	45
<i>clindamycin hydrochloride</i>	6	<i>cromolyn sodium</i>	45
<i>clindamycin palmitate hydrochloride</i>	6	<i>cromolyn sodium</i>	57
<i>clindamycin phosphate</i>	6	<i>cromolyn sodium</i>	60
<i>clindamycin phosphate</i>	40	<i>curity gauze pads 2"x2" 12 ply</i>	55
<i>clindamycin phosphate/benzoyl peroxide</i>	38	CUVITRU	51
<i>clindamycin/benzoyl peroxide</i>	38	<i>cyanocobalamin</i>	43
CLINIMIX 6/5	41	<i>cyclobenzaprine hydrochloride</i>	62

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<i>cyclopentolate hcl</i>	56	<i>dexmethylphenidate hcl</i>	36
<i>cyclopentolate hydrochloride</i>	56	<i>dexmethylphenidate hcl er</i>	36
<i>cyclophosphamide</i>	15	<i>dexmethylphenidate hydrochloride</i>	36
<i>cyclosporine</i>	52	<i>dexmethylphenidate hydrochloride er</i>	36
<i>cyclosporine</i>	56	<i>dextroamphetamine sulfate</i>	36
<i>cyclosporine modified</i>	52	<i>dextroamphetamine sulfate er</i>	36
<i>cyproheptadine hcl</i>	59	<i>dextrose 10%</i>	41
<i>cyproheptadine hydrochloride</i>	59	<i>dextrose 10%/sodium chloride 0.2%</i>	41
CYSTAGON	45	<i>dextrose 10%/sodium chloride 0.45%</i>	41
CYSTARAN	56	<i>dextrose 2.5%/sodium chloride 0.45%</i>	41
<i>dabigatran etexilate</i>	30	<i>dextrose 5%</i>	41
<i>dalfampridine er</i>	37	<i>dextrose 5%/sodium chloride 0.2%</i>	41
<i>danazol</i>	47	<i>dextrose 5%/sodium chloride 0.3%</i>	41
<i>dantrolene sodium</i>	25	<i>dextrose 5%/sodium chloride 0.33%</i>	41
DANZITEN	18	<i>dextrose 5%/sodium chloride 0.45%</i>	41
<i>dapsone</i>	15	<i>dextrose 5%/sodium chloride 0.9%</i>	41
DAPTACEL	53	<i>dextrose 50%</i>	41
<i>daptomycin</i>	6	<i>dextrose 70%</i>	41
<i>daptomycin/sodium chloride</i>	6	<i>dextrose/sodium chloride</i>	41
<i>darifenacin hydrobromide er</i>	45	DIACOMIT	10
<i>darunavir</i>	27	<i>diazepam</i>	28
DARZALEX	22	<i>diazepam intensol</i>	28
<i>dasatinib</i>	18	<i>diazepam rectal gel</i>	10
DAURISMO	18	<i>diazoxide</i>	29
<i>deblitane</i>	49	<i>dichlorphenamide</i>	45
<i>deferasirox</i>	43	<i>diclofenac epolamine</i>	3
DELSTRIGO	26	<i>diclofenac potassium</i>	3
DENGVAXIA	53	<i>diclofenac sodium</i>	3
DEPO-MEDROL	46	<i>diclofenac sodium</i>	40
DEPO-SUBQ PROVERA 104	49	<i>diclofenac sodium</i>	57
DESCOVY	26	<i>diclofenac sodium dr</i>	3
<i>desipramine hydrochloride</i>	13	<i>diclofenac sodium er</i>	3
<i>desloratadine</i>	59	<i>dicloxacillin sodium</i>	7
<i>desmopressin acetate</i>	47	<i>dicyclomine hcl</i>	43
<i>desogestrel/ethinyl estradiol</i>	47	<i>dicyclomine hydrochloride</i>	43
<i>desonide</i>	39	DIFICID	8
<i>desoximetasone</i>	39	<i>diflunisal</i>	3
DESRX	39	<i>difluprednate</i>	57
<i>desvenlafaxine er</i>	12	<i>digitek</i>	32
<i>dexamethasone</i>	46	<i>digoxin</i>	32
<i>dexamethasone intensol</i>	46	<i>dihydroergotamine mesylate</i>	14
<i>dexamethasone sodium phosphate</i>	46	<i>diltiazem hcl</i>	33
<i>dexamethasone sodium phosphate</i>	57	<i>diltiazem hcl cd</i>	33
<i>dexamethasone sodium phosphate +rfid</i>	46	<i>diltiazem hcl er</i>	33
DEXLANSOPRAZOLE	44	<i>diltiazem hydrochloride</i>	33

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<i>dilt-xr</i>	33	<i>effer-k</i>	41
<i>dimethyl fumarate</i>	37	ELIGARD	50
<i>diphenhydramine hydrochloride</i>	59	ELIQUIS	30
DIPHThERIA/TETANUS TOXOIDS	53	ELIQUIS STARTER PACK	30
ADSORBED PEDIATRIC		<i>elixophyllin</i>	60
<i>disulfiram</i>	5	ELMIRON	46
<i>divalproex sodium dr</i>	10	<i>eluryng</i>	47
<i>divalproex sodium er</i>	10	EMCYT	16
<i>docetaxel</i>	16	EMGALITY	14
<i>dofetilide</i>	32	EMSAM	12
<i>donepezil hcl</i>	11	<i>emtricitabine</i>	26
<i>donepezil hydrochloride</i>	11	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
DOPTLET	31	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
<i>dorzolamide hcl/timolol maleate</i>	56	EMTRIVA	26
<i>dorzolamide hydrochloride</i>	58	<i>enalapril maleate</i>	32
<i>dorzolamide hydrochloride/timolol maleate</i>	56	<i>enalapril maleate/hydrochlorothiazide</i>	34
<i>pf</i>		ENBREL	52
<i>dotti</i>	47	ENBREL MINI	52
DOVATO	25	ENBREL SURECLICK	52
<i>doxazosin mesylate</i>	46	ENDARI	45
<i>doxepin hcl</i>	13	<i>endocet</i>	4
<i>doxepin hydrochloride</i>	13	ENGERIX-B	53
DOXY 100	8	<i>enilloring</i>	47
<i>doxycycline</i>	9	<i>enoxaparin sodium</i>	30
<i>doxycycline hyclate</i>	8	<i>entacapone</i>	23
<i>doxycycline monohydrate</i>	9	<i>entecavir</i>	25
DRIZALMA SPRINKLE	12	ENTRESTO	34
<i>dronabinol</i>	13	<i>enulose</i>	43
<i>droplet pen needles 29gx10mm</i>	55	ENVARUSUS XR	52
<i>drospirenone/ethinyl estradiol</i>	47	EPIDIOLEX	9
DROXIA	16	<i>epinastine hcl</i>	57
<i>droxidopa</i>	31	<i>epinephrine</i>	60
<i>duloxetine hcl</i>	12	<i>epitol</i>	10
<i>duloxetine hydrochloride</i>	12	<i>eplerenone</i>	35
DUPIXENT	51	EPRONTIA	9
<i>dutasteride</i>	46	<i>ergotamine tartrate/caffeine</i>	14
<i>dutasteride/tamsulosin hydrochloride</i>	46	ERIVEDGE	18
<i>ec-naproxen</i>	3	ERLEADA	15
<i>econazole nitrate</i>	13	<i>erlotinib hydrochloride</i>	18
EDURANT	26	<i>errin</i>	49
<i>efavirenz</i>	26	<i>ertapenem</i>	8
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	26	<i>ertapenem sodium</i>	8
		<i>ery</i>	40

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<i>erythromycin</i>	40	FINTEPLA	9
<i>erythromycin</i>	57	<i>finzala</i>	47
<i>erythromycin dr</i>	8	FIRMAGON	50
<i>erythromycin ethylsuccinate</i>	8	<i>flac</i>	58
<i>escitalopram oxalate</i>	12	FLAREX	57
<i>esomeprazole magnesium</i>	44	FLEBOGAMMA DIF	51
<i>estradiol</i>	47	<i>flecainide acetate</i>	32
<i>estradiol valerate</i>	47	FLOLIPID	35
<i>estradiol/norethindrone acetate</i>	47	FLOVENT DISKUS	59
ESTRING	47	<i>fluconazole</i>	13
<i>eszopiclone</i>	62	<i>fluconazole in sodium chloride</i>	13
<i>ethacrynic acid</i>	34	<i>flucytosine</i>	13
<i>ethambutol hydrochloride</i>	15	<i>fludrocortisone acetate</i>	46
<i>ethosuximide</i>	9	<i>flunisolide</i>	59
<i>etodolac</i>	3	<i>fluocinolone acetonide</i>	39
<i>etodolac er</i>	3	<i>fluocinolone acetonide</i>	58
<i>etonogestrel/ethinyl estradiol</i>	47	<i>fluocinolone acetonide body</i>	39
<i>etravirine</i>	26	<i>fluocinolone acetonide scalp</i>	39
<i>euthyrox</i>	49	<i>fluocinolone acetonide topical</i>	39
<i>everolimus</i>	18	<i>fluocinonide</i>	39
<i>everolimus</i>	52	<i>fluocinonide emulsified base</i>	39
EVOTAZ	27	<i>fluorometholone</i>	57
<i>exemestane</i>	17	<i>flurouracil</i>	40
EXKIVITY	18	<i>fluoxetine dr</i>	12
<i>ezetimibe</i>	35	<i>fluoxetine hydrochloride</i>	12
<i>ezetimibe/simvastatin</i>	35	<i>fluphenazine decanoate</i>	23
<i>falmina</i>	47	<i>fluphenazine hcl</i>	23
<i>famciclovir</i>	27	<i>fluphenazine hydrochloride</i>	23
<i>famotidine</i>	44	<i>flurazepam hcl</i>	62
FANAPT	24	<i>flurazepam hydrochloride</i>	62
FANAPT TITRATION PACK	24	<i>flurbiprofen</i>	3
FARXIGA	35	<i>flurbiprofen sodium</i>	57
FASENRA	61	<i>flutamide</i>	15
FASENRA PEN	61	<i>fluticasone propionate</i>	39
<i>felbamate</i>	9	<i>fluticasone propionate</i>	59
<i>felodipine er</i>	33	<i>fluticasone propionate diskus</i>	59
<i>fenofibrate</i>	35	<i>fluticasone propionate hfa</i>	59
<i>fenofibrate micronized</i>	35	<i>fluticasone propionate/salmeterol</i>	61
<i>fenofibric acid dr</i>	35	<i>fluticasone propionate/salmeterol diskus</i>	61
<i>fentanyl</i>	3	<i>fluvastatin</i>	35
<i>fentanyl citrate oral transmucosal</i>	4	<i>fluvastatin sodium er</i>	35
FETZIMA	12	<i>flvoxamine maleate</i>	12
FETZIMA TITRATION PACK	12	<i>folic acid</i>	43
<i>finasteride</i>	46	<i>fondaparinux sodium</i>	30
<i>fingolimod hydrochloride</i>	37	<i>formoterol fumarate</i>	60

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<i>fosinopril sodium</i>	32	LOW BLOOD SUGAR	
<i>fosinopril sodium/hydrochlorothiazide</i>	34	<i>glucose (dextrose) 50%</i>	41
FOTIVDA	18	<i>glucose (dextrose) 70%</i>	41
FRAGMIN	30	<i>glyburide</i>	28
FRUZAQLA	18	<i>glyburide micronized</i>	28
<i>furosemide</i>	34	<i>glyburide/metformin hydrochloride</i>	28
FUZEON	27	<i>glycopyrrolate</i>	43
<i>fyavolv</i>	48	<i>glydo</i>	4
FYCOMPA	9	GLYXAMBI	28
<i>gabapentin</i>	10	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	55
<i>galantamine hydrobromide</i>	11	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	55
<i>galantamine hydrobromide er</i>	11	<i>granisetron hydrochloride</i>	13
<i>gallifrey</i>	49	<i>griseofulvin microsize</i>	14
GAMMAGARD LIQUID	51	<i>griseofulvin ultramicrosize</i>	14
GAMMAPLEX	51	<i>guanfacine hydrochloride er</i>	36
GARDASIL 9	53	GVOKE HYPOPEN 1-PACK	29
<i>gatifloxacin</i>	57	GVOKE HYPOPEN 2-PACK	29
<i>gauze pads 2"x2"</i>	55	GVOKE KIT	29
<i>gavilyte-c</i>	44	GVOKE PFS	29
<i>gavilyte-g</i>	44	HAEGARDA	50
<i>gavilyte-n/flavor pack</i>	44	<i>halobetasol propionate</i>	39
GAVRETO	18	<i>haloette</i>	48
<i>gefitinib</i>	18	<i>haloperidol</i>	23
<i>gemfibrozil</i>	35	<i>haloperidol decanoate</i>	23
GEMTESA	45	<i>haloperidol lactate</i>	23
<i>generlac</i>	43	HAVRIX	53
GENGRAF	52	<i>heather</i>	49
GENOTROPIN	47	<i>heparin sodium</i>	30
GENOTROPIN MINIQUICK	47	<i>heparin sodium/d5w</i>	30
<i>gentak</i>	57	HEPLISAV-B	53
<i>gentamicin sulfate</i>	5	HIBERIX	53
<i>gentamicin sulfate</i>	57	HIZENTRA	51
<i>gentamicin sulfate/0.9% sodium chloride</i>	5	HUMALOG	29
GENVOYA	25	HUMALOG JUNIOR KWIKPEN	29
GILOTRIF	18	HUMALOG KWIKPEN	29
<i>glatiramer acetate</i>	37	HUMALOG MIX 50/50	29
GLEOSTINE	15	HUMALOG MIX 50/50 KWIKPEN	29
<i>glimepiride</i>	28	HUMALOG MIX 75/25	29
<i>glipizide</i>	28	HUMALOG MIX 75/25 KWIKPEN	29
<i>glipizide er</i>	28	HUMIRA	53
<i>glipizide/metformin hydrochloride</i>	28	HUMIRA PEDIATRIC CROHNS	52
GLOPERBA	14	DISEASE STARTER PACK	
GLUCAGEN HYPOKIT	29	HUMIRA PEN	52
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STARTER PACK		<i>imipramine hcl</i>	13
HUMIRA PEN-PS/UV STARTER	52	<i>imipramine hydrochloride</i>	13
HUMULIN 70/30	29	<i>imiquimod</i>	40
HUMULIN 70/30 KWIKPEN	29	IMKELDI	19
HUMULIN N	29	IMOVAX RABIES (H.D.C.V.)	53
HUMULIN N KWIKPEN	29	IMPAVIDO	6
HUMULIN R	29	IMVEXXY MAINTENANCE PACK	48
HUMULIN R U-500 (CONCENTRATED)	30	IMVEXXY STARTER PACK	48
HUMULIN R U-500 KWIKPEN	30	INCRELEX	47
<i>hydralazine hcl</i>	36	INCRUSE ELLIPTA	59
<i>hydralazine hydrochloride</i>	36	<i>indapamide</i>	34
<i>hydrochlorothiazide</i>	34	<i>indomethacin</i>	3
<i>hydrocodone bitartrate/acetaminophen</i>	4	INFANRIX	53
<i>hydrocodone bitartrate/homatropine</i>	61	INGREZZA	37
<i>methylbromide</i>		INLYTA	19
<i>hydrocodone polistirex/chlorpheniramine</i>	61	INQOVI	19
<i>polistirex</i>		INREBIC	16
<i>hydrocodone/acetaminophen</i>	4	<i>insulin lispro</i>	30
<i>hydrocortisone</i>	39	<i>insulin lispro junior kwikpen</i>	30
<i>hydrocortisone</i>	46	<i>insulin lispro kwikpen</i>	30
<i>hydrocortisone</i>	55	<i>insulin lispro protamine/insulin lispro</i>	30
<i>hydrocortisone butyrate</i>	39	<i>kwikpen</i>	
<i>hydrocortisone sodium succinate</i>	46	INTELENCE	26
<i>hydrocortisone valerate</i>	39	INTRALIPID	55
<i>hydrocortisone/acetic acid</i>	58	<i>introvale</i>	48
<i>hydromorphone hcl</i>	4	INVEGA HAFYERA	24
<i>hydromorphone hcl er</i>	3	INVEGA SUSTENNA	24
<i>hydroxychloroquine sulfate</i>	22	INVEGA TRINZA	24
<i>hydroxyurea</i>	16	IPOL INACTIVATED IPV	53
<i>hydroxyzine hcl</i>	59	<i>ipratropium bromide</i>	59
<i>hydroxyzine hydrochloride</i>	59	<i>ipratropium bromide/albuterol sulfate</i>	61
<i>hydroxyzine pamoate</i>	59	<i>irbesartan</i>	31
IBRANCE	16	<i>irbesartan/hydrochlorothiazide</i>	34
IBRANCE	18	ISENTRESS	25
<i>ibu</i>	3	ISENTRESS HD	25
<i>ibuprofen</i>	3	<i>isoniazid</i>	15
<i>icatibant acetate</i>	50	<i>isosorbide dinitrate</i>	35
<i>iclevia</i>	48	<i>isosorbide mononitrate</i>	36
ICLUSIG	18	<i>isosorbide mononitrate er</i>	36
<i>icosapent ethyl</i>	35	<i>isotonic gentamicin</i>	5
IDHIFA	18	<i>isotretinoin</i>	38
ILEVRO	57	ITOVEBI	16
<i>imatinib mesylate</i>	18	<i>itraconazole</i>	14
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IXCHIQ	53	<i>klor-con m15</i>	42
IXIARO	53	<i>klor-con m20</i>	42
JAKAFI	19	<i>klor-con/ef</i>	42
<i>jantoven</i>	30	KORLYM	50
JANUMET	28	KOSELUGO	19
JANUMET XR	28	<i>kourzeq</i>	38
JANUVIA	28	<i>k-prime</i>	41
JARDIANCE	35	KRAZATI	19
JAYPIRCA	19	KYNMOBI	23
JENTADUETO	28	KYPROLIS	17
JENTADUETO XR	28	<i>labetalol hydrochloride</i>	32
<i>jinteli</i>	48	<i>lacosamide</i>	10
<i>joyeaux</i>	48	<i>lactated ringers</i>	42
JULUCA	26	<i>lactulose</i>	43
<i>junel 1.5/30</i>	48	LAGEVRIO	28
<i>junel 1/20</i>	48	<i>lamivudine</i>	25
<i>junel fe 1.5/30</i>	48	<i>lamivudine</i>	26
<i>junel fe 1/20</i>	48	<i>lamivudine/zidovudine</i>	26
<i>junel fe 24</i>	48	<i>lamotrigine</i>	9
JYLAMVO	53	<i>lamotrigine er</i>	9
JYNNEOS	53	<i>lamotrigine odt</i>	9
KALYDECO	60	<i>lamotrigine starter kit/blue</i>	9
<i>kariva</i>	48	<i>lamotrigine starter kit/green</i>	9
<i>kcl 0.075%/d5w/nacl 0.45%</i>	41	<i>lamotrigine starter kit/orange</i>	9
<i>kcl 0.15%/d5w/nacl 0.2%</i>	41	<i>lanreotide acetate</i>	50
<i>kcl 0.15%/d5w/nacl 0.45%</i>	41	<i>lansoprazole</i>	44
<i>kcl 0.15%/d5w/nacl 0.9%</i>	41	LANTUS	30
<i>kcl 0.3%/d5w/nacl 0.45%</i>	41	LANTUS SOLOSTAR	30
<i>kcl 0.3%/d5w/nacl 0.9%</i>	41	<i>lapatinib ditosylate</i>	19
<i>kelnor 1/35</i>	48	<i>larin 1.5/30</i>	48
<i>kenalog-10</i>	46	<i>larin 1/20</i>	48
KERENDIA	35	<i>larin fe 1.5/30</i>	48
KESIMPTA	37	<i>larin fe 1/20</i>	48
<i>ketoconazole</i>	14	<i>latanoprost</i>	58
<i>ketorolac tromethamine</i>	57	LAZCLUZE	16
KINRIX	54	<i>leflunomide</i>	53
KISQALI	19	<i>lenalidomide</i>	16
KISQALI FEMARA 200 DOSE	16	LENVIMA 10 MG DAILY DOSE	19
KISQALI FEMARA 400 DOSE	16	LENVIMA 12MG DAILY DOSE	19
KISQALI FEMARA 600 DOSE	16	LENVIMA 14 MG DAILY DOSE	19
<i>klayesta</i>	14	LENVIMA 18 MG DAILY DOSE	19
<i>klor-con</i>	41	LENVIMA 20 MG DAILY DOSE	19
<i>klor-con 10</i>	41	LENVIMA 24 MG DAILY DOSE	19

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LENVIMA 4 MG DAILY DOSE	19	LIVTENCITY	25
LENVIMA 8 MG DAILY DOSE	19	LOKELMA	43
<i>lessina</i>	48	LONHALA MAGNAIR REFILL KIT	59
<i>letrozole</i>	17	LONHALA MAGNAIR STARTER KIT	59
<i>leucovorin calcium</i>	17	LONSURF	17
LEUKERAN	15	<i>loperamide hcl</i>	43
<i>leuprolide acetate</i>	50	<i>lopinavir/ritonavir</i>	27
<i>levabuterol</i>	60	<i>lorazepam</i>	28
<i>levabuterol hcl</i>	60	<i>lorazepam intensol</i>	28
<i>levabuterol hydrochloride</i>	60	LORBRENA	19
LEVEMIR FLEXTOUCH	30	<i>losartan potassium</i>	31
<i>levetiracetam</i>	9	<i>losartan potassium/hydrochlorothiazide</i>	34
<i>levetiracetam er</i>	9	LOTEMAX	58
<i>levobunolol hcl</i>	58	<i>loteprednol etabonate</i>	58
<i>levocarnitine</i>	55	<i>lovastatin</i>	35
<i>levocetirizine dihydrochloride</i>	59	<i>loxapine</i>	23
<i>levofloxacin</i>	8	<i>lubiprostone</i>	43
<i>levofloxacin</i>	57	LUMAKRAS	19
<i>levofloxacin in d5w</i>	8	LUMIGAN	58
<i>levonest</i>	48	LUPRON DEPOT (1-MONTH)	50
<i>levonorgestrel and ethinyl estradiol</i>	48	LUPRON DEPOT (3-MONTH)	50
<i>levonorgestrel/ethinyl estradiol</i>	48	LUPRON DEPOT (4-MONTH)	50
<i>levora 0.15/30-28</i>	48	LUPRON DEPOT (6-MONTH)	50
<i>levo-t</i>	49	<i>lurasidone hydrochloride</i>	24
<i>levothyroxine sodium</i>	49	LYBALVI	24
<i>levoxyl</i>	49	LYNPARZA	19
LEXIVA	27	LYSODREN	17
<i>l-glutamine</i>	45	LYTGOBI	19
LIBERVANT	10	<i>magnesium sulfate</i>	42
<i>lidocaine</i>	4	<i>malathion</i>	40
<i>lidocaine hcl</i>	4	<i>maraviroc</i>	27
<i>lidocaine hcl jelly</i>	4	<i>marlissa</i>	48
<i>lidocaine hydrochloride</i>	4	MARPLAN	12
<i>lidocaine hydrochloride viscous</i>	38	MATULANE	15
<i>lidocaine viscous</i>	38	<i>matzim la</i>	33
<i>lidocaine/prilocaine</i>	4	MAVYRET	25
LILETTA	49	MAYZENT	37
<i>linezolid</i>	6	MAYZENT STARTER PACK	37
LINZESS	43	<i>meclizine hcl</i>	13
<i>liothyronine sodium</i>	50	<i>medroxyprogesterone acetate</i>	49
<i>lisinopril</i>	32	<i>mefloquine hydrochloride</i>	22
<i>lisinopril/hydrochlorothiazide</i>	34	<i>megestrol acetate</i>	49
<i>lithium</i>	28	MEKINIST	19
<i>lithium carbonate</i>	28	MEKTOVI	20
<i>lithium carbonate er</i>	28	<i>meloxicam</i>	3

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<i>memantine hcl titration pak</i>	11	<i>miconazole 3</i>	14
<i>memantine hydrochloride</i>	11	<i>microgestin 1.5/30</i>	48
<i>memantine hydrochloride er</i>	11	<i>microgestin 1/20</i>	48
<i>memantine/donepezil hydrochloride er</i>	11	<i>microgestin fe 1.5/30</i>	48
MENACTRA	54	<i>microgestin fe 1/20</i>	48
MENQUADFI	54	<i>midodrine hcl</i>	31
MENTAX	40	<i>mifepristone</i>	50
MENVEO	54	<i>miglitol</i>	29
<i>mercaptapurine</i>	16	<i>miglustat</i>	45
<i>meropenem</i>	8	<i>minocycline hcl</i>	9
<i>mesalamine</i>	54	<i>minocycline hydrochloride</i>	9
<i>mesalamine dr</i>	54	<i>minoxidil</i>	36
<i>mesalamine er</i>	54	<i>mirabegron er</i>	45
<i>mesna</i>	22	<i>mirtazapine</i>	11
MESNEX	22	<i>mirtazapine odt</i>	11
<i>metformin hydrochloride</i>	28	<i>misoprostol</i>	44
<i>metformin hydrochloride er</i>	28	M-M-R II	54
<i>methadone hcl</i>	3	<i>modafinil</i>	62
<i>methazolamide</i>	58	<i>moexipril hcl</i>	32
<i>methenamine hippurate</i>	6	<i>molindone hydrochloride</i>	23
<i>methenamine mandelate</i>	6	<i>mometasone furoate</i>	39
<i>methimazole</i>	50	<i>mometasone furoate</i>	59
<i>methotrexate</i>	53	<i>mondoxyne nl</i>	9
<i>methotrexate sodium</i>	53	<i>montelukast sodium</i>	59
<i>methsuximide</i>	9	<i>morphine sulfate</i>	4
<i>methylphenidate hydrochloride</i>	36	<i>morphine sulfate er</i>	3
<i>methylphenidate hydrochloride cd</i>	36	MOUNJARO	29
<i>methylphenidate hydrochloride er</i>	36	MOVANTIK	43
<i>methylphenidate hydrochloride er (la)</i>	36	<i>moxifloxacin hydrochloride/sodium</i>	8
<i>methylprednisolone</i>	46	<i>hydrochloride</i>	
<i>methylprednisolone acetate</i>	46	<i>moxifloxacin hydrochloride</i>	8
<i>methylprednisolone dose pack</i>	46	<i>moxifloxacin hydrochloride</i>	57
<i>metoclopramide hcl</i>	44	MOZOBIL	31
<i>metoclopramide hydrochloride</i>	44	MRESVIA	54
<i>metolazone</i>	34	MULTAQ	32
<i>metoprolol succinate er</i>	32	<i>mupirocin</i>	40
<i>metoprolol tartrate</i>	32	<i>mycophenolate mofetil</i>	53
<i>metoprolol/hydrochlorothiazide</i>	34	<i>mycophenolic acid dr</i>	53
<i>metronidazole</i>	6	MYORISAN	38
<i>metronidazole</i>	38	MYRBETRIQ	45
<i>metronidazole vaginal</i>	6	<i>nabumetone</i>	3
<i>metyrosine</i>	34	<i>nadolol</i>	32
<i>mexiletine hcl</i>	32	<i>nafcillin sodium</i>	7
<i>mibelas 24 fe</i>	48	<i>naftifine hcl</i>	14
<i>micafungin</i>	14	<i>naftifine hydrochloride</i>	14

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<i>naloxone hcl</i>	5	<i>nitroglycerin</i>	36
<i>naloxone hydrochloride</i>	5	<i>nitroglycerin</i>	44
<i>naltrexone hcl</i>	5	<i>nitroglycerin transdermal</i>	36
NAMZARIC	11	NIVA THYROID	50
<i>naproxen</i>	3	<i>norelgestromin/ethinyl estradiol</i>	48
<i>naproxen dr</i>	3	<i>norethindrone acetate</i>	49
<i>naproxen sodium</i>	3	<i>norethindrone acetate/ethinyl estradiol</i>	48
<i>naproxen sodium cr</i>	3	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	48
<i>naratriptan hcl</i>	15	<i>nortrel 0.5/35 (28)</i>	48
NATACYN	57	<i>nortrel 1/35</i>	48
<i>nateglinide</i>	29	<i>nortrel 7/7/7</i>	48
NAYZILAM	9	<i>nortriptyline hcl</i>	13
<i>nebivolol hydrochloride</i>	33	<i>nortriptyline hydrochloride</i>	13
<i>necon 0.5/35-28</i>	48	NORVIR	27
<i>nefazodone hydrochloride</i>	12	<i>novolin 70/30</i>	30
<i>neomycin sulfate</i>	6	<i>novolin 70/30 flexpen</i>	30
<i>neomycin/bacitracin/polymyxin</i>	56	<i>novolin n</i>	30
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	56	<i>novolin n flexpen</i>	30
<i>neomycin/polymyxin/dexamethasone</i>	56	<i>novolin r</i>	30
<i>neomycin/polymyxin/gramicidin</i>	56	<i>novolin r flexpen</i>	30
<i>neomycin/polymyxin/hc</i>	59	<i>novolog</i>	30
<i>neomycin/polymyxin/hydrocortisone</i>	56	<i>novolog flexpen</i>	30
<i>neomycin/polymyxin/hydrocortisone</i>	59	<i>novolog mix 70/30</i>	30
<i>neo-polycin</i>	56	<i>novolog mix 70/30 prefilled flexpen</i>	30
<i>neo-polycin hc</i>	56	<i>novolog penfill</i>	30
NERLYNX	20	<i>np thyroid 120</i>	50
NEUAC	38	<i>np thyroid 15</i>	50
NEULASTA	31	<i>np thyroid 30</i>	50
NEULASTA ONPRO KIT	31	<i>np thyroid 60</i>	50
<i>nevirapine</i>	26	<i>np thyroid 90</i>	50
<i>nevirapine er</i>	26	NUBEQA	15
NEXPLANON	49	NUEDEXTA	37
<i>niacin er</i>	35	NULOJIX	53
NICOTROL INHALER	5	NUPLAZID	24
NICOTROL NS	5	NURTEC	14
<i>nifedipine er</i>	33	NUTRILIPID	55
<i>nikki</i>	48	NUVESSA	6
<i>nilutamide</i>	15	<i>nyamyc</i>	14
<i>nimodipine</i>	33	<i>nystatin</i>	14
NINLARO	20	<i>nystatin/triamcinolone</i>	40
<i>nitazoxanide</i>	22	<i>nystatin/triamcinolone acetate</i>	40
<i>nitisinone</i>	45	<i>nystop</i>	14
<i>nitrofurantoin macrocrystals</i>	6	OCTAGAM	51
<i>nitrofurantoin monohydrate/macrocrystals</i>	6	<i>octreotide acetate</i>	50

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ODEFSEY	26	OPIPZA	24
ODOMZO	20	<i>opium</i>	44
OFEV	61	<i>opium tincture</i>	44
<i>ofloxacin</i>	57	OPSUMIT	60
<i>ofloxacin</i>	59	OPVEE	5
OGSIVEO	17	<i>oralone dental paste</i>	38
OJEMDA	17	ORENCIA	51
OJJAARA	20	ORENCIA CLICKJECT	51
<i>olanzapine</i>	24	ORENITRAM	61
<i>olanzapine odt</i>	24	ORENITRAM TITRATION KIT MONTH	61
<i>olmesartan medoxomil</i>	32	1	
<i>olmesartan</i>	34	ORENITRAM TITRATION KIT MONTH	61
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	34	ORENITRAM TITRATION KIT MONTH	61
<i>olopatadine hcl</i>	57	3	
<i>olopatadine hydrochloride</i>	57	ORGOVYX	50
<i>omega-3-acid ethyl esters</i>	35	ORKAMBI	60
<i>omeprazole</i>	44	ORSERDU	16
<i>omeprazole dr</i>	44	<i>oseltamivir phosphate</i>	27
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	55	OSMOPREP	43
(GEN 5)		OSPHERA	49
OMNIPOD 5 DEXCOM G7G6 PODS	55	OTEZLA	40
(GEN 5)		OTEZLA	51
OMNIPOD 5 G7 INTRO KIT (GEN 5)	55	<i>oxacillin sodium</i>	7
OMNIPOD 5 G7 PODS (GEN 5)	55	<i>oxaprozin</i>	3
OMNIPOD 5 LIBRE2 PLUS G6	56	<i>oxazepam</i>	28
OMNIPOD 5 LIBRE2 PLUS G6 PODS	56	<i>oxcarbazepine</i>	11
OMNIPOD CLASSIC PDM STARTER	56	<i>oxybutynin chloride</i>	45
KIT (GEN 3)		<i>oxybutynin chloride er</i>	45
OMNIPOD CLASSIC PODS (GEN 3)	56	<i>oxycodone hydrochloride</i>	4
OMNIPOD DASH INTRO KIT (GEN 4)	56	<i>oxycodone/acetaminophen</i>	4
OMNIPOD DASH PDM KIT (GEN 4)	56	OZEMPIC	29
OMNIPOD DASH PODS (GEN 4)	56	<i>paclitaxel</i>	17
OMNIPOD GO 10 UNITS/DAY	56	<i>paliperidone er</i>	24
OMNIPOD GO 15 UNITS/DAY	56	PANRETIN	22
OMNIPOD GO 20 UNITS/DAY	56	<i>pantoprazole sodium</i>	44
OMNIPOD GO 25 UNITS/DAY	56	<i>paricalcitol</i>	55
OMNIPOD GO 30 UNITS/DAY	56	<i>paroxetine hcl</i>	12
OMNIPOD GO 35 UNITS/DAY	56	<i>paroxetine hydrochloride</i>	12
OMNIPOD GO 40 UNITS/DAY	56	PAXLOVID	28
<i>ondansetron hcl</i>	13	<i>pazopanib hydrochloride</i>	20
<i>ondansetron hydrochloride</i>	13	PEDIARIX	54
<i>ondansetron odt</i>	13	PEDVAX HIB	54
ONUREG	17	<i>peg-3350/electrolytes</i>	44
OPDIVO	22	<i>peg-3350/electrolytes/ascorbate</i>	44

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<i>peg-3350/nacl/na bicarbonate/kcl</i>	44	PLEGRIDY STARTER PACK	37
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	44	PLENAMINE	42
PEGASYS	52	<i>plerixafor</i>	31
PEGASYS	53	<i>podofilox</i>	40
PEMAZYRE	20	<i>polymyxin b sulfate/trimethoprim sulfate</i>	56
PENBRAYA	54	POMALYST	16
<i>penicillamine</i>	43	<i>portia-28</i>	48
<i>penicillin g potassium</i>	8	<i>posaconazole</i>	14
<i>penicillin g potassium in iso-osmotic dextrose</i>	8	<i>posaconazole dr</i>	14
<i>penicillin g sodium</i>	8	<i>potassium chloride</i>	42
<i>penicillin v potassium</i>	8	<i>potassium chloride er</i>	42
PENTACEL	54	<i>potassium chloride/dextrose/sodium chloride</i>	42
<i>pentamidine isethionate</i>	22	<i>potassium citrate er</i>	42
<i>pentoxifylline er</i>	34	PRALUENT	35
<i>perindopril erbumine</i>	32	<i>pramipexole dihydrochloride</i>	23
<i>periogard</i>	38	<i>prasugrel hydrochloride</i>	31
<i>permethrin</i>	40	<i>pravastatin sodium</i>	35
<i>perphenazine</i>	23	<i>praziquantel</i>	22
PERSERIS	24	<i>prazosin hydrochloride</i>	31
<i>phenelzine sulfate</i>	12	<i>prednicarbate</i>	39
<i>phenobarbital</i>	10	<i>prednisolone</i>	46
<i>phenytek</i>	11	<i>prednisolone acetate</i>	58
<i>phenytoin</i>	11	<i>prednisolone sodium phosphate</i>	46
<i>phenytoin sodium extended</i>	11	<i>prednisolone sodium phosphate</i>	58
PHOSPHOLINE IODIDE	58	<i>prednisone</i>	46
PIFELTRO	26	<i>pregabalin</i>	10
<i>pilocarpine hcl</i>	58	PREHEVBRIO	54
<i>pilocarpine hydrochloride</i>	38	PREMARIN	48
<i>pimecrolimus</i>	39	PREMASOL	42
<i>pimozide</i>	23	<i>premium lidocaine</i>	5
<i>pindolol</i>	33	PREMPHASE	49
<i>pioglitazone hcl</i>	29	<i>prenatal</i>	43
<i>pioglitazone hcl/metformin hcl</i>	29	<i>prevalite</i>	35
<i>pioglitazone hcl-glimepiride</i>	29	PREVYMIS	25
<i>pioglitazone hydrochloride</i>	29	PREZCOBIX	27
<i>piperacillin sodium/tazobactam sodium</i>	8	PREZISTA	27
PIQRAY 200MG DAILY DOSE	20	PRIFTIN	15
PIQRAY 250MG DAILY DOSE	20	<i>primaquine phosphate</i>	22
PIQRAY 300MG DAILY DOSE	20	<i>primidone</i>	10
<i>pirfenidone</i>	61	PRIORIX	54
<i>piroxicam</i>	3	PRIVIGEN	51
<i>pitavastatin calcium</i>	35	PROAIR RESPICLICK	60
PLEGRIDY	37	<i>probenecid</i>	14

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<i>prochlorperazine</i>	13	<i>quinidine sulfate</i>	32
<i>prochlorperazine edisylate</i>	13	<i>quinine sulfate</i>	22
<i>prochlorperazine maleate</i>	13	QVAR REDIHALER	59
PROCRIT	31	RABAVERT	54
PROCTOFOAM HC	40	<i>rabeprazole sodium</i>	44
<i>procto-med hc</i>	55	RADICAVA ORS	37
<i>proctosol hc</i>	55	RADICAVA ORS STARTER KIT	37
<i>proctozone-hc</i>	55	<i>raloxifene hydrochloride</i>	49
<i>progesterone</i>	49	<i>ramelteon</i>	62
PROGRAF	53	<i>ramipril</i>	32
PROLASTIN-C	45	<i>ranolazine er</i>	34
PROLENSA	58	<i>rasagiline mesylate</i>	23
PROLIA	55	RAYALDEE	55
PROMACTA	31	REBIF	37
<i>promethazine hcl</i>	13	REBIF REBIDOSE	37
<i>promethazine hydrochloride</i>	13	REBIF REBIDOSE TITRATION PACK	37
<i>promethazine hydrochloride plain</i>	13	REBIF TITRATION PACK	37
<i>promethazine vc/codeine</i>	61	RECOMBIVAX HB	54
<i>promethazine/codeine</i>	61	RECTIV	44
<i>promethazine/phenylephrine/codeine</i>	61	RELENZA DISKHALER	27
<i>propafenone hcl</i>	32	<i>repaglinide</i>	29
<i>propafenone hydrochloride</i>	32	REPATHA	35
<i>propafenone hydrochloride er</i>	32	REPATHA PUSHTRONEX SYSTEM	35
<i>propranolol hcl</i>	33	REPATHA SURECLICK	35
<i>propranolol hcl er</i>	33	RESTASIS	56
<i>propranolol hydrochloride</i>	33	RESTASIS MULTIDOSE	56
<i>propranolol hydrochloride er</i>	33	RETACRIT	31
<i>propylthiouracil</i>	50	RETEVMO	20
PROQUAD	54	REVCovi	45
PROSOL	42	REVLIMID	16
<i>protriptyline hcl</i>	13	REVUFORJ	17
PULMOZYME	60	REXULTI	24
PURIXAN	16	REYATAZ	27
<i>pyrazinamide</i>	15	REZLIDHIA	20
<i>pyridostigmine bromide</i>	15	REZUROCK	53
<i>pyridostigmine bromide er</i>	15	RHOPRESSA	58
<i>pyrimethamine</i>	22	<i>ribavirin</i>	25
PYRUKYND	45	<i>rifabutin</i>	15
PYRUKYND TAPER PACK	45	<i>rifampin</i>	15
QINLOCK	20	<i>riluzole</i>	37
QUADRACEL	54	<i>rimantadine hydrochloride</i>	27
<i>quetiapine fumarate</i>	24	RINVOQ	51
<i>quinapril hydrochloride</i>	32	RINVOQ LQ	51
<i>quinapril/hydrochlorothiazide</i>	34	<i>risedronate sodium</i>	55

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<i>risedronate sodium dr</i>	55	<i>sharobel</i>	49
RISPERDAL CONSTA	24	SHINGRIX	54
<i>risperidone</i>	24	SIGNIFOR	50
<i>risperidone er</i>	24	<i>sildenafil</i>	46
<i>risperidone odt</i>	24	<i>sildenafil citrate</i>	46
<i>ritonavir</i>	27	<i>sildenafil citrate</i>	61
<i>rivastigmine tartrate</i>	11	<i>silver sulfadiazine</i>	40
<i>rivastigmine transdermal system</i>	11	SIMBRINZA	57
<i>rizatriptan benzoate</i>	15	<i>simvastatin</i>	35
<i>rizatriptan benzoate odt</i>	15	<i>sirolimus</i>	53
ROCKLATAN	56	SIRTURO	15
<i>roflumilast</i>	60	SKYRIZI	51
<i>ropinirole er</i>	23	SKYRIZI PEN	51
<i>ropinirole hcl</i>	23	<i>sodium chloride</i>	42
<i>ropinirole hydrochloride</i>	23	<i>sodium chloride 0.45%</i>	42
<i>rosadan</i>	38	<i>sodium chloride 0.9%</i>	56
<i>rosuvastatin calcium</i>	35	<i>sodium fluoride</i>	38
ROTARIX	54	<i>sodium fluoride 5000 plus</i>	38
ROTATEQ	54	<i>sodium fluoride 5000 ppm</i>	38
<i>roweepra</i>	9	<i>sodium oxybate</i>	62
ROZLYTREK	20	<i>sodium phenylbutyrate</i>	45
RUBRACA	20	<i>sodium polystyrene sulfonate</i>	43
<i>rufinamide</i>	11	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	44
RUKOBIA	27	<i>sofosbuvir/velpatasvir</i>	25
RYBELSUS	29	<i>solifenacin succinate</i>	45
RYDAPT	20	SOLTAMOX	16
<i>salsalate</i>	3	SOLU-CORTEF	46
SANTYL	40	SOMATULINE DEPOT	50
<i>sapropterin dihydrochloride</i>	45	SOMAVERT	50
SAVELLA	37	<i>sorafenib</i>	20
SAVELLA TITRATION PACK	37	<i>sorafenib tosylate</i>	20
<i>saxagliptin hydrochloride</i>	29	<i>sorine</i>	32
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	29	<i>sotalol hcl</i>	32
SCSEMBLIX	20	<i>sotalol hydrochloride (af)</i>	32
<i>scopolamine</i>	13	SPIRIVA RESPIMAT	59
SECUADO	25	<i>spironolactone</i>	35
<i>selegiline hcl</i>	23	<i>spironolactone/hydrochlorothiazide</i>	34
<i>selenium sulfide</i>	39	SPRITAM	9
SELZENTRY	27	SPRYCEL	20
SEREVENT DISKUS	60	<i>sps</i>	43
<i>sertraline hcl</i>	12	<i>ssd</i>	40
<i>sertraline hydrochloride</i>	12	STAMARIL	54
<i>sevelamer carbonate sf 5000 plus</i>	43	STELARA	51
	38	<i>sterile water for irrigation</i>	56

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Drug Name	Page #	Drug Name	Page #
STIOLTO RESPIMAT	61	<i>tamoxifen citrate</i>	16
STIVARGA	21	<i>tamsulosin hydrochloride</i>	46
<i>streptomycin sulfate</i>	6	<i>tarina fe 1/20 eq</i>	49
STRIBILD	26	TASIGNA	21
STRIVERDI RESPIMAT	60	<i>tasimelteon</i>	62
<i>subvenite</i>	9	TAVNEOS	52
<i>subvenite starter kit/blue</i>	9	<i>taysofy</i>	49
<i>subvenite starter kit/green</i>	9	<i>tazarotene</i>	38
<i>subvenite starter kit/orange</i>	9	<i>tazicef</i>	7
SUCRAID	45	<i>taztia xt</i>	33
<i>sucralfate</i>	44	TAZVERIK	21
<i>sulfacetamide sodium</i>	8	TDVAX	54
<i>sulfacetamide sodium</i>	57	<i>techlite insulin syringe u-100/0.5ml/30g x</i>	56
<i>sulfacetamide sodium/prednisolone sodium</i>	57	<i>1/2"</i>	
<i>phosphate</i>		TEFLARO	7
<i>sulfadiazine</i>	8	TEKTURNA HCT	34
<i>sulfamethoxazole/trimethoprim</i>	8	<i>telmisartan</i>	32
<i>sulfamethoxazole/trimethoprim ds</i>	8	<i>telmisartan/amlodipine</i>	34
SULFAMYLON	40	<i>telmisartan/hydrochlorothiazide</i>	34
<i>sulfasalazine</i>	54	<i>temazepam</i>	62
<i>sulindac</i>	3	TENIVAC	54
<i>sumatriptan</i>	15	<i>tenofovir disoproxil fumarate</i>	26
<i>sumatriptan succinate</i>	15	TEPMETKO	21
<i>sumatriptan succinate refill</i>	15	<i>terazosin hcl</i>	46
<i>sunitinib malate</i>	21	<i>terazosin hydrochloride</i>	46
SUNLENCA	27	<i>terbinafine hcl</i>	14
SYMLINPEN 120	29	<i>terconazole</i>	14
SYMLINPEN 60	29	<i>teriflunomide</i>	37
SYMPAZAN	10	<i>teriparatide</i>	55
SYMTUZA	27	<i>testosterone</i>	47
SYNAREL	50	<i>testosterone cypionate</i>	47
SYNJARDY	29	<i>testosterone enanthate</i>	47
SYNJARDY XR	29	<i>testosterone pump</i>	47
SYNRIBO	17	<i>tetrabenazine</i>	37
SYNTHROID	50	<i>tetracycline hydrochloride</i>	9
TABLOID	16	THALOMID	16
TABRECTA	21	<i>theophylline</i>	60
<i>tacrolimus</i>	39	<i>theophylline er</i>	60
<i>tacrolimus</i>	53	<i>thioridazine hcl</i>	23
<i>tadalafil</i>	46	<i>thiothixene</i>	23
<i>tadalafil</i>	61	THYROID	50
TAFINLAR	21	<i>tiadylt er</i>	33
<i>tafluprost</i>	58	<i>tiagabine hydrochloride</i>	10
TAGRISSE	21	TIBSOVO	21
TALZENNA	21	TICOVAC	54

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<i>tigecycline</i>	6	<i>triamcinolone acetonide dental paste</i>	38
<i>timolol hemihydrate</i>	58	<i>triamterene</i>	34
<i>timolol maleate</i>	14	<i>triamterene/hydrochlorothiazide</i>	34
<i>timolol maleate</i>	58	<i>triazolam</i>	62
<i>timolol maleate ophthalmic gel forming</i>	58	<i>trientine hydrochloride</i>	43
<i>tinidazole</i>	6	<i>trifluoperazine hcl</i>	23
<i>tiopronin dr</i>	46	<i>trifluoperazine hydrochloride</i>	23
TIVICAY	26	<i>trifluridine</i>	57
TIVICAY PD	26	<i>trihexyphenidyl hcl</i>	22
<i>tizanidine hcl</i>	25	<i>trihexyphenidyl hydrochloride</i>	23
<i>tizanidine hydrochloride</i>	25	<i>trimethoprim</i>	6
TOBI PODHALER	60	<i>trimipramine maleate</i>	13
TOBRADEX ST	57	TRINTELLIX	12
<i>tobramycin</i>	57	<i>tri-sprintec</i>	49
<i>tobramycin sulfate</i>	6	TRITOCIN	39
<i>tobramycin/dexamethasone</i>	57	TRIUMEQ	26
<i>tolterodine tartrate</i>	45	TRIUMEQ PD	26
<i>tolterodine tartrate er</i>	45	<i>trivora-28</i>	49
<i>topiramate</i>	9	TRIZIVIR	26
<i>toremifene citrate</i>	16	TROPHAMINE	42
<i>toremide</i>	34	<i>tropium chloride</i>	45
TOUJEO MAX SOLOSTAR	30	<i>trueplus insulin syringe /u-100/1ml/29g x</i>	56
TOUJEO SOLOSTAR	30	<i>1/2"</i>	
TRACLEER	61	<i>trueplus pen needles 29gx12mm</i>	56
TRADJENTA	29	TRULICITY	29
<i>tramadol hydrochloride</i>	4	TRUMENBA	54
<i>tramadol hydrochloride er</i>	3	TRUQAP	21
<i>tramadol hydrochloride/acetaminophen</i>	4	TRUSELTIQ	17
<i>trandolapril</i>	32	TUKYSA	21
<i>trandolapril/verapamil hcl er</i>	34	TURALIO	21
<i>tranexamic acid</i>	31	<i>turqoz</i>	49
<i>tranlycypromine sulfate</i>	12	TWINRIX	54
TRAVASOL	42	TYBOST	27
<i>travoprost</i>	58	TYPHIM VI	54
<i>trazodone hydrochloride</i>	12	TYRVAYA	5
TRECTOR	15	UBRELVY	14
TRELEGY ELLIPTA	61	UDENYCA	31
TRESIBA	30	UDENYCA ONBODY	31
TRESIBA FLEXTOUCH	30	<i>unithroid</i>	50
<i>tretinoin</i>	22	<i>ursodiol</i>	44
<i>tretinoin</i>	38	<i>valacyclovir hydrochloride</i>	27
<i>tretinoin microsphere</i>	38	VALCHLOR	15
TREXALL	53	<i>valganciclovir</i>	25
<i>triamcinolone acetonide</i>	39	<i>valganciclovir hydrochloride</i>	25
<i>triamcinolone acetonide</i>	47	<i>valproic acid</i>	9

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Drug Name	Page #	Drug Name	Page #
<i>valsartan</i>	32	VITRAKVI	21
<i>valsartan/hydrochlorothiazide</i>	34	VIVITROL	5
VALTOCO 10 MG DOSE	10	VIZIMPRO	21
VALTOCO 15 MG DOSE	10	VONJO	17
VALTOCO 20 MG DOSE	10	VORANIGO	22
VALTOCO 5 MG DOSE	10	<i>voriconazole</i>	14
<i>vancomycin</i>	6	VOSEVI	25
<i>vancomycin hcl</i>	6	VOWST	44
<i>vancomycin hydrochloride</i>	6	VRAYLAR	25
VANFLYTA	21	VUMERITY	37
VAQTA	54	<i>vyfemla</i>	49
<i>varденаfil hydrochloride</i>	46	VYZULTA	58
<i>varденаfil hydrochloride odt</i>	46	<i>warfarin sodium</i>	30
<i>varenicline starting month</i>	5	WELIREG	45
<i>varenicline tartrate</i>	5	<i>wixela inhub</i>	62
VARIVAX	54	XALKORI	21
VAXCHORA	54	XARELTO	31
<i>velivet</i>	49	XARELTO STARTER PACK	31
VELPHORO	43	XATMEP	53
VEMLIDY	25	XCOPRI	11
VENCLEXTA	21	XDEMZY	57
VENCLEXTA STARTING PACK	21	XELJANZ	52
<i>venlafaxine hcl er</i>	12	XELJANZ XR	52
<i>venlafaxine hydrochloride</i>	12	XERMELO	43
<i>venlafaxine hydrochloride er</i>	12	XGEVA	55
VENTAVIS	61	XIFAXAN	44
VEOZAH	37	XIGDUO XR	29
<i>verapamil hcl</i>	33	XIIDRA	57
<i>verapamil hcl er</i>	33	XOFLUZA	27
<i>verapamil hcl sr</i>	33	XOLAIR	52
<i>verapamil hydrochloride</i>	33	XOSPATA	21
<i>verapamil hydrochloride er</i>	33	XPOVIO	21
VERQUVO	36	XPOVIO 60 MG TWICE WEEKLY	21
VERSACLOZ	25	XPOVIO 80 MG TWICE WEEKLY	21
VERZENIO	21	XTANDI	16
VIBRAMYCIN	9	<i>xulane</i>	49
<i>vigabatrin</i>	10	<i>yargesa</i>	45
<i>vigadrone</i>	10	YERVOY	22
VIGAFYDE	10	YF-VAX	54
<i>vigpoder</i>	10	<i>yuvafem</i>	49
VIIBRYD STARTER PACK	12	<i>zafemy</i>	49
<i>vilazodone hydrochloride</i>	12	<i>zafirlukast</i>	59
VIRACEPT	27	<i>zaleplon</i>	62
VIREAD	26	ZARXIO	31
<i>vitamin d</i>	43	ZEJULA	21

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Drug Name	Page #
ZELBORAF	22
ZENATANE	38
ZENPEP	45
ZEPOSIA	37
ZEPOSIA 7-DAY STARTER PACK	37
ZEPOSIA STARTER KIT	37
<i>zidovudine</i>	27
<i>ziprasidone hcl</i>	25
<i>ziprasidone mesylate</i>	25
ZIRGAN	57
<i>zoledronic acid</i>	55
ZOLINZA	17
<i>zolpidem tartrate</i>	62
ZONISADE	11
<i>zonisamide</i>	11
ZOSYN	8
<i>zovia 1/35</i>	49
ZTALMY	10
ZURZUVAE	11
ZYDELIG	22
ZYKADIA	22
ZYPREXA RELPREVV	25

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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 02/04/2025. 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).